

Health and Wellbeing Scrutiny Committee

Agenda

Date:	Thursday, 7th March, 2013
Time:	10.00 am
Venue:	Committee Suite 1,2 & 3, Westfields, Middlewich Road, Sandbach CW11 1HZ

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

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

1. **Apologies for Absence**

2. **Minutes of Previous meeting** (Pages 1 - 4)

To approve the minutes of the meeting held on 7 February 2013.

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

Contact: James Morley
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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 any background research, it would be helpful if members of the public notified the Scrutiny officer listed at the foot of the agenda at least one working day before the meeting with brief details of the matter to be covered.

6. **Supporting Older People and Dementia Task and Finish Report** (Pages 5 - 30)

To approve the Scrutiny Report for submission to Cabinet.

7. **Safeguarding Peer Review** (Pages 31 - 56)

To consider the health implications on the Safeguarding Peer Review.

8. **North West Ambulance Service - Communities Strategy Consultation** (Pages 57 - 76)

To consider the NWS Communities Strategy and offer comments for the consultation process.

9. **Work Programme** (Pages 77 - 82)

To review the current Work Programme (attached).

10. **Health and Wellbeing Board Update**

To receive an update on the Health and Wellbeing Board.

11. **Consultations from Cabinet**

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

CHESHIRE EAST COUNCIL

Minutes of a meeting of the **Health and Wellbeing Scrutiny Committee**
held on Thursday, 7th February, 2013 at Committee Suite 1,2 & 3, Westfields,
Middlewich Road, Sandbach CW11 1HZ

PRESENT

Councillor G Baxendale (Chairman)
Councillor A Harewood (Vice-Chairman)

Councillors R Domleo, I Faseyi, W Livesley, A Moran, J Saunders,
M J Weatherill and S Jones (Substitute for Councillor D Hough)

Apologies

Councillor D Hough

ALSO PRESENT

Councillor Stuart Gardiner – Cabinet Support Member for Health and Adult
Social Care
Barrie Towse – Local involvement Network (LINK)
Fiona Field – South Cheshire Clinical Commissioning Group

OFFICERS PRESENT

Guy Kilminster – Head of Health Improvement
Lucia Scally – Head of Strategic Commissioning
Mark Nedderman – Senior Scrutiny Officer
James Morley – Scrutiny Officer

89 MINUTES OF PREVIOUS MEETING

RESOLVED – That the minutes of the meeting held on 10 January 2013 be
approved as a correct record.

90 DECLARATIONS OF INTEREST

There were no declarations of interest

91 DECLARATION OF PARTY WHIP

There were no declarations of Party Whip

92 PUBLIC SPEAKING TIME/OPEN SESSION

There were no members of the public present who wished to speak

**93 CHESHIRE AND WIRRAL PARTNERSHIP NHS FOUNDATION TRUST
AMH COMMUNITY SERVICES RE-DESIGN**

Wayne Connor-Scahill from the Cheshire and Wirral Partnership NHS Foundation Trust (CWP) presented a report on consultation responses to proposals for a redesign of the Community Mental Health Service. The report contained a summary of themes identified from responses and how the CWP would address the concerns raised by service users and carers.

Members of the Committee asked questions and the following points arose:

- It was important to ensure that terminology used in consultations was easy for service users to understand and that the use of acronyms needed to be limited. It was suggested that this would help to improve responses to consultation.
- The Committee wanted to know what changes were going to be made to proposals as a result of the consultation. CWP would report this information at a future meeting.
- CWP's Stepped Approach to Recovery (StAR) model included an emphasis on exposing service users to normal ways of life and encouraging those users without occupations to contribute to the community through volunteer work. Contribution to society was considered a key aspect of helping people in their recovery from mental illness.

RESOLVED:

- (a) That the report be noted.
- (b) That the Cheshire and Wirral Partnership NHS Foundation Trust be requested to attend a meeting in October 2013 to present a report on the performance of its new arrangements for the Community Mental Health Service.

94 HEALTH AND WELLBEING BOARD - UPDATE AND TERMS OF REFERENCE

Guy Kilminster informed the Committee that the latest version of the terms of reference for the Health and Wellbeing Board had been approved by Council on 19 July 2012. The terms of reference were scheduled to be reviewed following receipt of overdue regulatory guidance from Government before the Board's commencement on 1 April 2013. In the interim, Cabinet endorsed the current terms of reference. The guidance was expected to be published sometime between June and July 2013. The Committee wished to be consulted on potential changes to the terms of reference as a consequence of the regulatory guidance.

RESOLVED:

- (a) That the terms of reference for the Health and Wellbeing Board be noted.
- (b) That the Committee be notified of any potential modifications to the terms of reference for the Health and Wellbeing Board as a result of regulatory guidance to offer advice to Cabinet before it makes recommendations on changes to the terms of reference.

95 WORK PROGRAMME

The Chairman informed the Committee that the work programme needed to be redesigned and the number of items for consideration reduced to make it more manageable. This would be done by the Chairman and Vice Chairman with help of the Scrutiny team before the next meeting. The Committee was asked to make any suggestions for items to be included within the new work programme. Cllr Shirley Jones, Chairman of the Dementia Task and Finish Group, suggested that the Group's Final Report needed to be approved by the Committee, before being presented to the Cabinet, as it had been commissioned by the Adult Social Care and Health Scrutiny Committee which no longer existed.

RESOLVED:

- (a) That the Chairman and Vice Chairman review the Committee's Work Programme.
- (b) That the Dementia Task and Finish Group's final report be added to the agenda for the next meeting for approval prior to it being presented to Cabinet.

96 FORWARD PLAN

The Chairman informed the Committee that the forward plan should no longer be an item for consideration by the Committee as the Committee was responsible for retrospective scrutiny of decisions made previously. If a member of the Committee wished to raise an item on the Forward Plan with the Committee they would do so by informing the Scrutiny Officers.

RESOLVED – That the forward plan no longer be a standard item on the Committee Agenda.

97 CONSULTATIONS FROM CABINET

Councillor Gardiner provided information on behalf of the Portfolio Holder to update the Committee.

- The South Cheshire and the Eastern Cheshire Clinical Commissioning Groups had both been authorised. This meant that the CCGs were considered robust and able to start administering their new commissioning roles as from 1st April 2013.
- Alison Tonge had been appointed by the Department of Health as the Cheshire, Wirral & Warrington representative for the National

Commissioning Board. She automatically had an associate membership of each Health and Wellbeing Board in the area.

- The Health & Adult Social Care PDG were exploring housing options for older people and children & adults with disabilities.

The meeting commenced at 10.00 am and concluded at 11.16 am

Councillor G Baxendale (Chairman)

CHESHIRE EAST COUNCIL

REPORT TO: CHILDREN AND FAMILIES SCRUTINY COMMITTEE

Date of Meeting: 7 March 2013
Report of: Interim Borough Solicitor
Subject/Title: Support For Older People and Dementia Task and Finish Review

1.0 Report Summary

- 1.1 This report encloses the final report of the Task and Finish Group which conducted a scrutiny review of Support for Older People and Dementia.

2.0 Recommendations

- a) That the report of the Scrutiny Task and Finish Group be approved;
- b) That the recommendations of the Group be endorsed, and referred to the Cabinet for consideration and necessary action, and that Cabinet be invited initially to comment on the details of the recommendations.

3.0 Reasons for Recommendations

- 3.1 To progress the findings of the Scrutiny Review Task and Finish Group who reviewed Support for Older People and Dementia.

4.0 Wards Affected

- 4.1 All

5.0 Local Ward Members

- 5.1 Not applicable.

6.0 Policy Implications including - Carbon reduction - Health

- 6.1 Not known at this stage.

7.0 Financial Implications

- 7.1 Not known at this stage.

8.0 Legal Implications

8.1 Not known at this stage.

9.0 Risk Management

9.1 There are no identifiable risks.

10.0 Background and Options

10.1 The former Health and Adult Social Care Scrutiny Committee set up a Task/Finish Group with the following terms of reference:

- (1) To consider whether the Council, the NHS and Voluntary Sector responses to dementia are adequate to meet the challenge of the ageing population in Cheshire East, in particular:
 - (a) whether there are sufficient preventative services in place
 - (b) whether a personalised approach is suitable for people with dementia
 - (c) whether the provision in health and social care is suitable and sufficient for the more advanced dementia conditions
 - (d) whether the needs of carers are being assessed and met effectively
 - (e) whether there are any gaps in services and support and, if so, how these might be addressed through the relevant bodies' development plans
 - (f) whether there are any specific transport issues arising from current services and future provision
 - (g) what safeguarding provisions are in place and what monitoring arrangements are made
- (2) To consider the broader implications of the current Age UK review of provision in day services, and the proposed transfer of resources to the Supporting You programme.
- (3) To consider and review specific proposals under the Council's Dementia Strategy, including proposals involving residential accommodation, and to advise the Cabinet accordingly.

10.2 This Group was reconstituted by the Adult Social Care Scrutiny Committee in 2011 with the following membership -

- Councillor Shirley Jones (Chairman)
- Councillor Carolyn Andrew
- Councillor Arthur Moran

11 *Access to Information*

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

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ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE

SUPPORT FOR OLDER PEOPLE AND DEMENTIA
TASK AND FINISH REVIEW 2010-2013

FINAL REPORT

Foreword

Cllr Miss C. Andrew



Cllr Mrs S. Jones



Cllr Mr A. Moran

This report has taken a long time to come to fruition and, along the way, elections reduced the membership of the group from seven to three. We were ably steered through this lengthy and complicated task by Scrutiny Officer Denise French to whom we convey our thanks and appreciation.

We embarked on this task in response to an alarming statistic that in excess of 5000 people in South Cheshire could be suffering from dementia by 2020. How are we coping with dementia sufferers and their carers at present? Have we the capacity to cope with future demand? What is the nature of the need and how effectively is it being met? Finding answers to these and many more questions has been a daunting task as at the outset we did not realise how little we knew about dementia and the complexity of provision and its delivery. The learning curve has been extremely steep.

Our thanks must go to all the people who gave us valuable information and insight into this complex problem. We see this report as a means of identifying the initial actions required to address our main findings and as a springboard for further research.

Cllr Shirley Jones

Chairman

1.0 Membership and Terms of Reference

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- Councillor Carolyn Andrew
- Councillor Arthur Moran

2.0 What is Dementia?

2.1 Dementia is a term used to describe various different brain disorders that have in common a loss of brain function that is usually progressive and eventually severe. There are different types of Dementia, with the most common being Alzheimer's disease, vascular dementia and dementia with Lewy bodies, but all types of Dementia cause similar symptoms including:

- (1) Confusion
- (2) Changes in mood, behaviour and personality
- (3) Loss of memory
- (4) Loss of interest in life

2.2 Diagnosing Dementia is often difficult, particularly in the early stages. Some of the first signs include lapses in memory and difficulty in finding the right words, memory problems such as not remembering names and places, changes in mood and finding it hard to communicate by a decline in the ability to talk, read or write. Methods of assessment, where Dementia is suspected, can include conversations with the person being diagnosed and those close to them, a physical examination, memory tests and/or brain scans. (source: Alzheimer's Society)

3.0 Dementia - the national picture

3.1 According to the Alzheimer's Society, key dementia statistics include:

- There are currently 800,000 people in the UK with Dementia;
- There are over 17,000 younger people with dementia;
- There will be over a million people with dementia by 2021; Two thirds of people with dementia are women;
- Dementia is most common in those aged over 60 and becomes more common with age;
- 60,000 deaths a year are directly attributable to dementia;
- The financial cost of dementia to the UK is around £23 billion a year;
- Two thirds of people with dementia live in the community while one third live in a care home; and
- There are 670,000 carers of people with dementia in the UK.

4.0 Dementia in Cheshire East

4.1 There are estimated to be 4,500 people living with Dementia in Cheshire East over the age of 65, of which 65% are likely to be women; one in five people over 80 has a form of Dementia and one in 20 people over 65 has a form of Dementia. Cheshire East has a higher than average older population and it is predicted that this will continue to rise in an upward trend; currently the population of Cheshire East comprises 17.8% of over 65 year olds compared to the national average of 15.9%. As the older age group increases in size so the numbers of people with Dementia is also likely to rise. The number of people aged over 50 with dementia in Cheshire East is anticipated to be

around 9100 in 2030.

- 4.2** Although Dementia is predominately a disease affecting people over 65, there are still a number of people with Dementia in the under 64 age group; with data for Cheshire East suggesting that there are 65 people aged 55 – 64 with Dementia; 9 people aged 45 – 55; 6 people aged 30 – 44 and 4 people aged 18 – 29. The vast majority of people in Cheshire East with Dementia are White British (97%). People with Dementia are living in all areas of Cheshire East in fairly equal numbers.
(source: Joint Commissioning Plan Dementia – CEC and CECPCCT and Ageing Well in Cheshire East Programme)

5.0 Awareness and Diagnosis of Dementia

- 5.1** As people are living longer, and the proportion of older people in Cheshire East continues to rise in an upward trend, it is going to become increasingly important to ensure that there is good awareness of dementia. Improving awareness of dementia is Objective 1 of the National Dementia Strategy. If there is good awareness of dementia this will help to ensure that people seek help and support at an early stage and will enable both services and individuals to be prepared.
- 5.2** As soon as dementia is diagnosed, the person concerned and their family can begin interventions and make longer term plans. However, the majority of people with dementia do not receive a diagnosis. A recent study by the Alzheimer's Society, found that 65% of GPs say people with dementia are not diagnosed because they do not make an appointment to see their doctor. Locally, again according to the Alzheimer's Society, 44.2% of people in the Central and Eastern Cheshire Primary Care Trust (PCT) patch in 2011 had received a diagnosis of dementia, representing 2,800 people. This is in comparison with 6337 people in the same year who are estimated to have dementia.
- 5.3** There needs to be both general awareness of dementia and its symptoms, as well as awareness among professionals who may come into contact with people who may develop the disease. Early diagnosis means people can begin to get support and treatment as well as beginning to make plans for their future. It is important that there is an understanding about the type of symptoms to look out for and what to do if you suspect you or someone close to you may be developing dementia. It is important that this information is widely available. The Alzheimer's Society conducted a survey of 382 GPs as part of a campaign "Worried about your memory?" whereby leaflets were produced and sent to GP practices to encourage people to contact their doctor and speak to the Alzheimer's Society if they had any concerns. This is a useful initiative; the Group is aware that the Alzheimer's Society leaflets are available in local GP practices and commends this and recommends the leaflets should be widely available. Carers, to whom the Group spoke, felt that there was a lack of awareness among the general population and more should be done to raise awareness of the illness.

- 5.4** Understanding the extent of dementia in the area can be helped through having a dementia register. Dementia registers are held in primary care at general practice level. Having such a register is a key feature of the Quality and Outcomes Framework. The Group has been unable to ascertain a clear picture regarding the holding of dementia registers and recommends that this is investigated further by the Scrutiny Committee.

6.0 Demenshare

- 6.1** During the course of the review an initiative - Demenshare (www.demenshare.com) - was piloted in Cheshire East through a partnership of Cheshire East Council, Age UK Cheshire, Central and Eastern Cheshire Primary Care Trust, Alzheimer's Society and / Zero a small social enterprise. Demenshare is an online social media resource that enables people affected by dementia across Cheshire East to share and exchange their experiences and knowledge with other people. The site provides information about dementia, useful links, online groups and individual stories. Currently there is a blog (online diary) written by a man whose wife has dementia, detailing the family's recent trip to America; as well as providing a wealth of information on how to prepare for such a trip, it is an inspiring account of living well with dementia.. At July 2012, 443 were people registered with the site and there had been 10,612 "hits"; the site has been accessed from 88 countries and read in 38 languages. There have been a number of referrals to the site from GPs and at least 3 crises have been averted. There have been 6,935 visitors to the site, 708 followers on Twitter, where good feedback has been received, and 91 "likes" on Facebook.

- 6.2** The Group commends the site as very useful for raising awareness of dementia and as an additional way of providing support and information. As more and more people use the internet and are comfortable with social media, this will be an increasing popular means of communicating and a way of obtaining information and support. With the increase in technology and increasing use of smart phones it means people can access such applications in many environments. This will be an increasingly common way of accessing information for present and future generations. The Group hopes that Demenshare.com is promoted by GPs, health professionals, social care staff and voluntary groups as widely as possible. The Group is aware that funding is not secure for the website and urges commissioners to consider how this vital resource is retained. The Group has also heard that there is a lack of awareness among a number of GP practices about Demenshare and recommends that the site should be promoted directly to GP practices.

7.0 Dementia Kitemark

- 7.1** The Group received information about the development of a "dementia kitemark" - through this scheme small businesses (such as hairdressers and local shops) will receive training in dementia awareness, safeguarding and mental health and will be able to display a "kitemark" sign to demonstrate their awareness and that they have had training to assist people with dementia. At February 2011 Dementia training had been delivered to 650 people in

Cheshire East and was in the process of being rolled out to GP practices and leisure centre staff. This is seen as an important development in raising awareness of dementia and helping to support people living with dementia to carry out normal activities in their community. The Group commends this initiative and urges that training is rolled out to as many areas as possible to ensure that the kitemark is displayed as widely as possible.

8.0 Diagnosis

8.1 The Group is aware that dementia is difficult to diagnose and that symptoms may be due to other reasons, such as depression. However, it is important to get a formal assessment so that other causes of symptoms are ruled out; a referral to appropriate services can be made; and the person and their family can begin to make plans for the future. It is also important to get a diagnosis because certain forms of dementia can be treated with drugs.

8.2 The Group met with a GP who outlined that discussions were underway regarding the screening tool to be used in diagnosing dementia. Carers, to whom the Group spoke, felt that from their experience dementia was a difficult illness to diagnose. One solution they suggested would be to have a separate surgery with longer appointment times and specialist doctors, but even then dementia would be difficult to detect. The local GP reassured the Group that GPs were willing to make specific appointments for patients who were showing signs of memory loss to enable a proper assessment to begin rather than it being dealt with alongside other health needs in a ten minute appointment or if the had person raised it briefly at the end of a consultation. The Group was pleased to hear that GPs would assess patients by visiting them in their own homes thereby seeing them in their own environment in which they feel comfortable and familiar. If required, further tests and assessments would be conducted with consultants. However, the Group also heard that there was some reluctance among some GPs to diagnose dementia because of a perceived lack of services and support (check with Andy Wilson). The Group is concerned to hear this as it is important that diagnosis is made at an early stage to enable plans and support to be put into place; indeed, the Group heard from a lady at a Dementia Café that she was relieved to have received an early diagnosis for the very reason that it meant she could make plans with her husband in preparation for her future needs. The Group was advised that the Clinical Commissioning Group would be adopting a holistic approach rather than seeing dementia as a separate issue. This is seen as a very important principle whereby support is built around the patient rather than the patient accessing different services depending on their needs. The Group feels that training in dementia is very important, particularly in primary care, and seeks reassurances that training in this area is seen as a priority.

8.3 The Group heard evidence about how dementia is diagnosed. Currently, a person under the age of 65 would be referred to Adult Services; anyone over 65 would be referred to Older People's Services. It was planned that in the future, people with dementia would received support from dementia specialists regardless of their age, this would be through SMART teams.

SMART teams (Skilled Multi Agency Response Teams) comprise social care workers, occupational therapists, district nurses and community matrons and are aligned with GP practices. The Group supports the introduction of SMART teams as this joint working between social care and health will help to ensure continuity of care for the patient and carer and can help in forming constructive relationships with those responsible for providing services and support.

9.0 Memory Services

- 9.1** The Group has heard that GPs are generally happy with the current provision of memory services but more work is needed around capacity issues and ensuring services link together in a consistent pathway. (T Ault's update to Group June 12). Funding secured via the Department of Health and available for Councils to use for memory services will be spent this year on Dementia Advisers; in subsequent years this will be funded from grant funding from Clinical Commissioning Groups. The Dementia Advisor service is being developed in collaboration with the Alzheimer's Society, Age UK and the Fire and Rescue Service. The Group welcomes the availability of funding for this important role and the partnership approach to delivery. The provision of Dementia Advisers means that help and support can be provided to a person and their family upon diagnosis and throughout their care through one named person. The Group commends this new role and hopes that funding should be made available from the Clinical Commissioning Groups from 2013 for this important role.

10.0 Current Provision in Cheshire East

- 10.1** Services for people with dementia vary from nursing and residential care to respite and day care, as well as services in the home and community that play a support and preventative role. The Authority does not provide any residential provision but the Group has heard that there is sufficient provision in the private sector from a wide range of providers and this topic has been addressed in the Scrutiny Review of Residential Provision.
- 10.2** The Authority does provide day care services, respite and short breaks, reablement and support to people to remain in their own home through either managed services with domiciliary agencies or through the provision of a personal budget.
- 10.3** There have been a number of developments in Cheshire East Council since it came into existence in 2009 including a building based review. Services are currently provided at -
Day Service:
- Redesmere, Handforth;
 - Brocklehurst Unit, on the Hollins View site, Macclesfield;
 - Salinae, Middlewich; and
 - The Hilary Centre, Crewe.

Respite and Short Breaks:

- Lincoln House, Crewe –12 bedded specialist dementia unit;
- Hollins View, Macclesfield; and
- Mountview, Congleton.

There are also a range of services provided by community and voluntary groups including Age UK and Wishing Well.

- 10.4** The Group is concerned that there is limited amount of fit for purpose respite provided by Cheshire East, especially in the light of the growing demand through the increasing older population in the Borough. However, the Group was further advised that there is little take up of local authority respite with private respite being used to a greater extent. The Council has recently made arrangements through contracts with St Luke's Hospice and East Cheshire Hospice, to provide a range of dementia services including respite where care can be provided at home. There is a social care review currently underway – Baseline Assessment Review – to ascertain views of service users on what facilities and services they have used and what their thoughts are on those facilities.
- 10.5** Members of the Group have undertaken visits to various existing Local Authority provision in Cheshire East including Lincoln House, Lindow Day Service (which is now provided at Redesmere) and Mountview and generally found the care provision to be of a good standard, well managed, with a good range of activities and a pleasant environment. However, there is concern that the provision at Mountview suffers from a lack of en-suite rooms especially adjacent to the secure day rooms. A visit to Lincoln House, Crewe, on the other hand, enabled the Group to experience a well designed building whereby the needs of people with dementia were fully incorporated in the design of the building. There was secure outdoor space available to residents and day care customers. Members noted and observed the wide ranging number of activities and the facilities available, such as hairdressing, as well as having the opportunity to speak to those attending the Centre. Members felt this was provision that should be replicated in the north of the Borough. On a visit to another facility a Member observed that the growing uptake of services by dementia patients meant increased pressure on existing staff and resources which was an issue that would need to be addressed as dementia cases continue to rise.
- 10.6** A number of facilities have been inspected by Cheshire East Local Involvement Network using their Enter and View powers. For the most part, their inspections were positive and commended many of the features, services and staff e.g. "we were impressed by the simple and discreet method of identifying the support needs of clients" and "satisfaction with the Centre was high".
- 11.0 Enabling People to remain in their own home**
- 11.1** For many people it is important to remain living at home for as long as possible. People want to remain in a familiar environment and keep their independence. This was one of the findings from the Wanless Social Care

Review “Securing Good Care for Older People” - when questioned about their preferences should they need care, 62% of people indicated they would like to remain in their own home with care and support from friends and family. And 56% indicated they would like to remain in their own home with care and support from trained care workers. As people grow older they are more likely to need help with health and personal care in order to remain at home. This care may be provided by family and friends but others may need help from social care, the NHS or from voluntary organisations. Older people are the biggest group of people receiving care but also the biggest group of carers (source: Ageing Well in Cheshire East programme). To enable people to remain living at home, services must reflect and support this aim. For someone with dementia, support is needed both for themselves and for their carer, if they have one.

- 11.2** This support can be provided in a number of ways – directly through the use of Assistive Technology; the Direct Payments/personalisation approach and by supporting the carer of the person with dementia.

12.0 Assistive Technology

- 12.1** The provision of Assistive Technology can support people at home as well as providing some peace of mind for family and carers. As well as meeting people’s needs and enabling them to remain in their own home for longer, the use of technology at home is a more economical option than residential care. Assistive Technology has a preventative role by raising the level at which people need physical support from others.

- 12.2** The Group heard about various types and roles of Assistive Technology including:

- Wrist or Neck Pendant – which would send an alarm to the contact centre who would respond;
- Pull cord – which would send an alarm to the contact centre who would respond;
- Movement sensors – these would detect if there had been no movement within a set time period possibly indicating a fall or illness;
- Pressure sensors – these would detect when a person got out of bed/armchair and then back again, based on preset times and may indicate a fall;
- Medication dispensers – automatically prompting people to take medication at a preset time;
- Front door sensors – to detect when a door was opened and someone had left the property;
- Alerts that would detect smoke or a rapid rise in temperature or carbon monoxide or water on the floor;
- Fall detector – automatically sensing that someone has fallen;
- Bogus caller button – enabling people to discreetly contact help if they are suspicious about a caller at the door.

- 12.3** Many of the above features can send an alert to a call centre or to a carer. This includes sending an alert to a carer in a different part of the house which can enable a family carer to get some rest even if their loved one is awake and up during the night.
- 12.4** The equipment, including installation and maintenance, is free with a small charge to link to the call centre (which the Group understands may be reduced as it is an assessed charge).
- 12.5** Other initiatives include the Just Checking system which can assist people with dementia to live independently in their own home by monitoring their movements at home and generating a chart of activity, on-line. Care professionals use the system for assessment and planning care. Just Checking highlights what a person is able to do for themselves in the familiarity of their own home, and the effect of care services. Families use it to 'just check' that a family member is following their usual pattern of life, without intruding or undermining their independence. It is simple to install and provided at no cost to the customer.
- 12.6** Members of the Group undertook a visit to a demonstration flat to view various types of Assistive Technology for themselves. They were shown how the technology works and were given a demonstration of how an alert would be sent to the call centre. Members noted the unobtrusive nature of much of the technology and the ease of use. The Group was impressed by the wide ranging and effective types of technology available which were also economical to install and manage for both the user and the Authority.
- 12.7** The Group has been advised that demonstrations of assistive technology will soon be available at Independent Living Centres in Wilmslow and Crewe. These simple products can have a big impact on people's lives through helping people stay at home for longer as well as providing reassurance to families and carers. It is important that these various sources of help are promoted as widely as possible and that people understand that they can access such help themselves without having to go through social care. It is also important for people to investigate what assistance is available at an early stage to ensure support is in place and deterioration into more intensive and expensive services can be delayed. This emphasises the importance of getting diagnosed at an early stage so support can be identified and trialled and people can get used to how they can use it to benefit themselves and their families. The Group understands that it is possible for some people with critical and substantial needs to remain at home with the help of Assistive technology and respite. As well as enabling people to maintain independence and the familiarity of their own environment it is less expensive than a residential placement. It can provide peace of mind for the family; and the use of technology to send an alert to a family member within the same house enables them to rest without worrying unduly about their loved one.

13.0 Direct payments/personalisation

- 13.1** A further way of supporting people to remain at home is through Direct payments/personalisation. Direct payments are cash payments made to people who have been assessed as needing help from Social Care to help them to live at home. Instead of Social Workers arranging services, people can choose to arrange their own services using their direct payment. This enables people to exercise choice and is ideal for people who like more independence and control over how the support they require is arranged and who are able to manage the payments on their own or with help from another person.

14.0 Carers

- 14.1** Carers undertake a vital role in supporting people with dementia and enabling them to remain at home for as long as possible by providing day to day support. It is therefore important that carers themselves receive support. Support can be provided through the voluntary sector, through respite provision and through the undertaking of a Carers Assessment.
- 14.2** The Group spoke to representatives of the Alzheimer's Society, Crossroads Care and directly to some carers.
- 14.3** The Alzheimer's Society provides services for anyone with dementia and has trained Dementia Support Workers. These Workers assess the needs of the patient and their carer through a free and confidential service without the need for a formal diagnosis of dementia. Support is tailored to the needs of the individual and can include emotional support as well as practical services.
- 14.4** A Caring and Coping Course was run by the Society comprising 8 sessions. This course was for carers and included specialist speakers and peer support. The course was limited to a maximum of 12 people and included attendance by a hospital consultant and a solicitor. The course was run at different venues to ensure as wide access as possible; the Alzheimer's Society also has a contract with Crossroads Care so as to ensure that carers can attend the course.
- 14.5** The Society provides Lunch Clubs and runs Dementia Cafes. Members of the Group attended a Dementia Café held at a Garden Centre and spoke to dementia patients and carers. The café was well attended by both people with dementia and their carers. A Dementia Support Worker attended to give advice as needed and various written resources were available too. From speaking with those present it was clear people really valued the opportunity to meet with others undergoing similar experiences as well as enjoying the social aspect of meeting for a cup of tea in a nice environment.
- 14.6** The Group heard evidence from Crossroads Care which provides care for carers. Support is offered to carers of any age and includes advice and information, but most often involves practical support. People can self refer or be referred by a professional. A Care Assessment would be carried out and

would lead to a Care Plan – taking into account the needs of both the carer and cared for person. A Carer Break - a 3 hour break per week - would be offered which is free at the point of delivery. Domiciliary care is also available as a chargeable service. There are also other Groups who provide services to carers but again these are at a cost.

- 14.7** Crossroads Care offers a full range of services including bereavement support, support for young carers, support groups, palliative care and carer breaks. The organisation has been commissioned by the Council to provide emergency responses for carers.
- 14.8** The Group interviewed some carers and asked their views on early diagnosis, respite care and the charging and transport policy. Some carers were concerned that external carers (provided through a carers agency) did not spend enough time with family members and did not like that different carers attended each day which resulted in difficulties in building up relationships and understanding individual's needs. There appeared to be communication issues too as the external carers did not report back to the family as to whether they had been able to help the person wash or bathe or whether he/she had eaten. There also appeared to be a lack of consistency around care packages. One family carer would have welcomed training and information as she did not realise that Occupational Therapy Assessments and grants were available for home improvements, such as walk in showers.
- 14.9** The day care centres were seen as essential support to enable carers to carry out home care for their family member. There was a wish to see the centres also open at weekends as there was no alternative respite care available at weekends. A private 'Better Minds' day care centre was available, which would also provide care at home, however this was expensive.
- 14.10** The Police Community Support Officers were seen as carrying out an important role, as they made older people feel safe and were a regular point of contact.
- 14.11** The Group is aware that the Council has a Carers Strategy and Implementation Plan and this has been recently considered in some detail by the Adult Social Care Scrutiny Committee. It is clear that there is strong commitment by the Council to ensure carers' needs are taken into account and supported. The Scrutiny Committee was also made aware that there was ongoing work to help Clinical Commissioning Groups to develop joint commissioning intentions to support carers and that Carers' Leads had been identified within GP practices. This is to be commended. The Scrutiny Committee was also advised that the percentage of Carers' Needs Assessments carried out in 2011/12 was around 35.6% which is above the National Indicator target of 28%. However, social care teams are working hard to increase this figure as well as improving the quality of Assessments. One interesting conclusion which the Scrutiny Committee made was around awareness of services available to carers; it was felt that there were services available both from the Council and partners but these were not publicised to the maximum extent – the Scrutiny Committee recommended that a marketing

and communications strategy be explored to promote these services.

- 14.12** There has also recently been a comprehensive review of Carers Respite through a research project commissioned by the LINK and produced by Making Space. The Review report concludes that carers are not always clear how to access their Assessments and Care Plans and some carers are unclear as to whether or not they are eligible for one or even if they have had one. The Making Space report makes a number of recommendations in relation to Carer Assessments and provision of respite.

15.0 Transport

- 15.1** The issue of transport is an important one and has been considered in some detail in the Scrutiny Review of Residential Provision Task/Finish Group so is not addressed by this Review. However, one issue was highlighted by patients and carers at the Dementia Café, as they did not have their own private transport arrangements. A community transport service did transport people to the café but they were dropped off at 9.30 am and then collected at 11.30 am whereas the cafe ran from 10.00 am – 12 noon. This difficulty with transport services was reiterated at a further meeting of the Group when carers expressed the view that the timings of the transport available were wrong and journeys were too long.
- 15.2** Supporting people to remain in their own homes is important. People want to remain in familiar surroundings for as long as they can and therefore it is important to focus on preventative measures to support this desire. People's health and well-being can be maintained for longer if they remain in their own homes or in the community rather than in some form of residential care. Assistive technology has an important role in this respect – there is a wide ranging amount of technological help, most of which is quick and easy and economical to install. People can access assistive technology without needing a social care assessment; therefore good information and promotion to signpost them to this help is very important so people can make informed choices and access good value support.
- 15.3** There is a vital role to support carers and the Group commends the findings of the Making Space report. It would like to be assured that the conclusions and recommendations are acted upon and urges the Scrutiny Committee to review the report and consider what action has been taken since its publication. It also recommends that the Scrutiny Committee receives regular updates on the Council's Carers Strategy and Implementation Plan.
- 15.4** The Group knows that support for carers is essential. It enables them to continue supporting their family member in their home environment which is best for the dementia sufferer in terms of their quality of life and slower deterioration. In addition it means they are less likely to require expensive services or financial support from the Local Authority. As Kate from Crossroads Care explained to the Group - carers are the cheap option!

16.0 Spending time in Hospital

- 16.1** Someone with dementia may need to spend time in hospital as a result of their dementia or for unrelated reasons. The Joint Commissioning Plan Dementia 2012 – 2013 includes recommendations to improve services in general hospitals and improve access and treatment in Accident and Emergency. The importance of dementia awareness has been brought to the Group's attention in relation to the triage stage. Staff in A and E need awareness of dementia especially when a patient is an older person and may be waiting to be seen without a relative or carer.
- 16.2** The Group visited Ward 18, Leighton Hospital which was an elderly care ward to see what kind of care was available to patients including those with dementia.
- 16.3** The Group heard that on admission to the ward, a comprehensive process was followed to ascertain information about the patient including completion of a form "Information about me to help you" which contained information about personal care needs, routines, eating and drinking needs and likes/dislikes as well as information about the person as an individual. This ensured that if a patient needed help with eating they would be put on the red plate scheme. Also, on admission an abbreviated mental status test was carried out using a nationally recognised tool. The Group was pleased to note that protected meal times were in operation and there was a volunteer feeding scheme as well to provide assistance with feeding. This arrangement accords with one of the recommendations of the Joint Commissioning Plan. Hot drinks were provided on a two hourly basis throughout the day and pictorial menus were used.
- 16.4** The Group observed that there were four side rooms available. The Ward environment utilised colour coding to assist patients with finding their way round. The hospital also used assistive technology such as movement sensors to support patients. An activity lounge contained a reminiscence area and interactive sessions were held. A recent initiative had included attendance by the Royal Northern College of Music who had performed unobtrusively in the background of the ward and this had been extremely well received; this was an approach commended by the Alzheimer's Society in their document "Singing for the Brain" which demonstrated the positive impact of music for people with dementia.
- 16.5** There appeared to be good clinical support and leadership on the ward. There was a named senior clinician with responsibility for patients with dementia and regular ward rounds by consultants took place. Hospital psychiatric services were now available 24 hours a day with most referrals responded to in accordance with emergency or urgent response time standards. The Community Psychiatric Nurse was welcome on the ward and the Alzheimer's Society attended regularly. The Group welcomed the role of the Integrated Discharge Team which included Hospital Trust and Local Authority staff with a specific role of Dementia Sister. The Group heard that this Team had had a positive impact and was liked by the ward staff who felt it

Adult Social Care and Health Scrutiny Committee

helped with continuity and transition. The ward would contact the Team once a patient was admitted so that discharge arrangements could begin to be considered as it was recognised that patients should be returned to their familiar environment as soon as possible.

- 16.6** The Group was pleased to hear that staff received mandatory training on dementia through various methods including through the Dementia Link Nurse. Dementia Care Guidelines were available on the hospital intranet. Staff had commented that they would like to receive more training and that there were practical difficulties in organising training due to the 12 hour shift patterns which did not allow for crossover times at shift changes. The Hospital Dementia Care Pathway Audit had identified the provision of education to ward staff about the Pathway as an action for the Dementia Nurses to undertake. The Group heard that 2 study days had been held at Cheshire Hospices' Education that had looked at end of life care and dementia for both palliative and dementia link nurses; these days were extremely well attended and evaluated. The Abbey pain tool was available to download from the Dementia Care Guidelines to assess pain in people with dementia who could not verbalise their needs. There were also excellent links to, and support from, the Hospital Macmillan Nurses and the Hospice.
- 16.7** The Group appreciated the welcome they received by staff on Ward 18 at Leighton Hospital and all the good work and initiatives to help older people on the ward.
- 16.8** The Group has also received some information from East Cheshire Hospital Trust who outlined that there was to be the creation of a 22 bed Elderly Care Unit with a specific focus on dementia including an assessment area for frail elderly patients such as those with dementia. The environment would be dementia friendly and red trays and protected meal times were to be introduced including volunteer helpers. There has been a focus on staff training with almost 80% of clinical staff having had dementia awareness training to date, 951 staff have completed a Dignity Work Book and an Admiral Nurse was in post one day a week to offer specialist advice, bespoke training and attendance at the Dementia Steering Group. The Trust followed the national Dementia Strategy and had joined the Dementia Improvement Community to audit and share best practice. The hospital also used "Forget-me-not" stickers to identify patients with dementia to the staff.
- 16.9** There is evidence of good practice at both Acute Hospitals and it appears that dementia training is a priority.
- 17.0 Extra Care Housing**
- 17.1** There is a variety of Extra Care Housing provision in existence in Cheshire East through various schemes some of which the Council has block contracts with (Registered Providers) and some that is solely private provision. Key features of the provision include a safe and secure garden area and communal areas including restaurant and gym facilities. There is also 24 hour support providing personal care, basic health care and support with activities

and practical tasks depending on level of need. The scheme utilises technology to provide added security. The schemes are suitable for people with differing needs resulting in a mixed community. The Extra Care Housing Project in Cheshire East aims to provide a number of additional homes in Poynton and Sandbach by 2014.

- 17.2** Extra Care Housing can be an alternative to residential or nursing care because it provides support in an individual's home, in a purpose built complex, through a range of on-site services and therefore can help prevent people's deterioration into more intensive and costly services. It enables people to live in a home environment rather than an institutional setting but with a good range of health and social care support available. There are activities available both social and active (such as a gym and exercise classes) to maintain mental wellbeing and physical fitness as well as restaurant facilities if people don't want to cater for themselves on occasion.
- 17.3** Members of the Group visited the provision at Willowmere in Middlewich; this development has apartments which can be bought (outright or through shared ownership) or rented, with the additional payment of a service charge. Apartments are spacious, mostly wheelchair accessible, with specifically designed shower rooms and ample space on the main corridors to park mobility scooters. There were various activities on offer, a gym and café. Members were told that personal care and practical support is available and a care manager will meet with residents to draw up a care plan. Although the Group note that this provision is expensive it is considered more appropriate for people with dementia.
- 17.4** This issue has also been looked at by the Scrutiny Review of Residential Provision who visited Beechmere in Crewe. That Group noted that there were a number of residents at Beechmere with particularly complex needs due to dementia and since residing there, their condition had improved. It was also commendable to note that there were relatively few referrals onto nursing homes as Beechmere staff were able to deal with all needs. That Scrutiny Group supported the Extra Care Housing approach although felt that a suitable mix of residents needs (low, medium and high) was not always achieved, and therefore financial savings were not always met. Also that Group felt that the schemes were often located in out of town situations which could prove isolating and did not promote integration into the community. That Group felt that such schemes need to be embedded in the local community, affordable and small enough to be personal. This Group echoes this view although the facility which it visited at Willowmere, did appear to interact well with the local community and was located in the middle of a residential area therefore did not appear isolated.
- 17.5** Members support Extra Care Housing provision, taking into account the findings of the Residential Provision Review as well. This type of provision enables people to remain independent but with support systems in place based on individual need. The environment is extremely pleasant and a wide range of activities are on offer. As the older population increases some form of supported housing provision will continue to need to be offered. The Group

Adult Social Care and Health Scrutiny Committee

endorses the findings of the Residential Provision Scrutiny Task/Finish Group and recommends that appropriate supported housing provision will continue to be provided to meet the growing older population.

18.0 The role of the Voluntary sector

18.1 There is an important role for the voluntary sector in helping older people and people with dementia. The Group heard evidence from Age UK, the Alzheimer's Society and Crossroads Care.

18.2 Age UK Cheshire provides a diverse range of care and support services to promote the well being of all older people in Cheshire. Services on offer include advocacy, day services, Fit as a Fiddle (helping older people to remain active), Men in Sheds (for older men who feel isolated or are experiencing major life changes), mentoring (a free, confidential and impartial support to people over 65 who are finding it hard to manage their personal finances). There are a number of day centres available for people with dementia; Age UK has worked in partnership with the Council in the provision of the Dementia Advisor service and the Demenshare website.

18.3 The Alzheimer's Society explained that due to an increase in people being diagnosed with dementia at an earlier age, a reassessment of the services available was underway. An Early Onset Project had been introduced to reflect this increase including developing social activities and a dementia café specifically for a younger age group.

18.4 Financing was a concern as less than half of the services provided by the Alzheimer's Society were funded meaning the remainder needed to be raised through local fund raising. To date the service had never turned people away but was working to capacity. The national organisation tended to concentrate on research, campaigns and backroom support; money spent locally was raised locally. As numbers of people with dementia continue to rise the demand for the services of the Alzheimer's Society would inevitably grow.

18.5 In relation to diagnosing the disease, a view expressed was that early diagnosis would only be of assistance if the relevant drugs were available to help. NICE was currently campaigning for a drug to be reinstated that had fewer side effects. It was felt that there was still a stigma around the disease leading to people trying to cover up their symptoms and it was not unusual for partners of sufferers to play down the severity of the problems resulting from dementia. It was explained that this could make assessments difficult. In speaking to Carers the Group was told that assessments took too long to be carried out leading to delays in receiving a care package. They also felt that there were not consistent discharge procedures to discharge dementia patients from hospital.

19.0 Costs of dementia

19.1 At the start of the Review, the Group received figures on the numbers and cost of care for people with dementia in Cheshire East - 418 people

diagnosed with dementia in Cheshire East received a direct payment/individual budget; 383 people diagnosed with dementia received day care and 684 people had been diagnosed with dementia and were in residential or nursing care. The Group sought information on the numbers of people who had previously been able to afford the cost of their own care but were then having to turn to the Authority for financial support. The Group was advised that at December 2010, 92 people diagnosed with dementia were now having their care paid for by the Council (having been previously self funding) and this was at a cost of £2.3 m - £25000 per person; it was likely that this situation would increase with more people having to call on the resources of the Authority to support them in their care.

19.2 Information from the Joint Strategic Needs Assessment notes the accelerating costs of dementia care as need for more intensive services increases:

- People in the community with mild dementia - £14,540 per year;
- People in the community with moderate dementia - £20,355 per year;
- People in the community with severe dementia - £28,527 per year;
- People in care homes - £31,267.

19.3 This is clearly of concern as these costs can only rise as increasing numbers of people are diagnosed with dementia. It is essential that services are cost effective and that finance is targeted at prevention to improve people's quality of life and prevent for as long as possible, deterioration into more extensive and expensive services.

19.4 The issue of self funder migration has been fully explored in the Residential Provision Scrutiny Review and a number of suggestions made as to how this complex issue could be addressed. This Group endorses their findings.

20.0 Preparing for the future

20.1 Members discussed the importance of helping older people to put their affairs in order and were advised about the Living Wishes scheme – this was a list of wishes that included sorting out a will, arranging Power of Attorney etc, from which the person would chose 10 – 15 that would build up their own Care Programme. This approach is commended as a proactive way of getting people to think about the future and their potential needs and wishes.

21.0 Conclusions

- 21.1** Dementia is a major issue that affects an increasing number of individuals. As well as the personal cost of suffering and deterioration affecting individuals and their families, there is a financial cost too. Awareness of dementia is vital so that people can look out for the signs and symptoms at an early stage and start to make any necessary preparations. People's outcomes are better if they can be cared for in their own familiar environment and remain with people they know and care about. Therefore, preventative and supportive facilities are vital. Support to carers is essential as, without carers providing vital support at little or no cost, the Authority and voluntary sector would need to fill in the gaps in provision, which would be more costly and less helpful for the individual dementia sufferer.
- 21.2** The Group commends the services it has visited – day centres, Dementia Café, Community Support Centres, Acute Hospital. The voluntary sector has an important role in supporting individuals and their families but must have sufficient support to continue its vital role.
- 21.3** The cost of dementia is of great concern particularly with the increase in the older population in Cheshire East. It is vital that preventative services are available and widely known about, particularly when they are relatively inexpensive and easy to install, such as Assistive Technology. It is also important that people get good guidance about managing their finances to enable them to get the best use of their money for as long as possible, should the need arise. Information about dementia is important so as to enable forward planning of services and provision and in this regard work must be undertaken with GPs through the Clinical Commissioning Groups to get a useful picture.
- 21.4** As this Scrutiny Review progressed, the Joint Commissioning Plan was published and latterly, the Ageing Well in Cheshire Programme – a plan for people aged 50 and over. These are both important initiatives and it is recommended that the Scrutiny Committee reviews both on a regular basis.
- 21.5** Although there are many challenges as the population ages and dementia cases rise, there has been a great deal of good work and many good services which is to be commended and encouraged.

22.0 Recommendations:

- (1) That all opportunities to raise awareness of dementia be developed both by the Council and partners including wide distribution of the “Worried about your Memory?” leaflet produced by the Alzheimer’s Society, resourcing and promotion of the Demenshare website and introduction of the dementia kitemark;
- (2) That integrated working is encouraged and supported through the use of SMART teams and joint working with the Acute providers such as the Integrated Discharge Team, Leighton Hospital. In this respect the Scrutiny Committee should review the effectiveness of the Joint Commissioning Plan Dementia 2010 – 2013;
- (3) That the Health and Wellbeing Board work with partners to improve levels of diagnosis of dementia;
- (4) That the role of Dementia Advisors be reviewed 12 months after implementation to assess their effectiveness and ensure adequate future funding is made available;
- (5) That preventative services are promoted widely, as they are often simple and cost effective ways of maintaining health and wellbeing and preventing deterioration into more extensive and costly services – for example Assistive Technology has an important role for both users and carers;
- (6) The Scrutiny Committee should regularly review the Carers Strategy and Implementation Plan as well as receiving an early report on action taken following the findings of the Carers Respite report produced by Making Space;
- (7) The Scrutiny Committee should receive and consider the outcomes of the Baseline Assessment Review of respite;
- (8) The Scrutiny Committee seeks assurances that Dementia Registers are held in primary care;
- (9) The specialist provision at Lincoln House, Crewe is commended and a similar facility should be provided in the north of the Borough and the facilities at Mountview should be upgraded;
- (10) The findings of the Residential Provision Scrutiny Review are taken into account, where relevant, when this Review is considered especially in relation to financial and transport issues; and
- (11) The outcomes of the Alzheimer’s Society pilot project ‘developing dementia friendly communities’, be evaluated as a potential for extension throughout Cheshire East. The towns in Cheshire East involved in the pilot scheme are Alsager and Knutsford.

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CHESHIRE EAST COUNCIL

REPORT TO: Health & Wellbeing Scrutiny Committee

Date of Meeting: 7 March 2013

Report of: Lorraine Butcher, Strategic Director Children, Families & Adults

Subject/Title: Outcomes of Safeguarding Children Peer Review

Portfolio Holder: Cllr Rachel Bailey

1.0 Recommendations, decisions or actions required by Scrutiny Committee

- a) Note the key findings of the Peer Review at Appendix 1 and the Peer Review Action Plan at Appendix 2
- b) To request that Health and Well Being Scrutiny consider the findings particularly with reference to health
- c) To consider how Health and Well Being Scrutiny receive progress on the implementation of the Plan

2.0 Summary and Context

Cheshire East's Safeguarding Children Peer Review took place between 3rd and 7th December 2012. The Peer Review Team was made up of experienced professionals from Health, Local Authorities and the Voluntary Sector outside of Cheshire East. The fundamental aim of the sector led review was to help the Council and its partners to reflect on and improve safeguarding services for children and young people in Cheshire East.

The review focussed on a number of key themes, including vision, strategy and leadership; effective practice, service delivery and the voice of the child; outcomes, impact and performance management; working together; capacity and managing resources; the effectiveness of multi-agency early help offer in working together to protect children; quality of practice and transition.

Informed by the contributions made from over 300 frontline practitioners, operational and strategic managers from a range of organisations, the review included Council Members and staff, health, the police, education and the voluntary sector. Through the completion of questionnaires, interviews, focus groups, a case mapping exercise and an analysis of a significant number of documents and data sources, the Review Team were able to make

conclusions about how best to target resources in Cheshire East to maximise our improvement journey.

The final letter from the Peer Review Team is attached at Appendix 1. This outlines the strengths and areas for consideration identified by the Review.

3.0 Peer Review Key Findings

The review team concluded that Cheshire East's key strengths are:

- A strong commitment at every level to improve outcomes for children;
- Good multi-agency working and partnerships;
- Strong leadership and management;
- A dedicated workforce; and
- The political will to implement change.

However, the Review identified that we need to work together to ensure that:

- Council staff and partners are clear about Cheshire East's vision for children and young people;
- Frontline staff have a good understanding of outcomes and how they are measured in practice;
- Partners, in particular Health, commit to change;
- The multi-agency delivery of Early Help is more effective;
- Staff in all agencies have a clear understanding of thresholds into Social Care and how they should be applied;
- The voice of the child is fully embedded in practice;
- Front line social work practice is consistently good; and
- Experienced and skilled Social Workers commit longer term to Cheshire East as a place to work.

4.0 Key Actions

A draft action plan to address the priorities arising from the Peer Review is attached at Appendix 2.

A comprehensive communication and change plan is underway to increase awareness and understanding at all levels of the Council and partner agencies. This includes:

- Multi-agency workshops
- A booklet of key information
- A Manager's presentation
- One minute guides
- Improved website information
- Briefings
- Posters
- Newsletters

11.0 Access to Information

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

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Lorraine Butcher
Strategic Director of Children, Family & Adults
Cheshire East Council
Westfields
Middlewich Road
Sandbach
CW11 1HZ

17 January 2013

Dear Lorraine

Thank-you for taking part in the Children's Services Safeguarding Peer Review. The team received a really good welcome and the co-operation and support throughout the process was greatly appreciated. It was evident to us that all those we met were interested in learning and continuous improvement.

We agreed to send you a letter confirming our findings. As you know the safeguarding review focused on five key themes along with the Key Areas of Focus you provided for the peer team before our visit. This letter sets out our findings on these areas. It includes the good practice we heard about and areas which you might want to consider further during your improvement journey. As you did not have the optional elements of audit validation and a case records review our comments, particularly in regard to the quality of practice are based on triangulation of self-report measures.

It is important to stress again that this was not an inspection. A team of peers used their experience to reflect on the evidence you presented to us on safeguarding vulnerable children and young people. The focus of our feedback was on assisting you to both maintain and improve your current levels of performance.

We highlight areas which were noted by the Peer Review team in terms of:

- Key overall messages
- Key strengths
- Areas for consideration

Key overall messages

Strengths

- **Strong commitment at every level to improve outcomes for children**

We found that the commitment to improve outcomes for children was apparent in both Cheshire East Council and across the wider partnership. Members, officers and partners demonstrated that the needs of the children were at the forefront of their work

- **Good multi-agency working and partnerships**

The peer review team were impressed by the level of positive working relationships across the partnership. This was particularly evident in the work done at an operational level.

- **Strong leadership and management**

We found a high level of confidence in the Senior Leadership Teams across the partnership and this provides a good building block to improve services for children in Cheshire East.

- **Dedicated workforce**

Cheshire East and its partners have staff that are committed to their work and to the safeguarding of children. Morale was reported to be improving and staff were appreciative of the learning opportunities they were able to access.

- **Political will to implement change**

The team met the Leader of the Council, the Lead member for Children's Services and the Chair of the overview and scrutiny function for Children's Services. Although all were new to post there was an early determination evident in getting it right for children and young people. All were active in inducting themselves into the roles.

Areas for further consideration

- **Pace of change**

We found that although there was a clear commitment to making improvements in the service, particularly around early help and social care, the pace of change is too slow. Improvements in front line practice are beginning to take effect but this must happen at a much greater pace to comply with the Ofsted recommendations and maintain the commitment from staff. There are still some actions identified within the July 2011 Ofsted SLAC inspection which need to be fully implemented with a greater emphasis required on clear evidence of impact.

- **Voice of the child**

We found little evidence that the 'voice of the child' was embedded in front line practice in terms of evidencing that children are seen and their views

reflected in care planning and recording. Children and young people also need to be more involved in the development of services that will impact on their lives.

- **Capacity**

The 'right people, in the right place doing the right things at the right time' was a phrase we heard a number of times. There is a need to ensure that this is put into practice across services in order to improve the capacity of the organisation.

- **Outcomes**

An understanding of outcomes and how they are measured is limited in practice. At present, there is not a culture of being outcome focussed. This also applies to areas of partnership working where the development of outcome measures is still being explored.

- **Inconsistency of practice**

Managers and staff reported that there were inconsistencies in the quality of social work practice. They referred to the quality of initial and core assessments, case recording, care planning and ensuring that children and young people's views were incorporated into planning and decision making. We were not able to substantiate this as we did not read case files, review assessments or speak to staff about individual cases. The case mapping did however evidence some inconsistencies in quality of practice. Caseloads in CAT have been high, but are reducing. Improvements in IA and CA timeliness need to be accelerated.

- **Communication**

There is a lack of understanding at some levels of the organisation and across the partnership of what the vision is for the safeguarding of children and how it will be delivered. This is particularly the case around early help and the "front door". There needs to be clear communication and checks made to ensure that the messages are understood at all levels.

- **Partnership commitment to implementation**

Partners, in particular Health, need to commit to the implementation of projects that will safeguard children. This particularly applies to the Early Help offer. Public Health also needs to become more actively involved in the development of services for children and young people.

Executive summary

In relation to the first area of consideration, that of vision, strategy and leadership the review team found that Cheshire East is well placed to take Children's Services forward. There is an obvious political commitment to improve services for children and a confident well informed leadership team in whom the staff have a great deal of trust. Across the partnership there is a sense of joint ownership emerging which augurs well for future development of integrated services.

In taking Children's Services forward Cheshire East needs to be mindful of the need to induct new Members thoroughly. The council has a new Leader, a new Lead Member and a new Chair of Scrutiny which offers overview for Children's Services as part of a broader remit. Members need to reassure themselves that there are appropriate reporting structures in place. Similarly there is a new leadership team within the council with an interim Chief Executive and recent appointments to the deputy DCS position and Assistant Director. As a consequence of these changes the vision for Children's Services needs to be articulated and communicated more clearly. Greater clarity would also be timely for key partners who are currently in a state of flux due to changes in their own landscape. As part of restating the vision for Children's Services staff should be presented with a clear model for change.

The second area of consideration for the review team focussed on the areas of effective practice, service delivery and the voice of the child. The team found emerging strengths in this area. Staff appreciated the offer of professional training and development opportunities which appeared to address training needs at the level of the individual, the service and the organisation. Associated with this offer was a high level of staff morale and a positive organisational culture. Supervision arrangements were also regarded positively by staff. There were some early indications of effective multi-agency working for example those based in Children's Centres.

It was apparent to the review team that front line practice needs to be developed further and to become more consistent with best practice. Greater understanding of thresholds is required with better signposting to universal services where referrals do not lead to an assessment. A better understanding of early help is required. The quality of assessment is variable and better recording of decision making about intervention and the changes required is needed. The quality of front line practice is affected by the large proportion of agency staff, NQSWs and high caseloads. Practice across the partnership urgently needs procedures to include the voice of the child in decision making which affects their lives and in the development of services generally.

Other areas of consideration for the review team were those of outcomes, impact and performance management. Here the review team found strengths which included an established culture of performance management across Children's Services and an effective performance management framework in use by the CESC across the partnership. There is an established culture of regular audit and learning from them is embedded in practice. The SCIE methodology is used to enhance learning.

It is acknowledged that outcomes for children need to be articulated more clearly in important plans and strategies in order to demonstrate that the work being undertaken in Cheshire East is having a positive impact on children. It is also important that the benefits of regular audit are used to improve front line practice. Similarly, the need for a comprehensive dataset which includes qualitative as well as quantitative measures is required in order to assure

senior management that services are fit for purpose post Munro and looking forward to the new multi-agency Ofsted inspection framework.

The review team looked at how well services in Cheshire East were working together to deliver the children's agenda. It was evident that there is a clear willingness to work together and a strong commitment to partnerships such as the CESCIB, the Children's Trust and the Health and Wellbeing Board. Multi-agency training is well regarded and some services were described by staff as very good, such as the CAMHS service at Tier 4, School Nursing Services and the Family Nurse Partnership. There was a healthy culture of informal challenge evident across the various partnerships.

The multi-agency delivery of the early help offer on the whole has been slow to develop, partly because there remains a view that this is the remit of the council. Greater joint ownership of this agenda by the partners is required if it is to bring the benefits intended and offset more expensive intervention further downstream. The Health and Wellbeing Board has been slow to develop and as a consequence the health and wellbeing strategy does not reflect the necessary focus on children's issues. Similarly Public Health remains behind the curve in preparing for the handover of responsibilities to Cheshire East Council next year.

Finally, it is important to consider the effective use of resources and in this regard the plans for the new multi-agency front door including the MASH is a positive development as it should lead to more efficient use of resources. New and intended appointments will bring greater capacity to senior management and the clearly set out recruitment and retention strategy should help to address the problem of a high level of agency staff. Set against these positive developments is the need to address the structural overspend in children's social care, the need to develop a joint commissioning strategy for children's services across the partnership and to invest further in early help services.

This table highlights the strengths of your safeguarding work:

<p>Effective practice, service delivery and the voice of the child</p>	<ul style="list-style-type: none"> • There is a clear understanding at a strategic level of the service delivery issues that need to be improved, in particular around front line practice. • A number of projects are emerging that are demonstrating good practice in terms of Early Help and partnership working. e.g. midwifery, Family Nurse Partnerships and use of the NSPCC Graded Care Profile around neglect.
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	<ul style="list-style-type: none"> • We were told that there are some improvements in the quality of social work practice. The use of Practice Consultants was seen by staff as positive. • The level of professional training and development which addresses the shortfalls in practice issues is well received by staff and participation is good. • There is a positive culture and ethos within Children's Services which is improving staff morale. • Multi-agency working at an operational level was reported as being very good. The Police in particular were seen as providing strong support in a number of areas e.g. PCSO's relationship with schools. • The Transition Group for children and young people with disabilities and complex needs has a clear plan to improve transition processes and access to key services for children transferring from Children's to Adult Services. The review of the Children with Disabilities Team will strengthen safeguarding and transition to Adult Services. • Supervision is seen as positive by social workers. The policy and toolkit has recently been updated to incorporate the LGA's Employers Standards and Supervision Framework and teams are piloting different supervision methods.
Outcomes, impact and performance management	<ul style="list-style-type: none"> • A review of corporate performance management is underway and is member-led. This should provide a Council wide approach to performance management which raises the profile of safeguarding as everyone's business. • Performance management in Children's Services is well established and is used to inform front line practice. • There is a developing performance management framework in place for partner agencies within the

	<p>LSCB which is presented to the Board on a quarterly basis.</p> <ul style="list-style-type: none"> • An established culture of regular audit operates within Children's Services. The audits are reported to managers' meetings. We did see some evidence of implementing changes e.g. managers signing off assessments, transfers and children's views. • The council has made a commitment to invest in a new care management system to replace PARIS which will support social work practice. This is at the consultation stage but staff and partners are involved and a twin track approach will ensure that improvements will be made to the current system to support social work staff in the interim. • The adoption of the SCIE 'Learning Together' methodology to enhance learning across partners has been well received and is being used to inform practice.
Working Together (including Health and Wellbeing Board)	<ul style="list-style-type: none"> • We found a strong culture of multi-agency working at all levels. One partner commented that there was 'caring, professionalism and dedication'. • Multi-agency safeguarding training was well regarded by all partners and participation was good. The training was seen as an opportunity to network with colleagues and build relationships. • There is strong commitment at LSCB and sub-group level to improve the lives of children in Cheshire East. • There is evidence of positive working in the Transitions group which will hopefully lead to better outcomes for those children transferring from Children to Adult Services. • Health has a strong presence in Children's Centres. Midwives and Health Visitors are now based there and linking with Family Support

	<p>Workers.</p> <ul style="list-style-type: none"> • CAMHS are seen as providing good support at Tier 4. • Schools in particular found the work done by school nurses was very positive. In particular representing schools at CAF and CIN meetings. • The JSNA provides data across a range of issues relating to children which could be used to inform services for children. It will need to include specifics on safeguarding and wider determinants of health. • The Children's Trust will feed into the Health and Wellbeing Board which will ensure that Children's issues continue to be addressed.
Capacity and managing resources	<ul style="list-style-type: none"> • The new Recruitment and Retention strategy is clearly set out and a recruitment campaign for social workers is due to begin prior to Christmas. This will assist in the reduction in numbers of Agency staff. A 'Grow Your Own' project will also provide additional capacity in the longer term. • Schools are commissioning services that will assist with Early Help and provide support to vulnerable children e.g. counselling services, Family Support Workers. • The council has made some new appointments and agreed some new posts. This will provide significant additional capacity and focus on social care practice. • The new Front Door arrangements due to take effect in early 2013 will focus resources where they are most needed and address some of the issues relating to initial assessments. The inclusion of the MASH as part of this initiative is seen as a positive development. • There is a stated intention to ensure that the use of resources is more effective. 'The right people, in the right place, doing the right things at the

	right time' was the ideal state.
Vision, strategy and leadership	<ul style="list-style-type: none"> • There is good political support and commitment to the safeguarding agenda. • The Interim Chief Executive has a good understanding of key issues, in particular front line practice, capacity and early help. • Across the organisation there is real confidence in the Senior Leadership Team which will help drive the change agenda. • The Health and Wellbeing Board and the Children's Trust have endorsed the Early Help Strategy which should ensure the commitment of all partners to implement the strategy.

The table below highlights areas the Peer Review Team felt would benefit from further consideration.

Effective practice, service delivery and the voice of the child	<ul style="list-style-type: none"> • The voice of the child is still to be embedded in front line practice. In particular engaging children and capturing their views. This includes evidence of the child's journey. The involvement of children and young people in developing services is also underdeveloped. • There was a lack of understanding amongst some employees and partners about thresholds, the Early Help offer and what services were available from other agencies. This often resulted in inappropriate referrals to Social Care with a high percentage (40%) leading to 'No Further Action'. The effectiveness of plans to introduce a new 'front door' from January should be monitored. • The quality of front line social work practice is inconsistent. It was reported through interviews and the case mapping undertaken that the quality of social work practice is still variable. Case files were not looked at as part of the peer review.
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	<ul style="list-style-type: none"> • Agency staff and new qualified staff are impacting on the quality of practice. This leads to relationships between children and their social workers being affected, an inconsistent approach to front line practice and limited time for adequate supervision. • Caseloads in CAT are at times high, but are reducing. Timescales for both Initial and Core Assessments are concerning. Improvements in IA and CA timeliness need to be accelerated. • Practice consultants are well regarded but some are holding high caseloads which impacts on the effectiveness of their role. • It was reported that there are issues around care planning, for example the voice of the child; a culture of using costly placements; capacity of in-house foster placements, care planning not being robust, children at home on care orders and whether children are on the right order. • The current IT systems do not allow for structured workflows to be readily followed. Work to improve the quality and consistency of recording needs to continue. • Information relating to private fostering is available but numbers are still low. The impact of current strategies needs to be evaluated to ensure that communication and awareness of private fostering is reaching those involved in this arrangement.
Outcomes, impact and performance management	<ul style="list-style-type: none"> • The clarity of outcomes for children and young people is not evident. Plans currently focus on actions and need to become more outcome focussed. Further work is needed to ensure that all partners understand what 'outcomes' mean in practice. • A more comprehensive LSCB performance pack is needed to become meaningful. All partners need to contribute information to this pack. At present there is a lack of Health related data.

	<ul style="list-style-type: none"> • There is a need for performance information to be consistently applied to improve front line practice. This would link the strategic aims to actual practice and would enable practitioners to quantify the difference they are making to clients. This was being used in the 16-19 years old CAMHS project. • A comprehensive data set across the partnership needs to include qualitative measures as well as quantitative information. This will give a much richer picture to inform decision making. • There is a need for performance information to be used intelligently to inform multi-agency priorities and needs led services across all service areas and partner agencies. • The revised Scrutiny arrangements around policy development may not give children and young people the necessary profile. In particular the role of overview and scrutiny should extend to more than challenge in relation to policy • Partners are often unable to demonstrate the impact of their work which means it is difficult to measure success.
Working Together (including Health and Wellbeing Board)	<ul style="list-style-type: none"> • The LSCB needs to ensure that challenge of partners is formalised and recorded to demonstrate strong governance and performance management. • It was noted that the Health and Wellbeing Board has been slow to develop compared to other areas resulting in a health and wellbeing strategy which lacks detail. • At this stage, there is no detailed Health and Wellbeing strategy or action plan for the next three years. Partners should ensure that children continue to be a key priority within the health and wellbeing strategy and feature strongly within their respective organisational plans. • The application of data from the JSNA needs to inform multi-agency service development in order

	<p>for it to be meaningful</p> <ul style="list-style-type: none"> • Multi-agency delivery of the Early Help Strategy has been slow to develop and in order to demonstrate outcomes engagement from all partners needs to be progressed. • Public Health is not fully integrated and the opportunity now exists for this to progress to the benefit of all partners.
Capacity and managing resources	<ul style="list-style-type: none"> • There is a high percentage of agency staff (30%) and newly qualified social workers (24%) working in CP/CIN/CAT (October 2012 data). This is resulting in difficulties with some partners looking for continuity in social workers and being able to build relationships e.g. schools. • High levels of sickness absence in Children and Families has resulted in increased costs around the use of agency staff. The management of sickness absence policies needs to be rigorously applied. • A check to ensure that resources are effectively deployed needs to be carried out. It is acknowledged that the Front Door project will assist some of the resource issue but there may be other areas that need to be addressed. It would be advisable to use a needs assessment model to identify areas and groups of greatest need. This to be supplemented by a mapping and gapping exercise to identify gaps and re-allocate resources. • There has been a culture of high cost placements in the authority and in the current financial climate it may be advisable to look at this in detail. In particular, ensuring that at the care planning stage social workers are aware of the costs. It is acknowledged that the council is beginning to address this issue. • The team identified that there may be some gaps in Early Help provision. There was a lack of clarity on what the early help offer was and how this linked to the continuum of need. For example

	<p>there was some uncertainty about what support Children's Centres offered, the 0-19 offer and the 0-11 Family Support Teams. In addition, there was some confusion about how the 11-19 offer would be developed with a review of Youth covering 15-19.</p> <ul style="list-style-type: none"> • Joint commissioning with Health is still underdeveloped. There are memorandums of understanding but actual joint commissioning is still to commence. • There is a structural overspend in Children's Social Care resulting in Early Intervention Grant funding being used to plug the gap. • It is likely that the Public Health allocation will be relatively low resulting in no additional services being commissioned over and above what already exists. • The level of CAMHS support at Tiers 1 -3 needs to be clearly communicated to ensure that the expectations of those requiring these services are managed. • There is an inconsistency in the way that Adult Services are picking up children's disability cases at transfer despite a policy being in place.
Vision, strategy and leadership	<ul style="list-style-type: none"> • The Lead Member for Children's Services, Council Leader, Chair of Scrutiny and the LSCB Chair are all new in post. There is a lack of familiarity with the Children's agenda and support for these roles will assist in their understanding of key issues. • Staff are unable to articulate the vision for Cheshire East Children's Services. This needs to be communicated to everyone involved in delivering services. This will help to engage the hearts and minds of staff. • Major changes are taking place in the service and across other partner agencies. There is a need for greater clarity on what these changes mean for individuals and their service. A documented

	<p>change and communication plan would be useful to assist in everyone understanding their role.</p> <ul style="list-style-type: none"> • Corporate Parenting would benefit from further development. In particular, the training and development of members around their Corporate Parenting responsibilities. • The LA and partners have experienced significant changes in key positions and structures and it is important to ensure that these changes do not impact on the priorities relating to the safeguarding of children. • A formal reporting structure to Members and the Chief Executive by the Director of Children's, Families and Adults Services needs to be re-established to ensure that there are checks and balances in the performance management system.
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At the action planning workshop on Friday 7 December 2012 you discussed the feedback presented by the Peer Review Team. Whilst improvement work is ongoing, you identified the following key priorities:

- Embed the voice of the child
- Continue to improve the quality of practice
- Further develop corporate parenting/private fostering arrangements
- Increase the pace on the implementation of the Early Help Offer and ensure partners are fully committed, especially around targeting of resources
- Accelerate the pace of change and be able to articulate the impact of interventions
- Implement a comprehensive communication plan

The Local Government Association would be happy to discuss how we could help you further.

You and your colleagues will want to consider how you incorporate the team's findings into your improvement plans, including taking the opportunity for sector

support through the Children's Improvement Board. Howard Cooper, your regional broker, has been sent a copy of this letter and will be in touch with you to discuss the options for support and how best to share notable practice identified. He can be contacted by email: howard@howardcooper.co.uk or by phone on 07508 430056

The Local Government Association is offering a follow up visit nine months to a year after the Peer Review. This would give us both an opportunity to evaluate the process and assess impact. The Principal Adviser for the North West is Gill Taylor. She can be contacted by email: Gill.Taylor@local.gov.uk or by phone on 07789512173

Thank-you again for agreeing to receive a review and to everyone involved for their participation. In particular, please pass on thanks from the peer review team to Gill Betton and Peter Thorley for their support during the preparation stages and organising the on-site requirements.

Paul Curran

Children's Improvement Adviser (Peer Review), Local Government Association

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PEER REVIEW PRIORITY ACTION PLAN**JANUARY - APRIL 2013**

OUTCOME	SOURCE OF ISSUE	ACTION	DATE FOR COMPLETION	LEAD RESPONSIBILITY	SUCCESS INDICATORS	EVIDENCE AND VALIDATION CHECK
The voice of the child is fully embedded in practice	<ul style="list-style-type: none"> • Peer Review • SLAC Inspection • Audit Reports 	Re-commission Advocacy and Participation contract to focus on voice of the child, including independent visitors and extending beyond cared for children		Nigel Moorhouse, CEC	<ul style="list-style-type: none"> • All plans and assessments evidence child's wishes and feelings. • Evidence in recording that child has been seen alone. • Evidence that children and young people have been offered and, if appropriate, have used the Advocacy Service • Increased attendance of children at reviews and key meetings • Attendance of children and young people at Corporate Parenting Group • Evidence that children and young people are engaged in service development • Children in Care Council membership and involvement in service improvement • Reduction in complaints from children and young people 	<ul style="list-style-type: none"> • Audit Reports to SLT • Quarterly reports to SLT on C&YP engagement • Report to Children's Trust • LSCB training sub-group • Quarterly Complaints Report
		Ensure existing training highlights the need to evidence the voice of the child				
		Review existing policies and procedures and agree a consistent approach to evidencing the voice of the child and the 'child's journey'				
		Undertake multi-agency 'mock inspection' of case files				
		Identify forums of children and young people for each service area to consult and engage in service development				
		Report quarterly on engagement with children and young people in service development				
Council staff and partners are clear about the Cheshire East vision for children and young people	<ul style="list-style-type: none"> • Peer Review 	Re-establish formal reporting arrangements around safeguarding to the Chief Executive and Leader and Members of the Council		Lorraine Butcher, CEC	<ul style="list-style-type: none"> • Staff, Member and partner surveys indicate clear understanding of vision • Staff priorities reflect vision and priorities • Multi-agency attendance at workshops • Workshop satisfaction questionnaires • Multi-agency commissioning 	<ul style="list-style-type: none"> • Report to Children's Trust • Report to LSCB • Annual Safeguarding report to Policy Development Group • Regular briefings to Chief Executive and Members
		Develop Annual Safeguarding report to Scrutiny and/or Policy Development Group		Kate Rose, CEC		
		Report to Children's Trust, LSCB and Health and Wellbeing Board clarifying new front door/MASH arrangements		Nigel Moorhouse, CEC		
		Produce communication for staff in all agencies that restates the vision, including being clear about what change means for individuals and services				
		Implement a comprehensive induction programme for new key staff, Councillors and Members of multi-agency groups including the Children's Trust, Local Safeguarding Children's Board, Health and Wellbeing and Corporate Parenting Board				
		Organise a series of multi-agency workshops to brief and engage frontline staff on vision, early help and thresholds				
		All partner agencies to ensure safeguarding reports are reported through relevant Boards and management structures				
		Develop a joint commissioning strategy for children's services across the partnership				

There is effective multi-agency delivery of Early Help	<ul style="list-style-type: none"> Peer Review Quarterly CAF returns 	Early help Strategy to be signed off by Children's Trust (CT), Local Safeguarding Children's Board (LSCB), Health & Wellbeing Board (HWBB)		Tony Crane, CEC	<ul style="list-style-type: none"> Outcomes identified in strategy including Increase in multi-agency CAFs Reduction in inappropriate referrals to Social Care (ie, those resulting in no further action) 	<ul style="list-style-type: none"> Audit Reports to SLT Report to Children's Trust re implementation of Early Help action plan Quarterly CAF report
		Develop single organisational reports around: <ul style="list-style-type: none"> Early Help offer Analysis of use of CAF, Lead Professional Contribution to improving outcomes Quality assurance 				
		Report back on multi-agency early help activity to the Children's Trust, LSCB and Health & Wellbeing Board				
Front line social work practice is consistently good	<ul style="list-style-type: none"> Peer Review LA Inspections 	Continue to develop a series of 'practice workshops' to embed quality in Social Care		Nigel Moorhouse, CEC	<ul style="list-style-type: none"> Reduction in the time children are subject to a child protection plan Analysis shows the 'right' children are in care Improvement in timely assessments Improved quality of assessments through audit Improved inspection judgements around quality of practice Reduction in high cost placements Reduction in complaints Social Worker attendance at practice workshops Good outcomes from 'mock inspections' 	<ul style="list-style-type: none"> Reports to Social Care Management Team Audit Reports to SLT
		Review and launch a revised Social Work Toolkit		Nigel Moorhouse, CEC		
		Monitor use of the Social Work Toolkit through management oversight and quality evidenced in care planning and assessments		Nigel Moorhouse, CEC		
		Determine focus for 'deep dive' audits in 2013				
Staff in all agencies have a clear understanding of thresholds into Social Care and how they should be applied	<ul style="list-style-type: none"> Peer Review Children and Families Report Card Social Care and Family Service Review 	Improve access to services through reshaping the current Children's Assessment Team (CAT)		Jonathan Potter, CEC Helen Brookes, CEC	<ul style="list-style-type: none"> Reduction in referrals to social care resulting in no further action Increase in multi-agency CAFs 	<ul style="list-style-type: none"> Audit Reports to SLT Reports on inappropriate referrals to Children's Trust/LSCB/Health & Wellbeing Board
		Ensure that outcomes of referrals to social care are promptly notified to referring agencies		Helen Brookes, CEC		
		Disseminate information to all multi-agency staff re new front door arrangements				
		Establish system to monitor new referrals and report inappropriate referrals through to Children's Trust/LSCB/Health & Wellbeing Board				
Frontline staff have a good understanding of outcomes and how they are measured in practice	<ul style="list-style-type: none"> Peer Review 	Agree a consistent approach to evidencing outcomes and impact in practice and disseminate widely through one minute guide and workshops			<ul style="list-style-type: none"> Evidence of LSCB members challenging performance Better management information across the service to inform decision making 	<ul style="list-style-type: none"> SLT reports on impact LSCB performance report Outcomes and impact report to Children's Trust
		Undertake a comprehensive self evaluation of the LSCB and strengthen the performance framework to include input from all agencies and greater challenge from Members				
		Develop dataset that is distributed to managers and staff that includes qualitative as well as quantitative measures				

Experienced and skilled Social Workers commit longer term to Cheshire East as a place to work	<ul style="list-style-type: none">Peer ReviewStaff surveys	Arrange approval of recruitment and retention benefits package		Annas Feeney, CEC	<ul style="list-style-type: none">Reduction in staff sickness levelsReduction in percentage of newly qualified staffReduction in Agency staffManageable caseloads for Practice Consultants and Social Workers	<ul style="list-style-type: none">Recruitment and retention of staff report to SLT
		Advertise for additional Social Workers		Nigel Moorhouse, CEC		
		Establish Young People’s Panel for recruitment		Annas Feeney, CEC		
		Review induction programme to incorporate good practice		Annas Feeney, CEC		
		Respond to staff setting out how issues raised in staff survey have been/will be addressed		Nigel Moorhouse, CEC		
Partners, in particular Health, commit to change	<ul style="list-style-type: none">Peer Review	Identify a strategic lead for each area of Health and establish clear lines of accountability through to the Children’s Trust and Health and Wellbeing Board.			<ul style="list-style-type: none">Reduction in referrals to social care resulting in no further actionIncrease in multi-agency CAFsImplementation plan for Health and Wellbeing StrategyHealth attendance at staff workshops	<ul style="list-style-type: none">Reports to Health and Wellbeing BoardReports to Children’s Trust
		Arrange for the Health and Wellbeing Board and ECT Clinical Governance Board to review findings of the peer review and identify actions required.				
		Finalise detailed implementation plan for Health and Wellbeing strategy				
		Ensure that health frontline practitioners attend workshops				
		Accelerate activity around handover of Public Health responsibilities to Cheshire East				

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‘THE CHILD’S JOURNEY’ – GETTING IT RIGHT TOGETHER

Multi-agency workshops – 5th, 13th and 14th March 2013



Cheshire East Local
Safeguarding Children Board



Cheshire East
Children & Young
People's Trust

Who should attend?

It is a priority that frontline staff (those working directly with children and young people) attend these workshops. Strategic and operational managers, Members and others will also find the workshops of interest.

What is the content of the workshop?

The workshop will focus on those areas of front-line practice where recent evaluation has shown that we need to work together more closely, for example, focussing on outcomes and the voice of the child and understanding the levels of need and referral routes into Social Care. More details are in the outline agenda overleaf.

What will I learn by the end of the workshop?

- Practical tips for capturing ‘the voice of the child’.
- The vision for children and young people in Cheshire East and how you contribute to this.
- The meaning of ‘outcomes’ in the work that we do.
- How the ‘Consultation Service’ (the new ‘front door’ into Children’s Services) will work and how to make a referral.
- To be more confident in making the right judgements against the ‘levels of need’.

Date	Time	Venue
Tuesday 5 th March	9.00 -11.45am	Assembly Room, Macclesfield Town Hall, Market Place, Macclesfield, SK10 1EA
	2.00 - 4.45pm	Oakenclough Children’s Centre, Colshaw Drive, Wilmslow, SK9 2PZ
Wednesday 13 th March	9.00 -11.45am	Bridestone Suite, Congleton Town Hall, High Street, Congleton, CW12 1BN
	2.00 - 4.45pm	Main Hall, Sandbach Town Hall, High Street, Sandbach, CW11 1AX
Thursday 14 th March	9.00 -11.45am	Alexandra Suite, Crewe Alexandra Football Club
	2.00 - 4.45pm	Gresty Road, Crewe, Cheshire, CW2 6EB

Please **book a place** by emailing your **name, job title and organisation** along with the **session that you would like to attend** to:
childrensstrategy@cheshireeast.gov.uk

For queries, contact: Lisa Bradley, Business Support Assistant, tel:01606 275863
 Gill Betton, Policy & Strategy Manager, tel: 01270 686502 mob: 07764 166262

Please note, places will be allocated on a first come, first served basis

THE CHILD'S JOURNEY - GETTING IT RIGHT TOGETHER

Workshops - 5th, 13th and 14th March 2013
morning times/afternoon times





OUR REF: SB/PH/DLH
YOUR REF:
DIRECT TEL: 01204 498424

Headquarters
Ladybridge Hall
399 Chorley New Road
Heaton, Bolton
BL1 5DD

Tel: 01204 498400
Fax: 01204 498422

www.nwas.nhs.uk

21 February 2013

Dear Stakeholder,

We have created our first Communities Strategy that describes how we will work with the communities that we serve, in the years ahead.

Your views on this strategy are extremely important to us; we would like to invite you to provide us with feedback on the enclosed document by Wednesday, 6 March 2013.

If you would like to discuss any aspect of the strategy or you require further information please contact Sarah Smith, Assistant Director of Corporate Communications and PR, via email sarah.smith@nwas.nhs.uk or call 01204 498424.

Yours sincerely

SARAH BYROM

Director of Performance & Patient Experience

1. Communities Strategy



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North West Ambulance Service **NHS**
NHS Trust



COMMUNITIES STRATEGY

NORTH WEST AMBULANCE SERVICE NHS TRUST

COMMUNITIES STRATEGY

1. INTRODUCTION

North West Ambulance Service is committed to delivering the Right Care, at the Right Time and in the Right Place.

We believe that this is the best way for us to deliver safe, effective care and a positive patient experience. The views, representation and involvement of patients and communities within the North West are integral to delivering this aim.

We have a positive relationship with the communities that we serve. We believe in ensuring that the community voice is heard and that we take the views of communities into account when providing services. We are proud of the level of engagement we have with our communities at present and how we actively work with groups and volunteers but this strategy strengthens this further and states clearly our commitment to our communities going forward.

We want to engage with Communities across the North West and to participate together in finding new solutions, creating meaningful relationships and actively contribute to building safe and healthier communities. Ambulance 999 demand is increasing year on year and we want to work with communities to inform patients and the public on what to expect from their ambulance service.

The purpose of this document is to set out clearly the Trust's commitment to being a high quality service provider, an employer of choice and a promoter of healthy and safe lives.

2. WHAT IS OUR COMMUNITIES STRATEGY?

We have identified five main aims to demonstrate how we will deliver our commitment to communities in the North West:

- Acting on the views of patients and their communities
- Providing a seamless service for patients, in partnership with other health and social care bodies
- Ensuring equality of access to services and valuing diversity

- Protecting the environment and being a good corporate citizen
- Promoting healthy and safe lives

3. HOW WILL WE DELIVER THIS?

3.1 ACTING ON THE VIEWS OF PATIENTS AND THEIR COMMUNITIES

3.1.1 *We will provide patients and the public with information about services the Trust provides.*

The Trust has a communication and engagement strategy and provides information to the public in a number of ways. The Trust will be launching a new two year comprehensive communication and education programme to ensure patients and the public understand the changing role of the ambulance and receive information in a range of formats, channels and forums which meet their information needs. Those needs are and will continue to be identified by the Trust's wide range of patient feedback systems.

We will begin with a new marketing campaign on how to access services will be launched in 2013 to advise members of the public what to expect from their ambulance service.

3.1.2 *Ask patients, the public and members about their experiences and perceptions of the ambulance service.*

The Trust's patient experience programme uses a range of tools to elicit patient and public experiences and perceptions of its services. The programme includes a set of measures to assess what matters to patients and how the Trust is performing against these.

The aim is to embed the programme across all service areas with associated improvement targets year on year to increase patient satisfaction as well as using views to inform service improvement plans.

3.1.3 *Create an active and engaged public membership which is representative of the North West Region demonstrating public involvement and accountability.*

The first dedicated Members Event took place in 2012 and all members are given the opportunity to attend any Trust event. Membership magazine, Lifeline, is distributed to members quarterly and a Members Zone has been established on the Trust's website in which opportunities for involvement are actively promoted.

A Council of Governors will be formed in 2013 and will be responsible for ensuring members have a say in how services are run. The Trust will review its Membership Engagement Strategy in partnership with the Governors in order to continue to recruit, retain and engage with members in the future.

3.1.4 Work in partnership with community groups and stakeholders to design services which meet their needs.

The Trust will critically review its current work with community groups and assess where there are gaps in terms of representation. The Trust will undertake a listening exercise with community representatives during 2013/14 to discuss how the Trust will deliver its vision of Right Care, Right Time, and Right Place and publish the results.

3.2 PROVIDING A SEAMLESS SERVICE FOR PATIENTS, IN PARTNERSHIP WITH OTHER HEALTH AND SOCIAL CARE BODIES

3.2.1 Create a framework which will enable effective engagement with all partners and stakeholders including commissioners and other health and social care providers.

The Trust has always taken a proactive role in engaging with partners across health and social care and a recent review of our stakeholder engagement activities was carried out and a new framework developed to take into account the changing landscape of NHS and social care services. The Trust covers a large footprint and needs to work in partnership with numerous stakeholders for the benefit of the patient and the public.

The framework to engage with all partners and stakeholders will be in place from March 2013. It will create a platform for the Trust to build on how it informs and influences all stakeholders with regard to its service strategy and how it listens to the requirements of its stakeholders.

The framework will ensure the Trust remains sensitive to local commissioner and community needs as well as ensuring service provision for patients and the public is seamless in their eyes. This will also be achieved by liaison with Clinical Commissioning Groups and Health and Wellbeing Boards and supporting their local needs assessment process.

3.2.2 Work with stakeholders on major service delivery projects to ensure patients receive effective and integrated care.

In order to provide seamless and efficient services to patients in the North West, working in partnership with other health and social care providers in an integrated way is essential, particularly in the challenging austerity environment.

Patient Transport

The new operating model from April 2013 will involve us working in co-operation with other providers as well as offering a more flexible approach to service provision, in order to ensure high quality service to patients. The Trust will undertake patient satisfaction surveys with PTS patients annually to ensure the service provided meets their needs.

Urgent Care

NWAS' Urgent Care Strategy serves to develop innovative ways to make the best and more appropriate use of valuable 999 resources. A key element of this strategy is Paramedic Pathfinder, a range of safe, evidence based triage processes; designed and developed to enable NWAS Paramedics to conduct accurate face-to-face assessment of individual patient needs.

Community Care Pathways (CCP) are an alternative pathway of care for patients with long term conditions who are already known to care providers, that enables NWAS crews to easily identify when referral to expert community terms may be a more appropriate option for the patient.

The embedding of Pathfinder and associated Community Care Pathways within day to day practice will improve patients' quality of care and reduce pressure on health and care services. The Trust will work closely with hospitals, primary care and other providers to fully embed Pathfinder and Community Care Pathways by March 2014.

3.3 ENSURING EQUALITY OF ACCESS TO SERVICES AND VALUING DIVERSITY

3.3.1 Engage with protected groups and wider communities to inform the Trust's Equality Delivery System priorities.

We will undertake annual consultation with representatives from North West communities and all protected groups to inform the Trust's equality and diversity priorities. This will include the identification of key groups and use existing communication channels and networks to engage. We will undertake a minimum of five community group events per year.

3.3.2 Promote access to services and address any barriers with protected groups

We will continue to talk with community groups and leaders across the region to discuss service needs and perceived or real barriers to using the ambulance services. This will be done via existing networks, an annual programme of events and through

using tools such as the patient experience board game to discuss service access issues with identify community groups and identify areas of improvement.

3.3.3 Demonstrate the Trust's commitment to being a good employer.

We will continue to actively promote the Trust as a good employer with protected groups, using staff role models and case studies to promote opportunities. As part of the community engagement programme in 2012/13 and 2013/14 with protected groups, views will be sought on future recruitment with the aim of attracting a workforce reflective of the North West population.

3.3.4 Ensure all protected groups are reflected with asking for patient views and expectations of the service.

We will review all community protected groups within the NW Region and ensure the patient experience programme in 2012/13 and 14/14 takes account of their unique needs.

3.4 PROTECTING THE ENVIRONMENT AND BEING A GOOD CORPORATE CITIZEN

The Trust will demonstrate its role as a good corporate citizen by:

3.4.1 Reducing its energy consumption

The Trust will invest in replacing old less efficient boilers, take steps to reduce diesel fuel consumption by investing in technology and changes in practice. The Trust will also investigate and invest in new and renewable technology such as LED lighting, solar energy and voltage optimisation. The target will be set to be in line with that set with carbon reduction

3.4.2 Reducing the carbon footprint of the organisation.

The NHS Carbon Reduction Strategy sets a short term target of a minimum 10% reduction in the CO2 emissions generated in 2007 by 2015. The Trust will introduce policy to meet these requirements as well as reviewing its vehicle types to meet the reduction.

3.4.3 Achieving the targets set out within the Corporate Citizenship Model.

The Model sets a target by 2015 that the organisation should be “excellent” with a minimum of 70% in each area of the self-assessment. This will be delivered through a comprehensive plan focused on green travel plans, community engagement activities and promoting health and wellbeing within the organisation.

3.5 PROMOTING HEALTHY AND SAFE LIVES

- 3.5.1 Increase the number of people in the North West able to provide basic emergency life support and increase the availability of automated external defibrillators, for use in emergency situations by volunteer responders and members of the public.*

We will, through the Chain of Survival network, community engagement and the application of the Cardiac Smart award, work with partners to increase the number of defibrillators available to the public and the number of people trained to use them. A target of 20 Cardiac Smart awards has been set for 2012/13.

- 3.5.2 Promote awareness within our communities of Accident Prevention and Falls Prevention to reduce the impact on health services and to encourage healthier lives and safer communities.*

Creating a group of volunteers as community health champions will support the Trust in raising awareness of prevention methods in their communities as well as promoting healthy and safe living. This will be through the development of a Care and Comfort model as well as identifying better referral pathways with health and social care partners for patients who have an accident or experience a fall, to reduce the likelihood of it happening again. The aim is to have xx health champions by 2015.

- 3.5.3 Engage with local communities to ensure partnership working and sustainability.*

By understanding our communities needs our vision is to build their resilience in giving them the power to enhance quality, reduce inequality and improve patient experience, patient satisfaction and patient outcomes.

We can achieve this by unlocking potential and assets that exists within our communities such as Community First Responders and by the introduction of Community Health Champions.

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4. LIVING THE STRATEGY – IMPLEMENTATION

ACTING ON THE VIEWS OF PATIENTS AND THEIR COMMUNITIES		
OBJECTIVES	KEY ACTIONS	MILESTONES AND MEASURES
3.1.1 We will provide patients and the public with information about all our services	<ul style="list-style-type: none"> • A Marketing communications campaign will be launched. • A new two year education programme will be undertaken, building on current activities, based on a community listening exercise launched in April 2013 and the evaluation of the marketing campaign • Patient survey results will be used to assess whether information needs are met and will be monitored in the 2013/14 and 2014/15 programme. 	<p>Campaign evaluation completed June 2013</p> <p>Listening exercise outputs by September 2013</p> <p>PTS patient charter published in May 2013</p> <p>Education Programme launched October 2013</p> <p>Patient and public satisfaction re information needs is above 85% very satisfied by 2014.</p>

3.1.2 Ask patients, the public and members about their experiences and perceptions	<ul style="list-style-type: none"> • Patient experience programme 2012/13 undertaken with agreed measures reflecting what matters to patients • Produce a service improvement plan for all service areas based on the feedback received 	<p>Patient experience indicators for 2012/13 and 2013/14 achieved – satisfaction rating increased by 5% for all service areas</p> <p>Publish “you said, we did” outcomes annually to demonstrate improvements made</p> <p>Produce 5 patient stories per service line for learning purposes annually</p>
3.1.3 Create an active public membership, representative of the North West	<ul style="list-style-type: none"> • The membership engagement strategy will be reviewed with the new Council of Governors in June 2013 and a two year plan agreed • Targets and measures will be agreed for monitoring membership engagement activities 	<p>Membership strategy approved in August 2013</p> <p>Undertake five member only events a year with associated education programme</p> <p>Demonstrate 20%</p>

		increase in levels of membership engagement via event attendance, consultation response, focus group participation by 2015
3.1.4 Work in partnership with community groups and stakeholders to design services which meet their needs	<ul style="list-style-type: none"> Gap analysis of community group engagement activities will be undertaken. A listening exercise with community groups will be undertaken. 	<p>Identified gaps and actions to address June 2013</p> <p>Listening exercise evaluated and recommendations produced January 2014 to inform service improvement plans 2014/15</p>
PROVIDING A SEAMLESS SERVICE FOR PATIENTS, IN PARTNERSHIP WITH OTHER HEALTH AND SOCIAL CARE PROVIDERS		
OBJECTIVE	KEY ACTIONS	MILESTONES AND MEASURES
3.2.1 Create a framework which will enable effective engagement with all health and social care partners	<ul style="list-style-type: none"> The framework will be in place by April 2013 and monitored monthly by Executive Management Team Stakeholder mapping and review will be undertaken annually with Board of Directors 	A needs assessment undertaken with all relevant stakeholders to agree future partnership

		<p>opportunities by September 2013</p> <p>Local stakeholder events in partnership with CCGs undertaken six monthly in 2013/14 and 14/15</p> <p>Framework in place and performance report produced by March 2014</p>
<p>3.2.2 Work with stakeholders on major service delivery projects to ensure patients receive effective and integrated care</p>	<ul style="list-style-type: none"> • In partnership with commissioners, communication and education programmes will be agreed to support the successful implementation of the new patient transport contract • In partnership with health and social care providers and commissioners, communication and education programmes will be agreed to support the successful embedding of Paramedic Pathfinder and Community Care Pathways throughout the North West • Work with stakeholders to assess the impact of service rationalisation and agree key messages 	<p>No reduction in patient satisfaction levels</p> <p>Increase percentage of patients who demonstrate their expectations were met and experienced a smooth handover</p> <p>Monitor complaint and compliment levels</p>

ENSURING EQUALITY OF ACCESS TO SERVICES AND VALUING DIVERSITY		
OBJECTIVE	KEY ACTIONS	MILESTONES AND MEASURES
3.3.1 Engage with protected groups and wider communities to inform the Trust's Equality Delivery System	<ul style="list-style-type: none"> A review the Trust's EDS self-assessment will be undertaken to progress of the delivery of the Trust's four year equality and diversity objectives An annual consultation process with community groups and the membership will be undertaken to test out the Trust's performance against its equality and diversity objectives and identify areas of improvement 	<p>Self-assessment reviewed in February 2013 and annually afterwards</p> <p>Consultation in February 2013 and annually</p> <p>Demonstrate across all EDS outcomes that the Trust is 'achieving' by 2015</p>
3.3.2 Promote access to services and address any barriers with protected groups	<ul style="list-style-type: none"> An audit of tools and knowledge available to staff to support community engagement will be undertaken e.g. pictorial handbook, language line and monitor usage An audit of staff training and gap analysis will undertaken A targeted Community engagement programme will be undertaken based on the gap analysis and feedback received from patients and staff 	<p>Staff have access to information and training to meet their needs, further audit undertaken by 2015</p> <p>Demonstrate a minimum of five</p>

		community engagement events per year
3.3.3 Demonstrate the Trust's commitment to being a good employer	<ul style="list-style-type: none"> A review of current recruitment activities with community groups and agree targeted plans which reflect the North West profile A range of case studies will be created to promote recruitment across a diverse range of communities by March 2014 	Increased representation from minority groups and an increase in how the North West profile is reflected in the staff profile
3.3.4 Ensure all protected groups are reflected when asking for patient views and expectations of the service	<ul style="list-style-type: none"> Monitoring information will be introduced to measure the involvement of protected groups as part of the patient experience programme Monitoring information for complaints and incidents will be reviewed to ensure this captures all protected groups 	Feedback is representative of all protected groups by 2015
PROTECTING THE ENVIRONMENT AND BEING A GOOD CORPORATE CITIZEN		
OBJECTIVE	KEY ACTIONS	MILESTONES AND MEASURES
3.4.1 Reducing its energy consumption	<p>The Trust is investing in new and renewable technology in the following specific trial areas.</p> <ul style="list-style-type: none"> Voltage Optimisation at Broughton HQ Solar Photo Voltaic Panels at Fazakerley Ambulance station and LED Lighting schemes at Broughton ECC and ROCC, Fazakerley ambulance station and Elm House. <p>These schemes will be closely monitored with a view, subject to their success, of rolling out a programme across the Trust's portfolio.</p>	T b a

	In addition to the specific schemes, as and when heating systems reach the end of their working life these are being replaced with new high efficiency boilers and programmable controls.	
3.4.2 Reduce the carbon footprint of the organisation	<ul style="list-style-type: none"> The Trust's planned Estates Rationalisation Programme will have the impact of reducing its overall property footprint and this in turn will reduce the organisation carbon footprint. The Trust will invest in and tighten management controls of energy and fuel consumption levels will help to further reduce carbon emissions. 	Carbon footprint reduced by 10% in 2015, based on the CO2 emissions on 2007.
3.4.3 Achieving the targets set out within the Corporate Citizenship Model	<ul style="list-style-type: none"> Annual self-assessment carried out and agreed action plan in place to achieve the target by 2015 with six month performance monitoring Undertake benchmarking with other organisations via the NHS Sustainable Development Unit 	Trust to be assessed as excellent with a minimum of 70% across all areas of the model
PROMOTE HEALTHY AND SAFE LIVES		
OBJECTIVE	KEY ACTIONS	MILESTONES AND MEASURES
3.5.1 Increase the number of people in the North West able to provide basic emergency life support and the availability of automated defibrillators, for use in emergency situations by volunteers responders and members of the public	<ul style="list-style-type: none"> The new complementary resources strategy will be implemented with agreed target measures for increasing the number of people trained and the number of defibrillators 	Targets to be agreed 20 Cardiac Smart awards per year
3.5.2 Promote awareness within our	<ul style="list-style-type: none"> Materials will be developed to promote awareness 	Targets to be agreed

communities of accident prevention and falls prevention to reduce the impact on health services and to encourage healthier lives and safe communities	<ul style="list-style-type: none"> • Meet with health and wellbeing boards across the region and agree partnership opportunities • Community Health Champions will be introduced 	
3.5.3 Engage with local communities to ensure partnership working and sustainability	<ul style="list-style-type: none"> • The Care and Comfort model will be introduced to enable people to remain healthy and safe in their own homes • Paramedic Pathfinder and Community Care Pathways will be fully embedded to ensure patients are being referred to the most appropriate service for their needs. 	<p>Care and Comfort model introduced xxx</p> <p>Paramedic pathfinder and Community Care Pathways implemented by March 2014</p>

5. SHARING OUR PROGRESS – MONITORING AND REPORTING

The Trust will consult on the content of this strategy widely with internal and external stakeholders and publish the feedback and final document.

Progress will be closely monitored by the Board of Director's Communities Committee and progress reports published every six months and shared with all our stakeholders.

All activities with our communities and particularly outputs from our Community Engagement programmes are published on the Trust's website at www.nwas.nhs.uk

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CHESHIRE EAST COUNCIL

REPORT TO: Health and Wellbeing Scrutiny Committee

Date of Meeting: 7 March 2013
Report of: Interim Borough Solicitor
Subject/Title: Work Programme update

1.0 Report Summary

- 1.1 To review items in the 2012/13 Work Programme, to consider the efficacy of existing items listed in the schedule attached, together with any other items suggested by Committee Members.

2.0 Recommendations

- 2.1 That the work programme be received and noted.

3.0 Reasons for Recommendations

- 3.1 It is good practice to agree and review the Work Programme to enable effective management of the Committee's business.

4.0 Wards Affected

- 4.1 All

5.0 Local Ward Members

- 5.1 Not applicable.

6.0 Policy Implications

- 6.1 Not known at this stage.

7.0 Financial Implications for Transition Costs

- 7.1 None identified at the moment.

8.0 Legal Implications (Authorised by the Borough Solicitor)

- 8.1 None.

9.0 Risk Management

- 9.1 There are no identifiable risks.

10.0 Background and Options

- 10.1 In reviewing the work programme, Members must pay close attention to the Corporate Plan and Sustainable Communities Strategy.
- 10.2 The schedule attached, has been updated in line with the Committees recommendations on 7 February 2013. Following this meeting the document will be updated so that all the appropriate targets will be included within the schedule.
- 10.3 In reviewing the work programme, Members must have regard to the general criteria which should be applied to all potential items, including Task and Finish reviews, when considering whether any Scrutiny activity is appropriate. Matters should be assessed against the following criteria:
- Does the issue fall within a corporate priority
 - Is the issue of key interest to the public
 - Does the matter relate to a poor or declining performing service for which there is no obvious explanation
 - Is there a pattern of budgetary overspends
 - Is it a matter raised by external audit management letters and or audit reports?
 - Is there a high level of dissatisfaction with the service
- 10.4 If during the assessment process any of the following emerge, then the topic should be rejected:
- The topic is already being addressed elsewhere
 - The matter is subjudice
 - Scrutiny cannot add value or is unlikely to be able to conclude an investigation within the specified timescale

11.0 Access to Information

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

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HEALTH AND WELLBEING SCRUTINY COMMITTEE – WORK PROGRAMME

Last Updated – 27 February 2013

Issue	Description/ Comments	Suggested by	Portfolio Holder	Current position	Next Key Date
Health and Wellbeing Board (HWBB)	Development of new arrangements	Standard Item	Health and Wellbeing; Adult Services	HWBB - Update on progress at each meeting.	27 February 2013 agenda deadline 7 March 2013 meeting.
Dementia Task and Finish Report	To approve the final draft of the report to be sent to Cabinet	Task Group Chairman	Health and Wellbeing	Report to be approved at Scrutiny Meeting	27 February 2013 agenda deadline 7 March 2013 meeting.
Safeguarding Peer Review	To consider health implications of the peer review	Corporate Scrutiny Committee	Health and Wellbeing and Adults /Children and Families	Report to be received at next meeting	27 February 2013 agenda deadline 7 March 2013 meeting.
NWAS Communities Strategy Consultation	To offer comments of the strategy to be submitted to NWAS	Chairman	Health and Wellbeing and Adults	Draft strategy to be received at next meeting	27 February 2013 agenda deadline 7 March meeting
Clinical Commissioning Groups (CCG)	Briefing on new Arrangements	Chairman	Health and Wellbeing	Report on CCG structures, progress with authorisation, who will lead on CCG, commissioning intentions and vision etc	25 March 2013 agenda deadline 4 April 2013 meeting.

HEALTH AND WELLBEING SCRUTINY COMMITTEE – WORK PROGRAMME

Last Updated – 27 February 2013

Annual Public Health Report	To receive a presentation on the Annual Public Health report and assess whether any issues should be a focus for Scrutiny	Committee	Health and Wellbeing	Presentation to Committee when ready	27 March 2013 agenda deadline 4 April 2013 meeting
Quality Accounts:	NHS Providers publish Quality Accounts on a yearly basis and are required to give Scrutiny the opportunity to comment.			Mid Cheshire and East Cheshire Hospital Trusts to provide quality accounts at public meeting	1 May 2013 agenda deadline 9 May 2013 meeting
Ageing Well Programme	To receive a one year update on the performance of the programme	Chairman	Health and Wellbeing	Scrutinise Performance of the Programme at a public meeting	TBA
Open Spaces	TBC	Cllr Harewood		Potential Item for Future Meeting. May be Health or may be Corporate	TBA
Leisure Services	To Scrutinise the performance of Leisure services particularly in provision for elderly and disabled.	Chairman	Health and Wellbeing	Monitor Progress of new developments and conduct performance scrutiny in future. Adults PDG to appraise options for future of Leisure.	TBA
North West Ambulance	Committee to be	Committee	Health and	Regular updates.	To be arranged

HEALTH AND WELLBEING SCRUTINY COMMITTEE – WORK PROGRAMME

Last Updated – 27 February 2013

Service (NWS) Performance Issues and Foundation Trust status	kept updated on performance of NWS in Cheshire East; specific reference to be made to changes to the 999 service (as discussed at the meeting on 8 November 12); report to future meeting on the 111 call system;		Wellbeing; Adult Services	The Chairman would like the Committee to be notified of any property changes in Cheshire East.	
Joint Health and Wellbeing Strategy		Committee	Health and Wellbeing	Report to Committee in July 2012; update to 1:1 after engagement process	On-going

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