

# Health and Adult Social Care and Communities Overview and Scrutiny Committee

## Agenda

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**Date:** Thursday, 8th February, 2018  
**Time:** 10.00 am  
**Venue:** Committee Suite 1,2 & 3, Westfields, Middlewich Road,  
Sandbach CW11 1HZ

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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 3 - 8)

To approve the minutes of the meeting held on 18 January 2018.

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

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For requests for further information

**Contact:** Helen Davies

**Tel:** 01270 686468

**E-Mail:** [helen.davies@cheshireeast.gov.uk](mailto:helen.davies@cheshireeast.gov.uk) with any apologies

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

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

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

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

6. **North West Ambulance Service** (Pages 9 - 26)

NWAS Ambulance Response Programme Performance Report for period 7 August 2017- 31 December 2017.

7. **Health and Adult Social Care Performance Scorecard** (Pages 27 - 32)

To receive an overview of performance across the Health and Adult Social Care Service for Quarter 3 2017/18.

8. **Work Programme** (Pages 33 - 38)

To review the current Work Programme

9. **Forward Plan** (Pages 39 - 50)

To note the current forward plan, identify any new items, and to determine whether any further examination of new issues is appropriate.

**CHESHIRE EAST COUNCIL**

Minutes of a meeting of the **Health and Adult Social Care and Communities Overview and Scrutiny Committee**  
held on Thursday, 18th January, 2018 at Committee Suite 1,2 & 3, Westfields,  
Middlewich Road, Sandbach CW11 1HZ

**PRESENT**

Councillor S Gardiner (Chairman)  
Councillor B Dooley (Vice-Chairman)

Councillors Rhoda Bailey, G Baxendale, S Brookfield, S Edgar, I Faseyi,  
L Jeuda, J Rhodes, L Smetham, A Stott and M Warren

**65 ALSO PRESENT**

Councillor Janet Clowes- Portfolio Holder for Adult Social Care and Integration  
Mark Palethorpe- Acting Executive Director of People  
Linda Couchman- Interim Director of Operations

**66 APOLOGIES FOR ABSENCE**

Councillors E Brooks, O Hunter and S Pochin.

**67 NEW CHAIRMAN APPOINTMENT**

Councillor Stewart Gardiner addressed the Committee as the newly appointed Chairman for this Committee. He advised his previous role of Deputy Cabinet Support ended when he took on this new role.

Councillor Gardiner thanked Councillor Beverley Dooley as Acting Chairman in the interim period.

**68 MINUTES OF PREVIOUS MEETING**

Councillor Edgar noted that his attendance was missing from the minutes and he was present.

Councillor Gardiner noted that Councillor Janet Clowes and he were present and referred to in the minutes but not the attendance.

RESOLVED: That the minutes of the meeting held on 7 December 2017 be confirmed as a correct record and signed by the Chairman.

**69 DECLARATIONS OF INTEREST**

There were no declarations of interest.

**70 DECLARATION OF PARTY WHIP**

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

## **71 PUBLIC SPEAKING TIME/OPEN SESSION**

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

## **72 HOME FIRST MODEL**

The Committee noted that there were no papers circulated with the agenda although it was acknowledged this was an information item. Members requested that where possible, papers should be circulated with a more informative description of the item on the agenda.

Linda Couchman, Interim Director of Operations, attended the Committee and gave a short presentation on the Home First Model. She advised the Committee that the High Impact Change Model was the context for the Home First Model, this had previously been used to inform the work on Delayed Transfers of Care (DToC).

Home First was a national initiative that promoted independence to enable patients to stay in their own homes. Patients had an assessment of their support needs and rehabilitation including an assurance that the patients home was safe for them to return to. Nursing Home and Care Homes were seen as a last option.

Linda advised the model was being presented to external health colleagues imminently and an update would be given to the Committee.

The Committee asked for clarification in respect of any cuts experienced by the Clinical Commissioning Groups (CCGs) and how this might affect the Home First model. Mark Palethorpe, Acting Director of People, acknowledged that whilst the CCGs have proposed reductions to the sector, the council was working to commission with them.

Clarity was sought about the frequency of assessment reviews, Linda advised the Committee that assessment is continual. The Home First model moved away from the traditional approach of care workers on timed appointments and sought to better understand where time was more valuable for the patient.

RESOLVED:

- a) That Linda be thanked for her presentation and it be noted;
- b) That a Home First update be provided to this Committee on the 5<sup>th</sup> April 2018.

## **73 BUDGET SETTING PROPOSALS 2018-21**

The Committee considered the Health, Adult Social Care and Communities budget proposals for 2018-21 specifically outcome 1 (Our local communities are strong and supportive) and outcome 5 (People live and well for longer) of the Council's Corporate Plan.

Mark Palethorpe, Acting Director of People, presented the areas of the budget and gave an overview of the key proposals pertinent to the responsibilities covered by the Committee. Mark invited questions on each of the proposals as they were discussed.

**1) Review Environmental Enforcement Service based on outcomes (Summer 17) of Flytipping pilot and procurement of patrol company pilot.**

The Committee noted that proposal one, mentioned two pilot projects that improved environmental enforcement and requested clarity about what these pilots were and if the Corporate Scrutiny Committee had looked at them. Councillor Janet Clowes confirmed one of the pilots had been to do with dog fouling, and acknowledged this was a difficult area to both police and enforce. Councillor Suzanne Brookfield wished to publically acknowledge thanks to the dog warden in the Crewe area who had been carrying out patrols outside of hours.

**2) Increase Community Grants.**

The Committee asked for clarification as to who set the criteria for Community Grants. Mark advised this was done locally by Cheshire East Council, Councillor Janet Clowes added that details of eligibility to apply could be found on the council's website.

**47) Commissioning all services currently provided by, Care4CE.**

**48) Operational Pathway Redesign.**

Mark advised this item was an opportunity to streamline, and focussed on how to commission services differently. The Committee asked for more explanation on this item.

**49) Independent Living Fund- Attrition Factor Reductions.**

Mark advised this fund began last year but there was a gradual reduction this year and the next. The fund enabled people to bid for funding to top up their packages of care. The Committee asked for context on the reduction.

**50) Operational and Commissioning Restructure (Revenue Savings).**

**51) Reducing Agency Spend.**

**57) Alignment of teams to create a People's Commissioning Service.**

**59) Restructure to create "front gate", across communities.**

**60) Review all funding and shift to "asset-based" model.**

**61) Reshape commissioning framework.**

Mark advised this item related to how the council commissioned domiciliary care. Currently there were 97 providers across Cheshire East each with different prices for care and the council was working to standardise this to achieve better outcomes for individuals.

**62) New assessment and review framework.**

Mark advised this item related to new contracts with providers for the most vulnerable. The Council was in discussion with the NHS to determine how those

living outside the borough could be repatriate back in to avoid paying higher prices.

### **63) Implement more flexible and responsive.**

Linda Couchman, Interim Director of Operations, advised the Committee that previously, the council had been over commissioning beds. The emphasis now looked to work differently so that people in respite would have provision. Home First was always the preferred model.

### **64) Review of Public Health contracts.**

### **67) Cease provision of services at Lincoln House and Mountview.**

Mark advised the Committee that this service would be relocating to ensure people had a more bespoke, better care offer than currently available at Lincoln House and Mountview.

### **68) Growth in Demand for Adult Social Care.**

### **70) Increase Income.**

Mark advised the Committee that currently, social workers charge for the service whereas reablement do not. Charging for reablement would enable a further £20 million to be received in income. Councillor Janet Clowes raised a concern that in some instances, people would be expected to contribute more towards the cost of their care through their Personal Independence Payment (PIP). The emphasis in each individual case would be to ensure the PIP was being spent correctly.

RESOLVED- That:

- (a) Mark and Linda be thanked for his contribution and that the budget be received and noted;
- (b) Helen Davies liaise with Mark Nedderman to clarify what the two pilot projects that improved environmental enforcement were and if Corporate Scrutiny had included this as an item on its Work Programme;
- (c) Helen Davies to liaise with Health and Adult Social Care colleagues for further detail on the Operational Pathway Redesign to feedback to this Committee; and
- (d) Helen Davies to liaise with Health and Adult Social Care colleagues for further context on the reduction of the Independent Living Fund.

## **74 WORK PROGRAMME**

The Committee reviewed its Work Programme. Helen Davies advised the Committee that Linda Couchman had suggested the Committee carry out a spotlight review of mental health services across Cheshire East similar to the work completed on Delayed Transfer of Care (DToC), the Committee agreed this would be a pertinent piece of work.

Councillor Jill Rhodes advised the Committee that Crewe was nationally recognised as being in the top 10% for national deprivation and asked if this Committee could consider adding something to the work programme to reflect this inequality.

RESOLVED- That:

- (a) the Home First Model be brought back to this Committee for feedback in April, with a view to further assessment in six-months time;
- (b) a spotlight review of mental health services be added to the work programme and Helen to provide further detail to follow;
- (c) the appropriate items for overview and scrutiny relating to the deprivation in Crewe be added to the work programme following discussions between the Chairman and Fiona Reynolds.

### 75 FORWARD PLAN

The Committee reviewed the Forward Plan.

RESOLVED: That the Forward Plan be received and noted.

The meeting commenced at 10.00 am and concluded at 12.55 pm

Councillor S Gardiner (Chairman)

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# Report to Cheshire East Health and Adult Social Care and Communities Overview and Scrutiny Committee

**08 February 2018**

<b>Report Title</b>	<b>North West Ambulance Service (NWAS) Ambulance Response Programme Performance Report for period 07 August 2017 to 31 December 2017</b>
<b>Report Author</b>	<p><b>Jerry Hawker</b> Chief Officer, NHS Eastern Cheshire CCG and Lead Commissioner, CCG Ambulance Commissioning for Cheshire Warrington &amp; Wirral CCGs</p>
<b>Purpose of report</b>	To inform members of the Committee of the first publically available performance information available Nationally on Ambulance response times, highlighting that the level of ambulance service provided to patients across the Northwest is not at an acceptable level and actions being taken to address improvement.
<b>Recommendations</b>	<p><b>The Committee is asked to:</b></p> <ul style="list-style-type: none"> <li>• <b>note</b> the performance report for information.</li> </ul>
<b>Appendices</b>	<p><b>Appendix A:</b> NWAS performance for period since Ambulance Response Programme implementation (7<sup>th</sup> August-31<sup>st</sup> December 2017)</p> <p><b>Appendix B:</b> National comparison of ambulance trusts performance on Category 1, 2,3 and 4 calls</p> <p><b>Appendix C:</b> NWAS performance at County and CCG level</p>

## NWAS Ambulance Response Programme

### Performance Report for period 7<sup>th</sup> August to 31<sup>st</sup> December 2017

#### 1. Executive Summary

- 1.1 On the 13th July 2017 the Secretary of State announced the introduction of new ambulance response standards for the NHS in England, as the next stage of implementing the **ambulance response programme** (ARP)<sup>1</sup>.
- 1.2 The new standards were not simply a change in the way Ambulance performance was measured but required significant operational changes to service delivery which fundamentally affected call taking, dispatch, clinical call centre support and the resource deployed to incidents; necessitating large scale system change.
- 1.3 Nationally performance against the standards has not been contractually required in 2017/18 to allow time to make the successful transition.
- 1.4 The Ambulance Trust is working closely with commissioners, and other providers of urgent care, NHS Improvement and ambulance colleagues to make the required changes in a planned and sustainable way, to deliver the necessary improvements for our patients.
- 1.5 The performance information provided in this report reflects the complexity of implementing such a fundamental change in the way that the Ambulance Service operates, but also highlights that the level of service provided to patients across the Northwest is not at an acceptable level and that the rate of improvement demonstrated by the North West Ambulance Service (NWAS) falls well short of the progress made by other Ambulance Trusts.
- 1.6 Whilst the overall performance of NWAS is disappointing, the new standards and particularly the introduction of the 90% performance measure would appear to have had some benefit in Cheshire, Warrington and Wirral where it is well established that the previous performance reporting had a significantly negative impact on semi-rural and rural environments.
- 1.7 The Lead Commissioners representing all CCGs on the NWAS Strategic Partnership Board have been pressing for some months for an improvement trajectory, but this has been made more complex by the National moratorium on reporting.
- 1.8 This matter has been escalated to NHS England and NHS Improvement and a performance trajectory will be agreed with commissioners by the end of the month providing a timescale for meeting ARP performance at North West level across all categories.

#### 2. New ARP Quality Standards

- 2.1 Unlike the old performance system, the new standards measure the response for every patient to ensure that every patient counts, as summarised in Table A.

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<sup>1</sup> <https://www.england.nhs.uk/urgent-emergency-care/arp/>

Table A

Category	Description	Mean	90th percentile
1	Life Threatening	7 minutes	15 minutes
2	Emergency Calls	18 minutes	40 minutes
3	Urgent Calls	No standard	120 minutes
4	Less Urgent calls	No standard	180 minutes

2.2 Under the previous system the performance measures were calculated by ANY vehicle attended the incident, under ARP only the most clinically appropriate resource counts.

2.3 Contractual performance against the national standards remains at a North West contractual level and not at individual CCG level. The contractual requirement for performance against the quality standards was previously on an annual basis, but this is moving to a quarterly standard from 1st April 2018 in accordance with the national contract variation being implemented.

### 3. NWAS Performance to date

3.1 Performance under the ambulance response programme has been extremely challenging and has required wholesale organisational change requiring review of how calls are answered and responded to before dispatch and the resource deployed to each incident. As expected, December 2017 was an extremely challenging period, however whilst we enacted winter and festive plans to maximise both operational and Emergency Operations Centre (EOC) capacity, front line staffing was above plan and additional EOC call handling staff were recruited, the pressures in the system in December and increased activity meant that performance was not in line with plan.

3.2 The overall North West performance for the period since ARP implementation by Category is provided in **Appendix A** with **Appendix B** providing national comparators.

3.3 The appendices show that NWAS need to deliver much improved performance at Category 1 and Category 2 and a need to reduce the long waits particularly under Category 2. Nationally NWAS is performing poorly against its peers for category 1&2 and a significant national outlier for Category 2 performance.

3.4 Performance at Category 3 and 4 is slightly better but at best only comparable with the medium position nationally.

3.5 Contractual performance to meet national and local quality standards is required for the North West region, not at CCG and county level. Performance at overall and County and CCG level is however shown in the appendices for information purposes for the period August 7th to 31st December is shown in **Appendix C**.

3.6 Whilst performance overall and at county levels is unacceptable it is of note that performance across Cheshire, Warrington and Wirral is better than that in Greater Manchester, Lancashire and Merseyside. This was not evident under the previous standards.

## 4. Quality and Safety

- 4.1 Concerns over the poor ambulance response times and risks to patient care have been highlighted by both clinicians and commissioners.
- 4.2 NWAS has been asked to undertake a full review of all aspects of quality and safety, including serious incidents and complaints, in order to understand any impact to individual patients; and to embed the learning within the organisation. This will form part of the agreed plan going forward to be monitored by the lead commissioners.
- 4.3 The number of category 1 long waits greater than 20 minutes have reduced significantly and NWAS receive daily reports of all these calls. These cases are being clinically reviewed and the vast majority are upgraded cases where it would have been impossible to reach the response standard.
- 4.4 NWAS recognises that despite the current performance challenges in particular for C1 and C2 patients, they need to accelerate at pace the transformation model to deliver clinical decisions for patients as early in the call as possible, one of the advantages that ARP enables is increased time to ensure the right care is provided first time.

## 5. Challenges to Performance

### 5.1 Increase in Activity:

- 5.1.1 Increases in ambulance calls and responses have a material impact on the capacity and capability for the ambulance service to respond timely. In this respect it is no different to the challenges seen elsewhere in the NHS and in particular in A&E departments, where performance is equally challenged.
- 5.1.2 It is important to recognise that growth in call volume does not automatically translate to ambulance dispatches, and the ability of local systems to provide alternatives through Acute Visiting Services (AVS) or similar schemes can have a significant impact.

### 5.2 Hospital Turnaround:

- 5.2.1 Agreed system protocols require that A & E departments receive a handover of ambulance patients within 15 minutes of arrival. Since November 2017 NWAS have seen significant increase in these times with crews regularly waiting more than an hour in the A&E corridors.
- 5.2.2 In December 2017 10,026 hours of ambulance time was lost with this excessive waiting, which equated to £1m of resource
- 5.2.3 Issues being experienced by hospitals are a system wide problem and NWAS has taken a proactive approach to dealing with them. In collaboration with the lead commissioning team, NHS Improvement and NHS England, NWAS conducted an Intensive support 30, 60 and 90 day work programme. The results of which have had an impact in the short term within some areas, but the learning needs to be embedded within the system.
- 5.2.4 CCGs need to take an active role in addressing poor turnaround times as articulated in recent correspondence and should where appropriate escalate to A&E Delivery Boards or on CCG risk registers.

## 6. Performance Improvement Plan

6.1 NWAS accept that performance has not met the standards and they have implemented plans to improve performance. Actions implemented by NWAS over the past few weeks have started to make an improvement against the standards.

6.2 The Lead Commissioners representing all CCGs on the NWAS Strategic Partnership Board have been pressing for some months for an improvement trajectory, but the request has been made more complex by the National moratorium on reporting.

6.3 This matter has been escalated to NHS England and NHS Improvement and a performance trajectory will be agreed with commissioners by the end of the month providing a timescale for meeting ARP performance at North West level across all categories.

### 6.4 Actions Being Taken

#### 6.4.1 Call Taking:

To deliver ARP in line with national requirements the ordering of the Advanced Medical Priority Despatch Service (AMPDS) questions has changed to prioritise patients with life threatening / serious symptoms very early in the call. This has required significant re-training of 240 call handlers. There has also been an increase in the length of calls and the time between calls (wrap up time).

In order to deliver the standard of 95% calls within 5 seconds NWAS recognise there are a number of actions that need to be addressed and are in progress.

- Additional EOC staffing capacity and the recruitment of 23 additional call handlers.
- Increased capacity by improvements in recruitment and retention in place
- Externally commissioned consultancy to review supply and demand in the Emergency Call Centres and profile our service requirements.
- Call centre specialist to focus on improvements in call pickup – 15th January

#### 6.4.2 Reducing the proportion of down time:

By March 2018 a more flexible rota changes will be implemented to maximise capacity and the introduction of a software system/ increased use of technology will help identify C1 calls earlier in the process

#### 6.4.3 Dispatch Methods:

NWAS have reconfigured their internal systems to provide a different view of demand (calls waiting for a vehicle to be dispatched) and supply (available staff and vehicles) which provides more information to the dispatchers and gives them more time to allocate the most appropriate resource.

A number of improvement actions are in place, summarised as follows:

- Introduction of auto dispatch, which is expected to have a significant improvement on the time to dispatch – late February
- Enhanced clinical supervision within EOC to ensure the patients with the highest clinical needs are prioritised. This is still under development and requires embedding learning and best practice from other Trusts who have had more experience under ARP

- Renewed focus and education of staff both operationally and within EOC to ensure the Trust maximises the benefits of ARP and patients get the most appropriate clinical resource in a timely manner.

#### 6.4.4 **Operational Resources:**

ARP requires NWS to send the most appropriate resource and this is often not an RRV but an ambulance with more than one crew member. The reconfiguration of their fleet is a significant undertaking which will require significant planning and resourcing. In the meantime NWS are trying to optimise their use of ambulances and are staffing them with two crew members. The planning assumptions show that the fleet mix ratio will need to change to a mix of 15% cars and 85% ambulances over the next 2 years from the current 25%:75% ratio. The NWS fleet is to be expanded with 54 replacement vehicles in the new financial year, it is planned to retain some of the outgoing fleet to boost the availability of ambulances, and these vehicles will be staffed from our reduction in the Rapid Response Vehicle (RRV) fleet.

## 7. **Population affected**

7.1 The Northwest of England including all Cheshire east residents.

## 8. **Access to further information**

8.1 For further information relating to this report contact:

<b>Name</b>	Jerry Hawker
<b>Designation</b>	NHS Eastern Cheshire CCG Chief Officer and Lead Commissioner for the Cheshire Warrington and Wirral CCGs
<b>Telephone</b>	01625 663764
<b>Email</b>	<a href="mailto:jerry.hawker@nhs.net">jerry.hawker@nhs.net</a>

## 9. **Glossary of Terms**

<b>AMPDS</b>	Advanced Medical Priority Despatch Service
<b>ARP</b>	Ambulance Response Programme
<b>EOC</b>	Emergency Operations Centre
<b>RRV</b>	Rapid Response Vehicle

**Report to Cheshire East Health and Adult  
Social Care and Communities Overview and  
Scrutiny Committee**



**08 February 2018**

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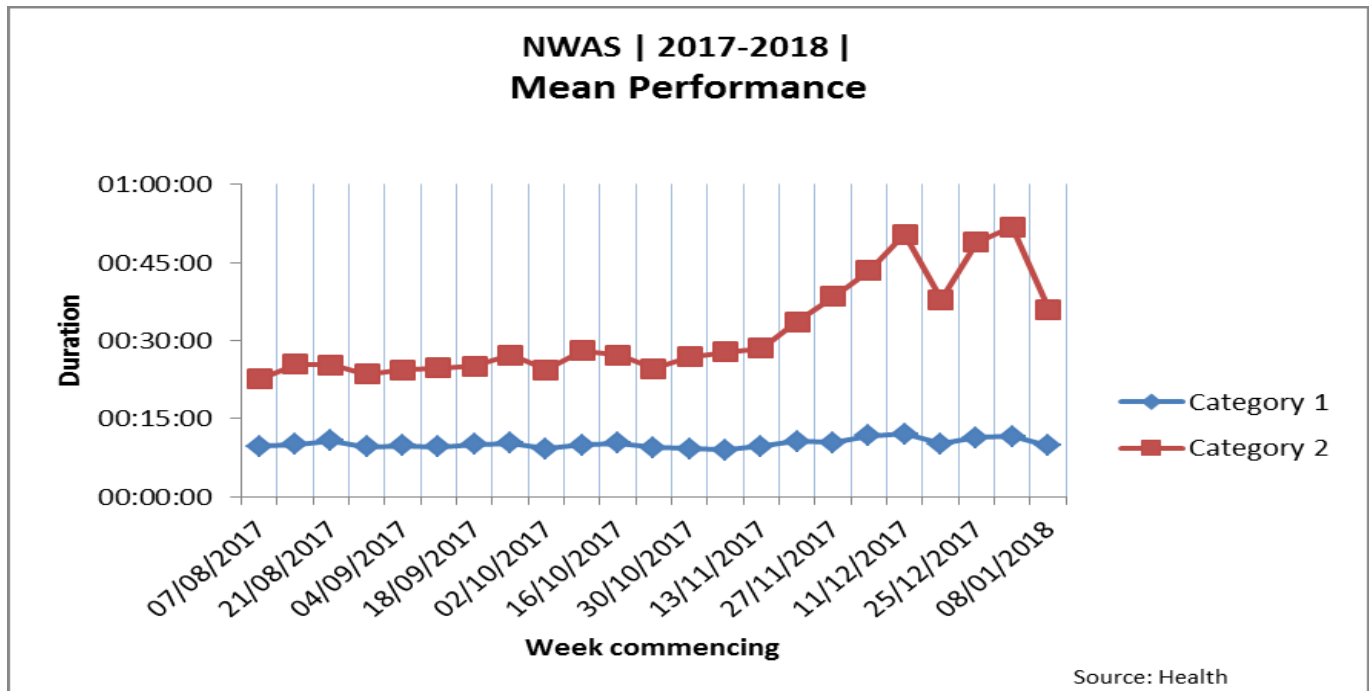
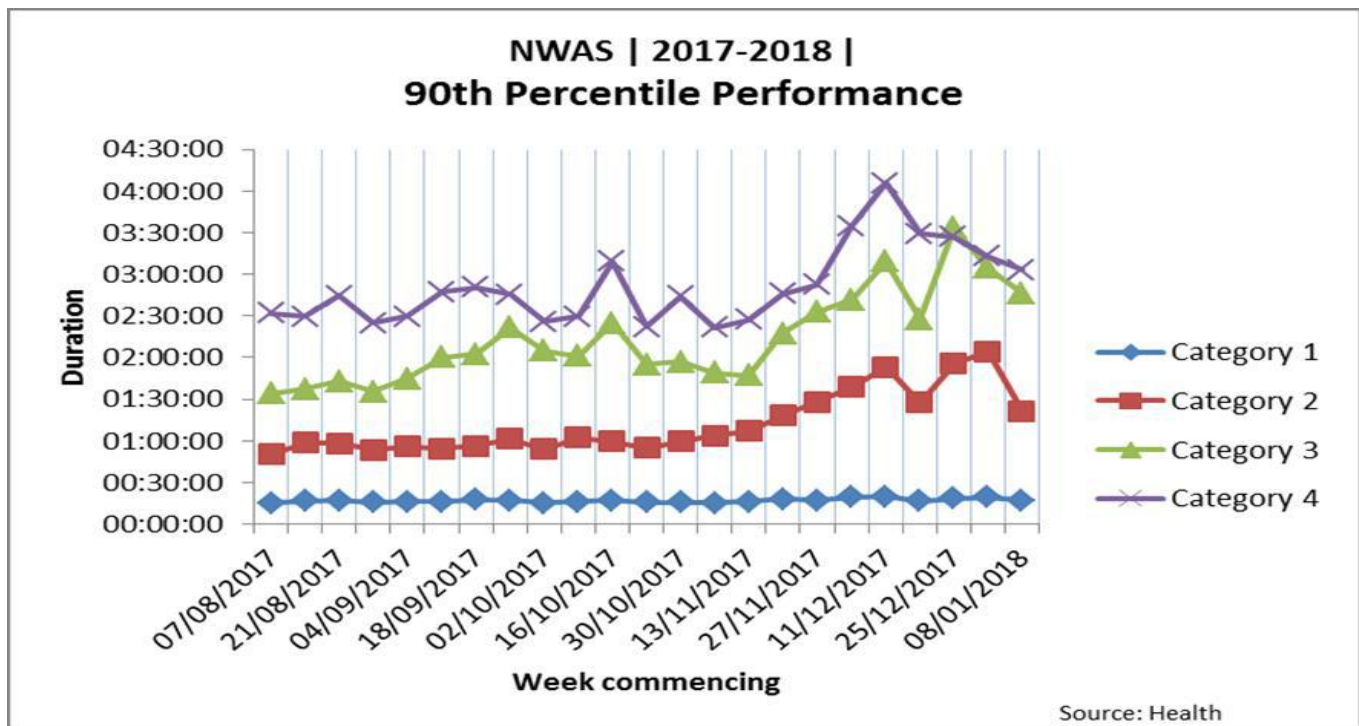
<b>Report Title</b>	<b>NWAS Ambulance Response Programme Performance Report for period 7<sup>th</sup> August to 31st December 2017</b>
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**Appendix A**

**NWAS Performance for period since Ambulance Response Programme  
implementation (7<sup>th</sup> August 2017-31<sup>st</sup> December 2017)**



**NWAS performance for the period since ARP implementation  
(7<sup>th</sup> August-31<sup>st</sup> December 2017)**

**Table 1****Table 2**





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**Report to Cheshire East Health and Adult  
Social Care and Communities Overview and  
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**08 February 2018**

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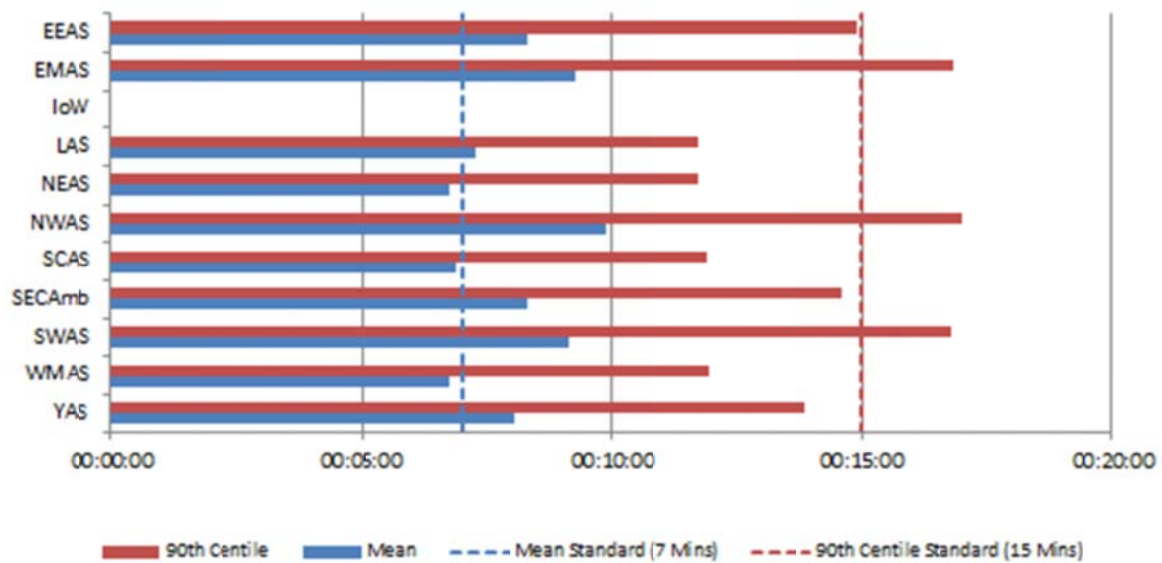
<b>Report Title</b>	<b>NWAS Ambulance Response Programme Performance Report for period 7<sup>th</sup> August to 31st December 2017</b>
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**Appendix B**

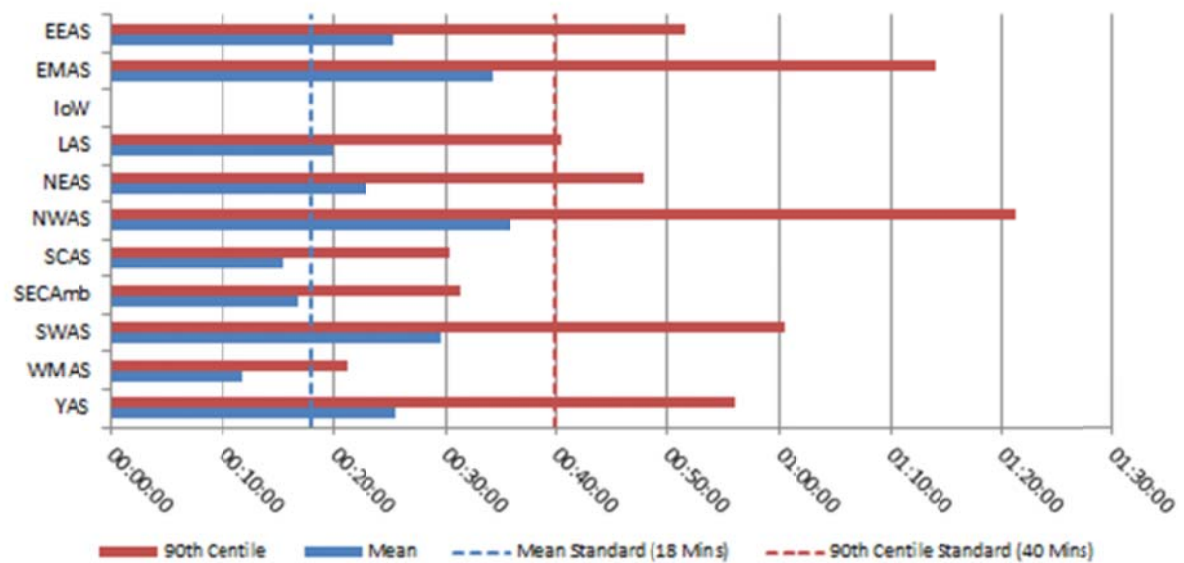
**National Comparison of Ambulance Trusts' performance on  
category 1, 2, 3 and 4 calls**

## National Comparison of Ambulance Trusts

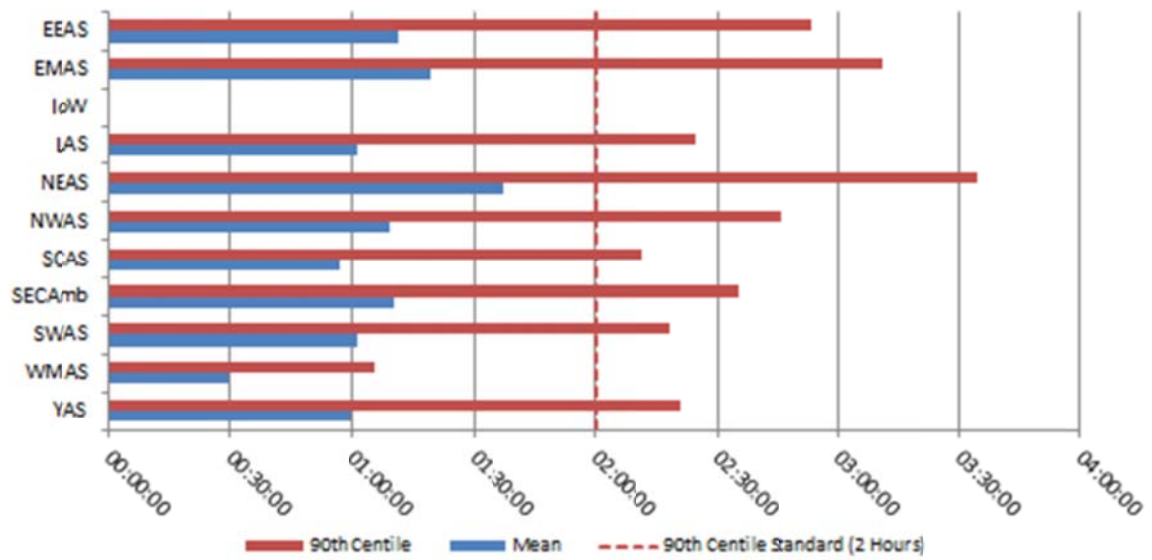
Category 1



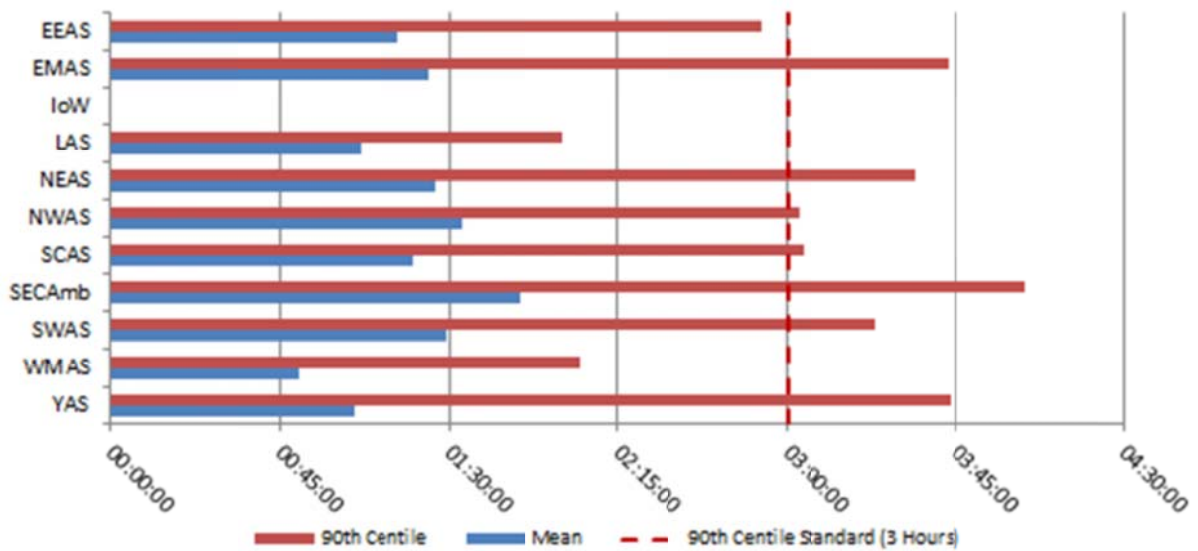
Category 2



Category 3



Category 4



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**Report to Cheshire East Health and Adult  
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<b>Report Title</b>	<b>NWAS Ambulance Response Programme Performance Report for period 7<sup>th</sup> August to 31st December 2017</b>
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**Appendix C**

**NWAS Performance at County and CCG level**

ARP Performance for Period August 7<sup>th</sup> to 31<sup>st</sup> December

## NWS CCG Commissioning Activity and Performance - Month and Year to Date Summary

DRAFT not QA'd	YEAR: AUG - DEC										
	C1 Incs	C1 Mean Perf	C1 90th Centile Perf *	C2 Incs	C2 Mean Perf	C2 90th Centile Perf *	C3 Incs	C3 90th Centile Perf *	C4/CAH/ C4HCP Incs	C4 90th Centile Perf *#	A53 Incs
<b>Cheshire</b>	<b>5,512</b>	<b>00:09:43</b>	<b>00:16:03</b>	<b>37,713</b>	<b>00:25:40</b>	<b>00:56:32</b>	<b>21,476</b>	<b>01:43:29</b>	<b>10,495</b>	<b>02:42:02</b>	<b>964</b>
Eastern Cheshire CCG	801	00:11:20	00:19:02	5,773	00:27:32	01:00:15	3,250	01:49:06	1,745	02:43:48	61
South Cheshire CCG	784	00:08:59	00:15:39	5,678	00:20:44	00:45:40	3,225	01:27:41	1,642	02:46:29	80
Vale Royal CCG	381	00:09:25	00:14:10	3,109	00:23:54	00:49:57	1,740	01:32:01	778	02:37:31	44
Warrington CCG	916	00:09:31	00:16:27	6,148	00:27:23	01:00:47	3,448	02:04:07	1,531	02:41:58	326
West Cheshire CCG	1,037	00:09:46	00:16:21	7,073	00:25:44	00:58:45	4,256	01:45:08	1,888	02:43:32	125
Wirral CCG	1,593	00:09:27	00:14:42	9,932	00:26:52	01:03:46	5,557	01:42:51	2,911	02:38:55	328
<b>North Cumbria CCG</b>	<b>1,465</b>	<b>00:11:02</b>	<b>00:19:19</b>	<b>10,391</b>	<b>00:19:12</b>	<b>00:39:50</b>	<b>5,710</b>	<b>01:10:06</b>	<b>3,792</b>	<b>02:12:13</b>	<b>32</b>
<b>Gtr Manchester</b>	<b>16,437</b>	<b>00:10:05</b>	<b>00:16:03</b>	<b>107,088</b>	<b>00:35:12</b>	<b>01:20:39</b>	<b>51,280</b>	<b>02:25:31</b>	<b>27,008</b>	<b>02:43:39</b>	<b>712</b>
Bolton CCG	1,739	00:10:05	00:16:18	10,226	00:38:53	01:31:01	4,929	02:25:11	2,200	02:32:25	133
Bury CCG	1,029	00:10:23	00:16:45	7,075	00:36:47	01:20:55	3,134	02:30:18	2,246	02:42:33	19
Heywood Middleton and Ro	1,243	00:10:26	00:16:25	8,611	00:33:38	01:15:41	4,010	02:12:28	1,963	02:36:11	20
Manchester CCG	4,006	00:09:25	00:14:47	24,121	00:34:34	01:18:34	11,235	02:35:59	5,813	02:55:41	95
Oldham CCG	1,339	00:10:21	00:15:52	9,146	00:33:14	01:15:24	4,395	02:25:03	2,527	02:44:29	38
Salford CCG	1,382	00:10:01	00:16:07	9,203	00:37:55	01:28:44	4,614	02:52:00	2,714	03:02:39	123
Stockport CCG	1,410	00:09:55	00:15:13	10,276	00:33:00	01:15:38	4,971	02:17:54	2,602	02:34:15	215
Tameside and Glossop CCG	1,443	00:10:15	00:16:23	9,907	00:35:02	01:19:07	4,698	02:17:21	2,424	02:36:06	50
Trafford CCG	989	00:10:33	00:15:49	7,308	00:36:38	01:23:28	3,721	02:27:48	1,934	02:36:34	2
Wigan Borough CCG	1,857	00:10:40	00:16:46	11,215	00:34:00	01:17:56	5,573	02:11:13	2,585	02:55:37	17
<b>Lancashire</b>	<b>9,033</b>	<b>00:10:41</b>	<b>00:18:26</b>	<b>60,030</b>	<b>00:29:55</b>	<b>01:11:17</b>	<b>31,152</b>	<b>02:13:23</b>	<b>16,123</b>	<b>02:53:56</b>	<b>544</b>
Blackburn with Darwen CCG	964	00:09:07	00:15:29	5,870	00:26:22	01:01:03	2,874	02:12:52	1,701	02:50:12	25
Blackpool CCG	1,413	00:09:12	00:15:33	7,912	00:30:09	01:12:29	3,924	02:13:21	1,739	03:09:20	31
Chorley and South Ribble CCG	814	00:11:11	00:18:52	5,506	00:36:21	01:21:23	2,720	02:32:18	1,292	02:49:23	3
East Lancashire CCG	1,879	00:11:23	00:19:08	13,646	00:31:09	01:09:51	6,755	02:17:04	3,773	03:06:20	404
Fylde and Wyre CCG	868	00:13:02	00:21:18	5,839	00:36:22	01:19:17	2,984	02:25:45	1,410	02:48:50	4
Greater Preston CCG	1,165	00:10:03	00:17:03	7,061	00:32:09	01:14:44	3,732	02:22:35	1,795	03:08:18	25
Morecambe Bay CCG	1,448	00:10:21	00:19:33	10,652	00:18:44	00:40:08	6,516	01:09:40	3,597	02:09:57	40
West Lancashire CCG	482	00:12:47	00:20:29	3,544	00:39:41	01:31:17	1,647	02:33:33	816	03:09:08	12
<b>Merseyside</b>	<b>7,228</b>	<b>00:09:50</b>	<b>00:17:06</b>	<b>42,934</b>	<b>00:29:15</b>	<b>01:08:57</b>	<b>21,789</b>	<b>02:04:25</b>	<b>10,883</b>	<b>03:10:07</b>	<b>1,376</b>
Halton CCG	614	00:09:58	00:16:55	4,329	00:28:31	01:02:00	1,990	01:53:31	847	02:55:36	4
Knowsley CCG	845	00:10:18	00:14:59	5,302	00:28:53	01:06:26	2,456	02:07:04	1,390	03:17:39	465
Liverpool CCG	3,335	00:09:16	00:15:01	18,583	00:27:09	01:03:00	9,989	02:00:16	4,717	03:02:22	647
South Sefton CCG	925	00:10:07	00:15:40	5,370	00:31:36	01:15:32	2,618	02:07:14	1,266	02:52:54	4
Southport and Formby CCG	574	00:12:06	00:24:02	3,576	00:33:58	01:17:45	1,986	02:05:01	1,185	03:40:09	229
St Helens CCG	935	00:09:41	00:15:57	5,774	00:31:43	01:08:59	2,750	02:13:25	1,478	03:12:00	27
<b>Unknown/Out of Area</b>	<b>26</b>	<b>00:09:07</b>	<b>00:16:40</b>	<b>199</b>	<b>00:20:13</b>	<b>00:36:53</b>	<b>1,478</b>	<b>00:59:44</b>	<b>24</b>	<b>00:00:00</b>	<b>8</b>
Unknown	11	00:18:40	00:37:18	65	00:24:28	00:35:23	54	04:37:07	146	06:14:29	20
<b>NWAS TOTALS</b>	<b>39,712</b>	<b>00:10:09</b>	<b>00:16:58</b>	<b>258,420</b>	<b>00:30:53</b>	<b>01:09:59</b>	<b>132,939</b>	<b>02:07:44</b>	<b>68,471</b>	<b>02:50:06</b>	<b>3,656</b>

\* NWAS and County based sub\* NWAS and County based subtotals of percentiles are estimates, based on averages of constituent CCGs

# C4 Percentiles exclude C4H (I# C4 Percentiles exclude C4H (hear and treat appropriate) and C4HCP (HCP agreed 1,2,3or4Hr responses)

RAG SCHEME	1 Mean AV	C1 90th	C2 Mean AV	C2 90th	C3 90th	C4 90th
GREEN	<=7mins	<=15 mins	<=18mins	<=40mins	<=120mins	<=180mins
AMBER	7-9min	15-20 mins	18-25mins	n/a	n/a	n/a
RED	>9mins	>20 mins	>25mins	>40mins	>120mins	>180mins



HAS by County for December 2017

## Hospital Arrival Screens (HAS) - Achievement against compliance standards with average cycle time

**Dec-17**

HOSPITAL NAME		All Attendances	Avg Arrival to Notification Time (mm:ss)	Avg Notification to Handover Time (mm:ss)	Avg Handover to Clear Time (mm:ss)	Avg Overall Arrival to Clear Time all Attends (h:mm:ss)
County	HAS_Candidate_Site					
Cheshire, Warrington and Wirral	Arrowe Park	2985	07:07	25:09	13:07	0:45:26
	Countess of Chester	2042	07:17	25:49	09:13	0:42:11
	Leighton	2477	05:28	11:11	09:52	0:26:55
	Macclesfield District General	1280	06:46	14:46	11:34	0:32:57
	Warrington General	2313	06:25	22:41	11:04	0:39:59
	<b>Cheshire, Warrington and Wirral Total</b>	<b>11097</b>	<b>06:35</b>	<b>20:44</b>	<b>11:08</b>	<b>0:38:07</b>
Cumbria	Cumberland Infirmary	2044	06:28	20:09	08:47	0:35:14
	West Cumberland	1135	03:46	14:45	07:48	0:25:47
<b>Cumbria Total</b>		<b>3179</b>	<b>05:29</b>	<b>18:12</b>	<b>08:26</b>	<b>0:31:51</b>
Greater Manchester	Fairfield General	2266	05:51	17:32	10:06	0:33:25
	Manchester Royal Infirmary	2774	04:06	18:53	11:51	0:35:08
	North Manchester General	2230	04:38	23:54	10:24	0:38:55
	Royal Bolton	2959	05:52	28:01	11:36	0:45:22
	Royal Oldham	2798	05:22	23:40	10:17	0:39:27
	Salford Royal	2811	05:29	17:58	11:20	0:34:29
	Stepping Hill	2517	05:15	25:13	11:55	0:42:21
	Tameside General	2524	06:23	17:22	11:16	0:35:13
	Wigan Infirmary	2548	05:16	32:15	09:33	0:47:17
	Wythenshawe	2661	05:05	22:55	11:42	0:39:57
<b>Greater Manchester Total</b>		<b>26088</b>	<b>05:20</b>	<b>22:51</b>	<b>11:02</b>	<b>0:39:15</b>
Lancashire	Blackpool Victoria	3071	06:05	27:49	10:53	0:45:56
	Chorley District	546	05:25	16:04	11:58	0:34:01
	Furness General	1085	05:22	18:12	07:19	0:32:01
	Ormskirk General	159	05:16	05:00	11:30	0:22:14
	Royal Blackburn	4165	05:25	31:07	10:39	0:46:05
	Royal Lancaster Infirmary	1846	04:57	20:21	08:48	0:34:25
	Royal Preston	2662	06:43	29:51	11:44	0:49:25
<b>Lancashire Total</b>		<b>13534</b>	<b>05:45</b>	<b>26:45</b>	<b>10:26</b>	<b>0:43:13</b>
Merseyside	Aintree University	2929	05:27	17:47	13:27	0:37:18
	Alder Hey Childrens	567	03:09	04:08	12:19	0:23:08
	Royal Liverpool University	3179	05:29	14:46	13:56	0:34:06
	Southport District General	1614	08:49	36:57	13:21	1:01:22
	Whiston	3197	06:31	26:31	12:22	0:45:13
<b>Merseyside Total</b>		<b>11486</b>	<b>06:14</b>	<b>22:12</b>	<b>13:12</b>	<b>0:41:18</b>
OOA	Airedale General	256	04:04	11:50	12:21	0:29:15
<b>OOA Total</b>		<b>256</b>	<b>04:04</b>	<b>11:50</b>	<b>12:21</b>	<b>0:29:15</b>
<b>Grand Total</b>		<b>65640</b>	<b>05:47</b>	<b>22:56</b>	<b>11:10</b>	<b>0:39:50</b>

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Public Health Services Scorecard - Dec 2017

PI Ref	Indicator	Polarity	National Average	Target	Data Freq.	Previous Year	Prior Quarter	Previous Quarter	Latest Quarter	Latest Year	RAG Nat. Ave.	RAG Target	Dir of Travel	Comments
Reducing alcohol and drug related harm														
NDTMS submission timetable 2017/18 Q2 data will be available for February 18 update														
1.1	Adults - Number of service users who have been in the service for more than 4 years. (CWP Case Notes)	Low is good		350	Qtly	326	265	257	242		N/A		▼	This indicator has dropped again this quarter. This quarter is also lower than the numbers reported in the same quarter last year (289 in 2016/17 Q1). This shows real improvement. This is due to various reasons including targeted work with this cohort, and is also aligned to improvements in successful completions in treatment.
						2015-16	2016/17-Q3	2016/17-Q4	2017/18-Q1					
1.2	Adults - Successful Completions of drug treatment, who do not represent within 6 months (Proportion of all in treatment): Opiates (PHOF 2.15)	High is good	6.6%		Qtly	7.3%	7.1%	8.9%	8.5%				▼	Despite a drop in the current quarter, the quarterly fluctuations are not significant and the rate remains similar to the national average. It is hoped that targeted work with this cohort will result in improvements in successful completions in treatment and thus a improvement in performance. This will be monitored through the contract review meetings with the provider.
						2015	2016/17-Q3	2016/17-Q4	2017/18-Q1					
1.3	Adults - Successful Completions of drug treatment, who do not represent within 6 months (Proportion of all in treatment): Non Opiates (PHOF 2.15)	High is good	36.7%		Qtly	46.5%	44.9%	38.7%	34.8%			N/A	▼	UPDATED NARRATIVE. Although this indicator looks in decline, the decrease is not significant and the rate remains similar to the England rate. The dip in performance was discussed with the provider during the contract review meeting in October. It was agreed that the Provider will undertake some target work to understand more about this cohort and also to emphasise the ‘visible recovery’ which aims to prevent
						2015	2016/17-Q3	2016/17-Q4	2017/18-Q1					
1.4	Adults - Successful Completions of alcohol treatment, who do not represent within 6 months (Proportion of all in treatment): Non Opiates (PHOF / NDTMS)	High is good	38.3%		Qtly	38.0%	42.2%	40.5%	39.9%			N/A	▼	UPDATED NARRATIVE. The overall performance for this indicator has seen a steady decline, however the rate is higher than the England rate. The dip in performance was discussed with the provider during the contract review meeting in October. It was agreed that the Provider will undertake some target work to understand more about this cohort and also to emphasise the ‘visible recovery’ which aims to prevent
						2015-16	2016/17-Q3	2016/17-Q4	2017/18-Q1					
1.5	Adults - Proportion of service users seen within 10 working days from Referral to Assessment for Drug Treatment	High is good		100%	Qtly	45.0%	81.9%	75.6%	90.0%		N/A		▲	There has been a significant improvement in the reduction of waiting times since the last quarter. This is the result of the changes in process for the development of the intake team and processess, which have now become embedded within the service delivery. The national target set by PHE is for 3 weeks, which CWP achieve and is better that the national average. The CEC target of 10 working days is aspirational to ensure that we can drive performance in this area.
						2015-16	2016/17-Q3	2016/17-Q4	2017/18-Q1					
1.6	Adults - Proportion of service users seen within 10 working days from Referral to Assessment for Alcohol Treatment	High is good		100%	Qtly	38.0%	85.2%	71.1%	92.9%		N/A		▲	There has been a significant improvement in the reduction of waiting times since the last quarter. This is the result of the changes in process for the development of the intake team and processes, which have now become embedded within the service delivery. The national target set by PHE is for 3 weeks, which CWP achieve and is better that the national average. The CEC target of 10 working days is aspirational to ensure that we can drive performance in this area.
						2015-16	2016/17-Q3	2016/17-Q4	2017/18-Q1					
1.7	Young People - First interventions waiting 3 weeks & under	High is good	97.0%	100%	Qtly	100.0%	100.0%	100.0%	100.0%				↔	Waiting times for Young People SMS has been consistent throughout the contract and is above the national average.
						2015-16	2016/17-Q3	2016/17-Q4	2017/18-Q1					
1.8	Change in Anxiety scores from start to exit	Low is good		<0	Qtly			-0.90	-0.60		N/A		▲	Due to a change in provider for the Young Peoples element of the service a new indicator is available looking at the change in levels of anxiety reported by young people at the start of the intervention to the exit from service. Q1 reported a reduction from 5.2 to 4.6 (-0.6), this is a lower reduction than that achieved in 2016/17 Q4
								2016/17-Q4	2017/18-Q1					
1.9	Exessive drinking levels from start to exit	Low is good		<0	Qtly			-25.0%	-17.0%		N/A		▲	This a new indicator due to a change in provider for the Young Peoples element of the service. At the start of treatment, 67% of young people reported drinking excessively during a single episode. At treatment exit, this went down to 50%. Nationally the proportion of young people reported drinking excessively during a single episode decreased from 69% to 54%.
								2016/17-Q4	2017/18-Q1					
1.10	Persons under 18 admitted to hospital for alcohol-specific conditions	Low is good	37.4	36.6	Annual	49.80				44.00			▼	Annual data release. Rate has been steadily decreasing over last 8 time points, the rate is now not signifantly different from England. 99 admissions occurred in 3 years 2013/14-2015/16. Further work is needed in terms of the early intervention and prevent element of the YP service. A development plan has been produced with the new provider. The next data will be available April 2018.
						2012/13 - 14/15				2013/14 - 15/16				

Public Health Services Scorecard - Dec 2017

PI Ref	Indicator		National Average	Target	Data Freq.	Previous Year	Prior Quarter	Previous Quarter	Latest Quarter	Latest Year	RAG Nat. Ave.	RAG Target	Dir of Travel	Comments
		Polarity												
Improving Sexual Health and Wellbeing														
2.1	Rate of chlamydia detection per 100,000 young people aged 15 to 24 (PHOF 3.02)	Near target is good	1887	2300	Qtly	2762.0	1812.4	1833.0	1994.6	2083.2			↑↑↑	There has been a steady increase in the detection rate during 2017. However the rate is still below the national target. The provider has been set quarterly incremental targets with a view to reaching national target by Apr 2018. Figures equate to 197 diagnoses out of 9,876.5 15-24 year olds. Learning from Public Health England facilitated workshop in Sept.- PHE Identified that there was good conversion rates but still opportunities around screening men and partner notifications. Follow-up - ECT have produced an Action plan based on issues identified. Training event planned with pharmacies mid-Nov, Chlamydia screening in pharmacies will roll out post-event.
						2015	2017-1	2017-2	2017-3	2016				
2.2	Proportion of young people aged 15-24 screened for chlamydia	High is good	22%	30%	Qtly	35.0%	19.9%	16.1%	17.2%				▲	There has been a slight increase in the proportion of 15 to 24 year olds screened for chlamydia. Figures equate to 1,700 tests for 15 to 24 year olds. Learning from Public Health England facilitated workshop in Sept.- PHE Identified that there was good conversion rates but still opportunities around screening men and partner notifications. Follow-up - ECT have produced an Action plan based on issues identified. Training event planned with pharmacies mid-Nov, Chlamydia screening in pharmacies will roll out post-event.
						2015	2017-1	2017-2	2017-3					
2.3	Percentage of sexual health screens in under 25s taken at first attendance	High is good	68.4%	75%	Qtly	60.5%	87.7%	92.1%	92.2%				▲	Equates to 495 screens from 537 new attendances by this age cohort. The rate is well above target and steady. This suggests that the low rate in all screens in 2.2 above is either from repeat attendances to the service or outreach
						2015	2017-1	2017-2	2017-3					
2.4	Percentage of people with needs relating to STIs who are offered a HIV test at first attendance	High is good		80%	Qtly	66.3%	77.2%	82.3%	86.2%	62.4%			▲	Incremental targets appear to have had an impact. Resubmitted Q1 data shows target of 80% achieved in Q1, this new data remains provisional whilst checking figures with ECT. Rate has remained above target in Q2.
						2014	2017-1	2017-2p	2017-3	2015				
2.5	Percentage of LARCs prescribed as a proportion of all contraception (including injectables)	High is good	37.0%	42%	Qtly	37.0%	38.4%	41.0%	42.2%	37.0%			▲	Equates to 252 out of 597 contraceptions reported. Measured against target on a quarterly basis. Although annual figure slightly below target, quarterly data is showing steady improvement and has achieved target this quarter.
						2014	2017-1	2017-2	2017-3	2015				
2.6	Percentage of LARCs prescribed as a proportion of all contraception (excluding injectables)	High is good	28.0%	33%	Qtly	27.0%	28.5%	33.0%	30.8%	24.0%			▼	Equates to 184 out of 597 contraceptions given. Measured against target on a quarterly basis. Total number of LARCs prescribed is down in this quarter, an increase in injectables means this rate is lower and dropped below target.
						2014	2017-1	2017-2	2017-3	2015				
2.7	HIV patients with a late diagnosis (PHOF 3.04)	Low is good	46.6%		Annual	41.9%				35.7%			▼	Although Cheshire East rate has decreased since 2009-11 the decrease is not significant and the rate remains similar to England rate i.e. is not significantly different.
						2012-14				2013-2015				
2.8	Under 18 conceptions per 1,000 females aged 15-17 (as a proxy outcome for contraception)	Low is good	22.8		Qtly	17.8	23.2	14.7	14.6	17.4			▼	Quarterly data is provisional. There was an unusual increase in the last quarter of 2015, however rates have steadily decreased since and are now below the the post-2015 Q4 blip. Rates remain below the national average.
						2014	2015-4	2016-1	2016-2	2015				

Public Health Services Scorecard - Dec 2017

PI Ref	Indicator	Polarity	National Average	Target	Data Freq.	Previous Year	Prior Quarter	Previous Quarter	Latest Quarter	Latest Year	RAG Nat. Ave.	RAG Target	Dir of Travel	Comments
Best Start in Life (0-19 Services)														
PHE submission timetable 2017/18 Q2 Health Visiting data now available														
3.1	Percentage of pregnant women that receive an antenatal visit by a Health Visitor	High is good	30%	95%	Qtly	39%	176	137	110				▼	NEW DATA. Some previous quarters data has changed from that reported on previous PMF as a result of the provider continuing to review data accuracy. Numbers of women attending for ante-natal review at 28 weeks has dropped this quarter, this may be due to a delay in data collection and may improve by the next PMF iteration. This will be raised with the Provider at the next contract review meeting. Local target is under review to bring it into line with the 30% national average.
						2015-16	2016/17 -Q4	2017/18 - Q1	2017/18 - Q2					
3.2	Percentage of births that receive a face to face NBV within 14 days by a Health Visitor	High is good	88%	90%	Qtly	96%	83%	82%	88%				▲	NEW DATA. Previous quarterly data has been changed from last PMF as a result of a review of data accuracy by the Provider. Target figure has reduced to 90% in accordance with last PMF recommendation. This brings it more in line with national average and achieved rates of comparator authorities. Performance for Q2 is below target (the remaining 11% of families received the NBV after 14 days) but an increase on the previous quarter. Families who do not receive an NBV within 14 days receive the visit after 14 days.
						2015-16	2016/17 -Q4	2017/18 - Q1	2017/18 - Q2					
3.3	Percentage of children that receive a 6-8 week review by the time they reach 8 weeks	High is good	83%	90%	Qtly	95%	83%	88%	54%				▼	NEW DATA. There has been an decline in performance in Q2. This will be raised with the Provider at the next contract review meeting. Target figure has reduced to 90% in accordance with last PMF recommendation. This is still above national average and achieved rates for comparator authorities.
						2015-16	2016/17 -Q4	2017/18 - Q1	2017/18 - Q2					
3.4	Percentage of infants being breastfed at 6-8 weeks	High is good	44%	45%	Qtly	45%	44%	47%	48%				▲	NEW DATA. Some previous quarterly data has been changed due to a review of data accuracy by the Provider. Latest breastfeeding rates are above target and national rates. There are a number of possible reasons for the improvement - the Infant Feeding Co-ordinator post at Macclesfield Hospital has been filled after many months of being vacant, the 0-19 service has increased the number of volunteer BF Peer Supporters and there has been an increase in the number of food establishments achieving Baby Welcome status as a result of joint working with Food Hygeine inspectors
						2014/15	2016/17 -Q4	2017/18 - Q1	2017/18 - Q2					
3.5	Percentage of Children that received a 12 month review by 15 months	High is good	83%	90%	Qtly	86%	83%	80%	85%				▲	NEW DATA. There has been a improvement in performance from last quarter but we will need to see several more quarters at this level to see if this is an upward trend. This will be raised with the Provider at the next contract review meeting.Target has been reduced to 90% in line with recommendation at last PMF. This is still a challenging target which is well above national average and above average of comparator authorities.
						2015-16	2016/17 -Q4	2017/18 - Q1	2017/18 - Q2					
3.6	Percentage of children who receive a 2-2.5 year review by 2.5 years	High is good	75%	75%	Qtly	68%	81%	72%	78%				▲	NEW DATA. Despite an improvement in performance in Q2 17-18, this is still lower than previous years performance. The reasons for this are being explored with the Provider at the contract review meetings.
						2015-16	2016/17 -Q4	2017/18 - Q1	2017/18 - Q2					
3.7	Percentage of children who received a 2-2.5 year review using the ASQ of those that had a 2-2.5 year review	High is good	88%	90%	Qtly	82%	86%	89%	90%				▲	NEW DATA. This indicator has changed and the provider is now required to undertake the ASQ-SE (as opposed to ASQ) which is a longer assessment. Quarterly performance has improved and has now hit the 90% target.
						2015-16	2016/17 -Q4	2017/18 - Q1	2017/18 - Q2					
3.8	Proportion of Reception age pupils whose height and weight is recorded as part of the NCMP	High is good	96%	96%	Annual	95.6%				96.6%			▲	Target has been amended to 96% in accordance with recommendation from last PMF and in line with national average. Participation rate of 96.6% for 16-17 school year meets target.
						2015-16				2016-17				
3.9	Proportion of children aged 4-5 classified as overweight or obese (PHOF2.06i)	Low is good	22%	22%	Annual	19.1%				19.2%			▲	2015/16 latest PHOF data available. 2016/17 provisional data available - 772 children measured were overweight or obese. Significantly better than England. No significant change from 2015/16 data. Second lowest in the North West and within the best performing quintile (20%) nationally.
						2015-16				2016-17p				
3.10	Proportion of Year 6 children whose height and weight is recorded as part of NCMP	High is good	94%	94%	Annual	90.0%				91.2%			▲	Target has been amended to 94% in line with national average. Participation rate of 91.2% is below target and national average. The reasons for this will be explored with the Provider as part of monthly NCMP meetings and a plan put in place to increase participation rates in Year 6 for 17-18 school year.
						2015-16				2016-17				
3.11	Proportion of children age 10-11 classified as overweight or obese (PHOF2.06ii)	Low is good	34%	34%	Annual	29.4%				29.7%			▲	2015/16 latest PHOF data available. 2016/17 provisional data available - 1041 children measured were overweight or obese. Significantly better than England. No significant change from 2015/16 data. Second lowest in the North West.
						2015-16				2016-17p				



Public Health Services Scorecard - Dec 2017

PI Ref	Indicator	Polarity	National Average	Target	Data Freq.	Previous Year	Prior Quarter	Previous Quarter	Latest Quarter	Latest Year	RAG Nat. Ave.	RAG Target	Dir of Travel	Comments
Healthy Lifestyles														
4.1	Percentage of the eligible population aged 40-74 offered an NHS Health Check (Cummulative) (PHOF2.22iii)	High is good	56%	68%	Qtly	42.3%	65.5%	72.0%	72.0%	65.5%				Numbers of people offered a Health Check dropped in Q2, with only 5.5% of eligible population being offered as opposed to 6.6% in Q1. However, this is an improvement on Q2 2016/17 (note: there is a seasonal effect around Health Checks so this provides the best point of comparison). Annual PHOF data released on PHE fingertips is as at year end 2016/17 and shows us worse than England average.
						2013-16	2016/17-Q4	2017/18-Q1	2017/18-Q2p	2013-17				
4.2	Percentage of eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check (Cummulative) (PHOF2.22iv)	High is good	49%	57%	Qtly	58.8%	54.4%	53.1%	49.4%	54.4%				The proportion of people taking up an offer of Health Checks this quarter has increased to 50% from 40% in Q1, however because the percentage of eligible population offered a Health Check was less this has resulted in a cumulative decrease . Annual PHOF data released on PHE fingertips is 'as at year end 2016/17' and shows us better than England average.
						2013-16	2016/17-Q4	2017/18-Q1	2017/18-Q2p	2013-17				
4.3	Percentage of eligible population aged 40-74 received an NHS Health Check (Cummulative) (PHOF2.22v)	High is good	27%	33%	Qtly	24.9%	35.7%	38.3%	41.0%	35.7%				Numbers continue to increase for Health Checks with Q2 2017/18 higher than Q2 2016/17, 3010 Health checks delivered (note: there is a seasonal effect around Health Checks so this provides the best point of comparison). Annual PHOF data released on PHE fingertips is 'as at year end 2016/17' and shows us worse than England average.
						2013-16	2016/17-Q4	2017/18-Q1	2017/18-Q2p	2013-17				
4.4	Smoking Prevalence (PHOF 2.14 APS)	Low is good	16%	0%	Annual	12.5%				13.3%		N/A		2016 data latest available. Not significantly different than England. No significant change from 2015 data. Based on survey data.
						2015				2016				
4.5	Number of 4 week quitters (P&P)	High is good		1400	Qtly	1255	394	313	170	1554	N/A			Number subject to large scale seasonal fluctuations
						2015-16	2016/17-Q4	2017/18-Q1	2017/18-Q2	2016-17				
4.6	Smoking status at time of delivery	Low is good	11%	8%	Qtly	12.5%	16.1%	13.0%	13.0%					Although the quarterly rate functuates there has been no significant change. Based on hospital data.
						2015-16	2016/17-Q4	2017/18-Q1	2017/18-Q2					
4.7	Number of pregnant quitters (P%P)	High is good			Qtly	43	9	6	13		N/A	N/A		As small numbers numbers prone to fluctuations
						2015-16	2016/17-Q4	2017/18-Q1	2017/18-Q2					
4.8	Number of mental health quitters (P&P)	High is good			Qtly	43	21	13	21		N/A	N/A		As small numbers numbers prone to fluctuations
						2015-16	2016/17-Q4	2017/18-Q1	2017/18-Q2					
4.10	Number of alcohol brief interventions (4 x Alcohol Providers)	High is good			Qtly			15	35		N/A	N/A		Service only recently launched. But there has been Increase in numbers of alcohol brief interventions since initial quarter.
								2016/17-Q4	2017/18-Q1					
4.11	Proportion of the adult population meeting the recommended '5-a-day' on a 'usual day' (adults) (PHOF 2.11)	High is good	52%	55.7%	Annual	59.7%				55.2%				2015 data latest available. Significantly better than England. No significant change from 2014 data. Based on survey data. The launch of One You Cheshire East healthy eating services is expected to impact on this indicator over time. However, the timescale is too short at the moment to show impact.
						2014				2015				
4.12	Number of dietary interventions (ESAR)	High is good			Qtly			17	28		N/A	N/A		Ongoing work is being undertaken to increase numbers for this programme
								2017/18-Q1	2017/18-Q2					
4.13	The percentage of adults classified as "inactive" (PHOF - 2.13)	Low is good	22%		Annual	20.8%						N/A		Significantly better than England. New methodology used so no trend data availble. Data is from the Active People Survey, only available annually.
						2015/16								
4.14	Number of physical interventions (ESAR)	High is good			Qtly			148	194		N/A	N/A		Numbers are continuing to rise for this programme. But actions have been set with the provider to increase this rate further.
								2017/18-Q1	2017/18-Q2					
4.15	Percentage of adults classified as overweight or obese (PHOF 2.12)	Low is good	65%	62%	Qtly	66.6%				66.9%				Significantly better than England. No significant change from 2014 data. Data is from the Active People Survey, only available annually.
						2012-14				2013-15				
4.16	Number of adults achieving 5% weight loss following weight management interventions	High is good			Qtly			16	21		N/A	N/A	↑↑↑	Numbers of individuals achieving 5% weight loss are continuing to rise for this programme. But actions have been set with the provider to increase this rate further.
								2017/18-Q1	2017/18-Q2					

Adult's Services Scorecard -Quarter 3 2017

PI Ref	Measure	Polarity	NW stat Av	National Av	17-18 Target	Year end 2016-17	Quarter 1	Quarter 2	Quarter 3	17-18 yr to date	RAG	Qtly dir of travel	Comments	PMF Link
Benchmarking/ ASCOF Indicators														
	Residential Admissions for 18-64 age band per 100k population (ASCOF 2A1) ytd fig	Low is good	13.7	13.3	13	17.9	3.7	7.8	14.7	14.7		↑	As at quarter 3 we have had a total of 34 individuals who had been admitted to residential care. Of the 34 admissions 16 are aged 60 or over and 17 of the placements are into nursing care settings. This compares with 39 in total for 2016-17. If the rate of admission continues at the same rate we will be looking at 45 individuals and a rate of 20.7 which will be substantially higher than the national and northwest picture	
	Residential Admissions for 65+ age band per 100k population (ASCOF 2A2) ytd fig	Low is good	715.0	628.2	628.2	734.0	208.5	405.1	545.2	545.2		↑	Based on the 9 months if the rate of admission continues we will be looking at around 615 admissions and a rate of 732.1 per 100,000 which is a similar level to 2016/17 and significantly higher than the target figure of 628. We have undertaken a piece of work this year to review individuals in short term placements. Whilst this has been a successful piece of work and the number of people in short term placements has reduced significantly, a number of these 'short term placements' have converted to permanent placements and this has had an impact on the figures for this year. All requests for permanent residential admissions continue to be closely scrutinised and agreed at the Community Care Board to ensure that all other options have been fully explored before a placement is agreed.	
	Delayed transfers of care from hospital - days per quarter total					21596	4435	4261	1984* Full Q3 figures available in Feb 2018	10680		↓	This is the raw monthly figure of total bed days lost for individuals resident in CE taken from the CE LA table produced by NHS Digital. The full figure for quarter 3 will not be available until mid Februray. Based on the 8 months we should see a reduction of approximately 5,500 bed days lost by year end. This is a substantial reduction and is a reflection of the significant amount of work that has been done in partnership with health colleagues to ensure timely and appropriate discharge from hospital. Work on developing further a 'Discharge to Assess' model will continue with a view to further improvements in performance in this area in line	
	Delayed transfers of care from hospital - days per quarter attributable to CE Social care					7058	1538	1428	640* see comment above	3606		↓	This is the raw monthly figure of total bed days lost for individuals resident in CE taken from the CE LA table produced by NHS Digital. The full figure for quarter 3 will not be available until mid Februray. Based on the 8 months we should see a reduction of approximately 1,650 bed days lost by year end. This is a substantial reduction and is a reflection of the significant amount of work that has been done in partnership with health colleagues to ensure timely and appropriate discharge from hospital. Work on developing further a 'Discharge to Assess' model will continue with a view to further improvements in performance in this area in line	
	Delayed transfers of care from days delayed per 100,000 population (ASCOF 2C1) (average mthly fig)	Low is good		N/A	475	599.1	490.7	481.1	443.1* see comment above	443.1*		↓	See commentary on two indicators above	
	Delayed transfers of care from hospital days delayed which are attributable to adult social care per 100,000 population (ASCOF 2C2) (average mthy fig)	Low is good		N/A	160	207.3	170.7	165.3	150.7* see comment above	150.7*		↓	There is no national comparator data as the published indicator set has changed for this year. Locally we have retrospectively completed the calculation which shows a much improved position from the year end figure. The main reason for delays attributable to social care is people awaiting care packages in own home. Addressing market issues (both capacity and finacial pressures) remain an ongoing priority.	
	Proportion of adults with a learning disability in paid employment (ASCOF 1E)	High is good	3.7%	5.8%	10%	10.5%	5.2%	5.7%	5.8%	5.8%		→	This figure purely relates to those individuals with an employment status loaded in the case management system. There will be additional individuals supported via the supported employment service that will be included in a year end calculation	Inclusion 3.3
	Proportion of adults with a learning disability living in their own home or with their family (ASCOF 1F)	High is good	85.7%	75.4%	83%	83.4%	84.0%	85.3%	85.7%	85.7%		↑	We continue to work closely with providers and families to ensure that individuals with the highest needs are supported to live as independently as possible in a family/ safe environment. Ongoing commissioning activity together with transition planning ensures that sufficient provision is available.	Inclusion 3.3
	Proportion of adults receiving self-directed support	High is good	83.4%	86.90%	90%	93.2%	92.5%	92.5%	92.2%	92.2%		→	All individuals are provided with details of their personal budget entitlement so they can chose to take a direct payment and arrange their own care should they wish. This approach will be strengthened in 2018/19 with the introduction of the Resource Allocation System.	
	Proportion of adults receiving direct payments	High is good		28.1%	23%	22.6%	22.2%	21.9%	21.6%	21.6%		→	All individuals are provided with details of their personal budget entitlement so they can chose to take a direct payment and arrange their own care should they wish. The take up of Direct Payments is lower than we would like.	

4697      6002

78.3%



## CHESHIRE EAST COUNCIL

### REPORT TO: Health and Adult Social Care Overview and Scrutiny Committee

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**Date of Meeting:** 8 February 2018  
**Report of:** Director of Legal Services  
**Subject/Title:** Work Programme update

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#### **1.0 Report Summary**

- 1.1 To review items in the 2017/18 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 reviewed and updated following actions from the meeting and other amendments.

#### **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 Background and Options**

- 6.1 In reviewing the work programme, Members must pay close attention to the Corporate Priorities and Forward Plan.
- 6.2 Following this meeting the document will be updated so that all the appropriate targets will be included within the schedule.
- 6.3 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

6.4 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

#### **7.0 Access to Information**

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

Name: Helen Davies  
Designation: Scrutiny Officer  
Tel No: 01270 686468  
Email: [helen.davies@cheshireeast.gov.uk](mailto:helen.davies@cheshireeast.gov.uk)

# Combined Health and Adult Social Care Overview and Scrutiny Committee 2017/18 – updated January 2018

## Health and Adult Social Care

### Future Meetings

Formal Meeting	Formal Meeting	Formal Meeting	Formal Meeting	Formal Meeting	Formal Meeting
Date: <b>8<sup>th</sup> February 2018</b> Time: 10:00am Venue: Committee Suites, Westfields	Date: <b>8<sup>th</sup> March 2018</b> Time: 10:00am Venue: Committee Suites, Westfields	Date: <b>12<sup>th</sup> April 2018</b> Time: 10:00am Venue: Committee Suites, Westfields	Date: <b>3<sup>rd</sup> May 2018</b> Time: 10:00am Venue: Committee Suites, Westfields	Date: <b>14<sup>th</sup> June 2018</b> Time: 10:00am Venue: Committee Suites, Westfields	Date: <b>5<sup>th</sup> July 2018</b> Time: 10:00am Venue: Committee Suites, Westfields

### Essential items

<u>Item</u>	<u>Description/purpose of report/comments</u>	<u>Outcome</u>	<u>Lead Officer/organisation/Portfolio Holder</u>	<u>Suggested by</u>	<u>Current position</u>	<u>Key Dates/Deadlines</u>
Spotlight review of Mental Health services across Cheshire East	A one day spotlight review to assess the provision for Mental Health services across Cheshire East  To incorporate the 5 Year Forward View- Mental Health Investment Proposals for SCCCCG and ECCCCG.	People live well and for longer	Associated health partners Linda Couchman, Nichola Glover-Edge, Clare Watson (SCCCG), Jerry Hawker (ECCCCG), Sheila Cumiskey (CWP).	Linda Couchman	Scoping Group needed from Committee	TBA
North West Ambulance Service	Impact assessment on patient care in light of the changes to Ambulance target measures	People live well and for longer	NWAS	Jerry Hawker CEO	A paper from the CCG's is expected in January	8 <sup>th</sup> February 2018

## Combined Health and Adult Social Care Overview and Scrutiny Committee 2017/18 – updated January 2018

				Eastern Cheshire CCG		
Delayed Transfer of Care	Follow up from Spotlight Review (Feb 2017) and Final Report (July 2017)	People live well and for longer	Nichola Glover- Edge + Associated health partners	Chairman and Mark Palethorpe	Partners asked to review key recommendations and agree them by 17/09/17	8 <sup>th</sup> March 2018
Palliative Care Update	An update in the current position to evaluate the end of life care across Cheshire East.	People live well and for longer	TBA	Chairman	Arrangements to be scheduled	March 2018
Cheshire & Wirral Partnership	Review of Autism screening at Cheshire's custody suites. A campaign to identify suspects with, or suspected of having, a condition on the Autistic Spectrum.	People live well and for longer	CWP	Committee	Awaiting date for Committee- subject came via Quality Account.	May 2018
Care4CE Update	Presentation to the Committee about Care4CE	People live well and for longer	Linda Couchman	Committee	Action from meeting on the 15 June 2017	June 2018
Cheshire and Wirral Partnership NHS Trust	Consultation results- Mental Health	People live well and for longer	CWP/ECCCG/S C&VRCCG	Committee	Pre-Consultation proposal agreed Dec 2017	June 2018 (possibly July)
Integrated Carers Hub	TBA	People live well and for longer	TBA	Chairman	TBA	12 <sup>th</sup> April 2018
Voluntary, Community and Faith Framework	TBA	Our local communities are strong and supportive	Fiona Reynolds	Chairman	TBA	12 <sup>th</sup> April 2018
Quality Accounts	To receive a presentation to review the Quality Account 2017/18 and	People live well and for	Cheshire & Wirral	Standing Item	TBA	3 <sup>rd</sup> May 2018

## Combined Health and Adult Social Care Overview and Scrutiny Committee 2017/18 – updated January 2018

	submit comments for inclusion in the Account.	longer	Partnership, East and South Clinical Commissioning Groups			
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### Monitoring Items

<u>Item</u>	<u>Description/purpose of report/comments</u>	<u>Outcome</u>	<u>Lead Officer/organisation/Portfolio Holder</u>	<u>Suggested by</u>	<u>Current position</u>	<u>Key Dates/Deadlines</u>
Health & Adult Social Care Performance Scorecard	TBA	People live well and for longer	Linda Couchman	TBA	TBA	Every Month
Healthwatch	A representative of Healthwatch be invited to attend to the Committee with an outcomes led 12 months progress review	People live well and for longer		Committee	Last update May 2017	May 2018
Local Safeguarding Adults Board	6 Month update on the implementation of the Improvement Plan.	People live well and for longer	Jill Broomhall/ Sandra Murphy/Katie Jones	Committee	Geoffrey Appleton presented Dec 2017	June/July 2018

### Possible Future/ desirable items

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Forward Plan

Key Decision and Private Non-Key Decision	Decisions to be Taken	Decision Maker	Expected Date of Decision	Proposed Consultation	How to make representation to the decision made	Private/ Confidential and paragraph number
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Key Decision	Decisions to be Taken	Decision Maker	Expected Date of Decision	Proposed Consultation	How to make representation to the decision made	Private/ Confidential and paragraph number
CE 17/18-23 Building an Investment Portfolio	<ol style="list-style-type: none"> <li>1. To authorise the Executive Director of Place to commission consultants to search for investment opportunities that fit within the criteria set out in the report.</li> <li>2. To delegate to the Executive Director of Place in consultation with the Portfolio Holder for Regeneration and the Portfolio Holder for Finance and Communities and in consultation with the Director of Legal Services and the Director of Finance and Procurement: <ol style="list-style-type: none"> <li>a. the decision to acquire; and</li> <li>b. the decision to establish management arrangements for the newly-acquired asset.</li> </ol> </li> </ol>	Cabinet	6 Feb 2018		Andy Kehoe	Part exempt - paras 3 & 5



Key Decision	Decisions to be Taken	Decision Maker	Expected Date of Decision	Proposed Consultation	How to make representation to the decision made	Private/ Confidential and paragraph number
CE 17/18-26 Sydney Road Replacement Bridge - Scheme Implementation	To update Cabinet on progress with the scheme and seek authority to: enter into an implementation agreement with Network Rail for the construction of the scheme; accept the newly-constructed bridge into Council ownership upon payment of an appropriate commuted sum by Network Rail and to enter into an asset transfer agreement, a two-party bridge agreement and any easement agreements with Network Rail as necessary; authorise officers to enter into discussions with land owners, utility companies, Network Rail and third parties in relation to acquiring the necessary land and acquiring granting rights to deliver the scheme; implement the required temporary road closure for the scheme; and confirm the funding strategy.	Cabinet	6 Feb 2018		Chris Hindle	N/A

<b>Key Decision</b>	<b>Decisions to be Taken</b>	<b>Decision Maker</b>	<b>Expected Date of Decision</b>	<b>Proposed Consultation</b>	<b>How to make representation to the decision made</b>	<b>Private/ Confidential and paragraph number</b>
CE 17/18-32 Early Help Framework	To review, engage and co-produce a new more effective offer for the commissioning of early intervention and prevention services via a framework, and to authorise the officers to take all necessary actions to implement the proposal following the prescribed procurement process, including entering into a contract with suppliers.	Cabinet	6 Feb 2018		Nichola Glover-Edge	N/A
CE 17/18-33 Consultation Approval for the Cheshire East Admission Arrangements and Co-ordinated Scheme 2019-20	To approve the admission arrangements following consultation, which is statutorily required every 7 years.	Cabinet Member for Children and Families	Not before 20th Feb 2018		Gemma Hambrook	N/A
CE 16/17-47 Medium Term Financial Strategy 2018-21	To approve the Medium Term Financial Strategy for 2018-21, incorporating the Council's priorities, budget, policy proposals and capital programme.	Council	22 Feb 2018		Alex Thompson	N/A

<b>Key Decision</b>	<b>Decisions to be Taken</b>	<b>Decision Maker</b>	<b>Expected Date of Decision</b>	<b>Proposed Consultation</b>	<b>How to make representation to the decision made</b>	<b>Private/ Confidential and paragraph number</b>
CE 17/18-14 Congleton Leisure Centre	To recommend to Cabinet the appointment of the preferred bidder for the redevelopment of Congleton Leisure Centre; to submit the awarded design to planning; and subject to this, to commence construction and the redevelopment of the facility.	Cabinet	13 Mar 2018		Mark Wheelton	Exempt - para 3
CE 17/18-15 Implementation of the Homelessness Strategy 2018-2021	To approve and adopt the Homelessness Strategy, commit to the resources detailed within the Strategy for the lifetime of the Strategy, and authorise officers to deliver the actions contained within the Strategy.	Cabinet	13 Mar 2018		Lynn Glendenning	N/A
CE 17/18-16 CERF Alternative Pension Scheme	To approve the appointment of an alternative pension scheme provider for the CERF group of companies; and to approve the closure of the LGPS to all new starters in the CERF group of companies from 1 <sup>st</sup> December 2017.	Cabinet	13 Mar 2018		Peter Bates, Chief Operating Officer	Fully exempt - paras 3, 4 & 5

<b>Key Decision</b>	<b>Decisions to be Taken</b>	<b>Decision Maker</b>	<b>Expected Date of Decision</b>	<b>Proposed Consultation</b>	<b>How to make representation to the decision made</b>	<b>Private/ Confidential and paragraph number</b>
CE 17/18-27 North West Crewe Package - Procurement Strategy	To authorise the Executive Director Place, in consultation with the Portfolio Holder for Environment, to approve the preferred procurement strategy for North West Crewe and to authorise the officers to take the necessary actions to commence the procurement process.	Cabinet	13 Mar 2018		Chris Hindle	N/A

Key Decision	Decisions to be Taken	Decision Maker	Expected Date of Decision	Proposed Consultation	How to make representation to the decision made	Private/ Confidential and paragraph number
CE 17/18-28 Available Walking Routes Phase 2A	<ul style="list-style-type: none"> <li>To confirm that the route between Mobberley and Knutsford Academy and Knutsford Academy, The Studio is deemed an 'available' walking route. Therefore free home to school transport will be withdrawn for current and new pupils living in Mobberley within 3 miles of the Academy, effective from 1 September 2018.</li> <li>To acknowledge the feedback from the public engagement and agree that the proposed withdrawal of transport shall be amended to address some of the concerns raised.</li> <li>To agree that a subsidy of £192 per annum be paid to all affected families for the remainder of their child's attendance at their respective schools.</li> </ul>	Cabinet	13 Mar 2018		Jacky Forster	N/A

<b>Key Decision</b>	<b>Decisions to be Taken</b>	<b>Decision Maker</b>	<b>Expected Date of Decision</b>	<b>Proposed Consultation</b>	<b>How to make representation to the decision made</b>	<b>Private/ Confidential and paragraph number</b>
CE 17/18-29 Education Travel Policy	To note the outcome of the consultation in respect of the revised suite of travel policies; and to agree that the revised travel policies be implemented with effect from 1 <sup>st</sup> September 2018.	Cabinet	13 Mar 2018		Jacky Forster	N/A
CE 17/18-31 Recycling Bank Review	To seek authority for officers to implement the Council's recycling bank strategy.	Cabinet	13 Mar 2018		Ralph Kemp	N/A
CE 17/18-35 Review of Council Wholly-Owned Companies and Alternative Service Delivery Vehicles	To consider proposals following a comprehensive review of the Council's wholly-owned companies and alternative service delivery vehicles.	Cabinet	13 Mar 2018		Chris Allman	N/A

<b>Key Decision</b>	<b>Decisions to be Taken</b>	<b>Decision Maker</b>	<b>Expected Date of Decision</b>	<b>Proposed Consultation</b>	<b>How to make representation to the decision made</b>	<b>Private/ Confidential and paragraph number</b>
CE 17/18-36 North West Crewe Package - Land Assembly and Compulsory Purchase Order Strategy	To authorise the Executive Director of Place, in consultation with the Portfolio Holder, to proceed with the land assembly strategy required to deliver the North West Crewe scheme. The North West Crewe Package forms an important part of the Council's vision and strategy for sustainable economic growth as set out in the Local Plan and unlocks a number of housing and employment sites by improving traffic movements and transport links in northern Crewe.	Cabinet	13 Mar 2018		Chris Hindle	N/A
CE 17/18-37 A Dynamic Purchasing System for Care and Support for People with a Learning Disability and/or Mental Health	To seek approval to establish a dynamic purchasing system for the future procurement of care and support services for individuals eligible for adult and children's social care support, including those in transition to adulthood who have a learning disability and/or mental health.	Cabinet	13 Mar 2018		Nichola Glover-Edge	N/A

<b>Key Decision</b>	<b>Decisions to be Taken</b>	<b>Decision Maker</b>	<b>Expected Date of Decision</b>	<b>Proposed Consultation</b>	<b>How to make representation to the decision made</b>	<b>Private/ Confidential and paragraph number</b>
CE 17/18-38 Children's Home Commissioning	Cheshire East Council is looking to optimise the quality and cost-effectiveness of the Children's Residential provision it delivers for cared for children. Cabinet will be asked to delegate authority to the Acting Executive Director People in consultation with the Portfolio Holder for Children and Families to make the decision on award of contract for a Children's Residential Home tender.	Cabinet	13 Mar 2018		David Leadbetter	N/A
CE 17/18-40 A Patient Passport - Delivering Access to Health and Care Records	To seek agreement to enter into a partnership with Eastern Cheshire Clinical Commissioning Group to deliver a Patient Passport, funded through £2.6M of NHS England external funding.	Cabinet	13 Mar 2018		Fiona Reynolds, Director of Public Health	N/A
CE 17/18-5 Cheshire East Council Housing Strategy 2018-2023	To consider and adopt the Cheshire East Council Housing Strategy.	Cabinet	10 Apr 2018		Karen Carsberg	N/A



<b>Key Decision</b>	<b>Decisions to be Taken</b>	<b>Decision Maker</b>	<b>Expected Date of Decision</b>	<b>Proposed Consultation</b>	<b>How to make representation to the decision made</b>	<b>Private/ Confidential and paragraph number</b>
CE 17/18-39 Highway Service Contract Procurement	To authorise the Executive Director Place to award the Highway Service Contract to the preferred bidder.	Cabinet	10 Apr 2018		Paul Traynor	Partly exempt
CE 17/18-30 Cemeteries Strategy	That Cabinet be asked to consider the draft Cheshire East Cemeteries Strategy and approve it for consultation; and to agree that, subject to consideration of the outcome of the consultation, the Strategy be adopted as Council policy by delegated officer decision.	Cabinet	8 May 2018		Ralph Kemp	N/A
CE 17/18-34 Cheshire East Common Allocations Policy Review	To consider the adoption of a revised Cheshire East Common Allocations Policy following consultation; and to authorise officers in consultation with the Portfolio Holder to make any minor amendments as directed by changes in legislation or further consultation on the policy.	Cabinet	12 Jun 2018		Karen Carsberg	N/A

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