

Health and Adult Social Care and Communities Overview and Scrutiny Committee

Agenda

Date: Thursday, 5th July, 2018
Time: 10.00 am
Venue: Committee Suite 1,2 & 3, Westfields, Middlewich Road,
Sandbach CW11 1HZ

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

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

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

1. **Apologies for Absence**

2. **Minutes of Previous meeting** (Pages 3 - 8)

To approve the minutes of the meeting held on 14 June 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

For requests for further information

Contact: Katie Small

Tel: 01270 686465

E-Mail: katie.small@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. **Winter Review 2017/2018** (Pages 9 - 30)

To consider the 2017/18 Winter Review for East and Central Cheshire NHS Trusts.

Presentation on Central Cheshire Winter Plan – to follow

7. **Care4CE Options Project** (Pages 31 - 48)

To receive an update presentation on Care4CE

8. **Role of the Cheshire East Health and Wellbeing Board** (Pages 49 - 62)

To receive an overview of the Health and Wellbeing Board

9. **Mental Health Awareness Week 2018 at Cheshire East Council** (Pages 63 - 74)

To receive an update on the Mental Health Awareness Week 2018

10. **Forward Plan** (Pages 75 - 86)

To give consideration to the areas of the forward plan which fall within the remit of the Committee

11. **Work Programme** (Pages 87 - 96)

To review the current Work Programme

CHESHIRE EAST COUNCIL

Minutes of a meeting of the **Health and Adult Social Care and Communities Overview and Scrutiny Committee**
held on Thursday, 14th June, 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, E Brooks, S Edgar,
G Hayes, L Jeuda, D Mahon and J Rhodes

CABINET MEMBER IN ATTENDANCE

Councillor J Clowes

OFFICERS IN ATTENDANCE

Mrs J Broomhall – Director of Adult Social Care Operations
Mrs S Cooke – Macmillan Project Nurse Lead
Mrs L Couchman – Acting Strategic Director of ASC & Health
Mrs C Mills – Macmillan Project Manager
Mr M Palethorpe – Acting Executive Director of People
Ms F Reynolds – Director of Public Health & Communities
Mrs K Senior – Director of Nursing, Performance and Quality, Deputy Chief
Executive of East Cheshire Trust

1 APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors C Green and I Faseyi.

2 MINUTES OF PREVIOUS MEETING**RESOLVED**

That the minutes of the meeting held on 3 May 2018 be approved as a correct and signed by the Chairman.

3 DECLARATIONS OF INTEREST

There were no declarations of interest.

4 DECLARATION OF PARTY WHIP

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

5 PUBLIC SPEAKING TIME/OPEN SESSION

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

6 UPDATE ON THE CONGLETON MINOR INJURIES UNIT

Mrs K Senior, Director of Nursing, Performance and Quality, Deputy Chief Executive of East Cheshire Trust gave Members an update on the Congleton Minor Injuries Unit. Included within the update was information on what the service provided, the number of occasions the unit had been closed and how a national review of urgent care services scheduled to take place later in the year would impact on the Minor Injury Unit.

Members made the following observations:-

- (i) Concerns were raised that the number of closures which had taken place at the unit could have had impacted on the its usage;
- (ii) Concerns were raised that the A and E target times were not being met despite the fact that it was now the Summer period;
- (iii) Concerns were raised that Congleton was not being offered the same type of services in comparison to other areas;
- (iv) It was considered appropriate for historical data to be included in any future presentations;
- (v) It was considered that the unit was essential to the residents of Congleton and was a service that helped to alleviate some of the pressures elsewhere;
- (vi) Concerns were raised that whilst local GP hours were to be extended it was not always easy to get an appointment on the same day;
- (vii) Concerns were raised that local GP's didn't always have the capacity to provide additional services;
- (ix) That the findings of the national review of urgent care services be reported to the Committee in sufficient time for Members to consider them thoroughly.

RESOLVED

(1) That the update be noted.

(2) That the findings of the review and historical data be brought back to the Committee for consideration towards the end of the year.

7 PALLIATIVE CARE UPDATE

Consideration was given to a presentation on co-ordinating care at the end of life. The presentation included information on the background and scope of the project into end of life care, what was meant by co-ordinated care, the 'must-dos', the work undertaken to date, the work streams and finally the outcomes.

Members made comments/raised questions respect of the following:-

- (i) Concerns were raised that there was a disparity between the North and South in terms of the number of days patients were waiting for end of life care;
- (ii) What palliative support for young children/teenagers was on offer if a parent was terminally ill?
- (iii) What issues arose for people wanting care packages in order to be able to pass away at home?
- (iv) How were families encouraged to accept patients dying wishes?
- (v) Welcomed the fact that the presentation addressed other life limiting illnesses and not just those patients suffering from cancer.

RESOLVED

That the presentation be noted.

(The meeting was adjourned for a short break).

8 PUBLIC HEALTH ANNUAL REPORT 2017

Consideration was given to the Public Health Annual report 2017.

Members made the following comments:-

- (i) The new format of the annual report was welcomed. It was considered to be more readable;
- (ii) That a section be included within the report on areas for prioritisation so that the Committee could see where they could focus their expertise;
- (iii) More publicity required in respect of the initiatives taking place;
- (iv) No reference to the disparity of deprivation levels within the Borough. Some acknowledgement of the deprivation levels within Crewe would have been useful;
- (v) Inclusion of the impact that austerity was having on the community;
- (vii) More funding into poorer areas was necessary.
- (viii) The communities element included within the report was appreciated.
- (xi) Some of the initiatives within the report were considered to be too short-term.

RESOLVED

That the annual report be noted.

(At 12 noon the Committee held a one minute silence to remember the victims of the Grenfell Tower tragedy).

9 HEALTH AND WELL-BEING STRATEGY 2018-21

Consideration was given to the Health and Well-being Strategy 2018-21.

RESOLVED

That the following recommendations of Cheshire East's Health and Wellbeing Board be noted:-

- (i) Reduce the number of priorities in the refreshed Health and Wellbeing Strategy, identified by the Joint Strategic Needs Assessment.
- (ii) Partners ensure that actions discussed at the Health and Wellbeing Board are followed up in each organisation – acknowledging that the Board has a strategic role and implementation occurs outside the Board.
- (iii) Strengthen links with subregional working via expanded membership to include the Cheshire East Council Executive Director of Place.
- (iv) Expand the agenda of the Health and Wellbeing Board to include Place issues (e.g. Crewe Masterplan).

10 MEETING FREQUENCY

Consideration was given to the frequency of meetings of the Health and Adult Social Care and Communities Overview Scrutiny Committee.

The Chairman agreed that the meetings would remain as programmed, however as it stood he did not feel there would be any business for the scheduled meeting in October to go ahead.

RESOLVED

That meetings of the Committee take place every month as programmed in the calendar of meetings and cancelled if required.

11 WORK PROGRAMME

Consideration was given to the work programme.

It was requested that an item in respect of the role of the Cheshire East Health and Wellbeing Board be included on the work programme for the 5 July 2018 meeting.

RESOLVED

1. That the work programme be noted.
2. That an item on the role of the Cheshire East Health and Wellbeing Board be included on the work programme for the 5 July 2018 meeting.
3. That an item on the impact of the national review of urgent care services with special regard being given to the impact of the review on the Congleton Minor Injuries Unit be considered at a meeting later in the year.

12 FORWARD PLAN

RESOLVED

That the Forward Plan be received and noted.

The meeting commenced at 10.00 am and concluded at 12.00 pm

Councillor S Gardiner (Chairman)

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2017/18 Winter Review

Eastern Cheshire (East Cheshire NHS Trust)



North West Ambulance Service **NHS**
NHS Trust

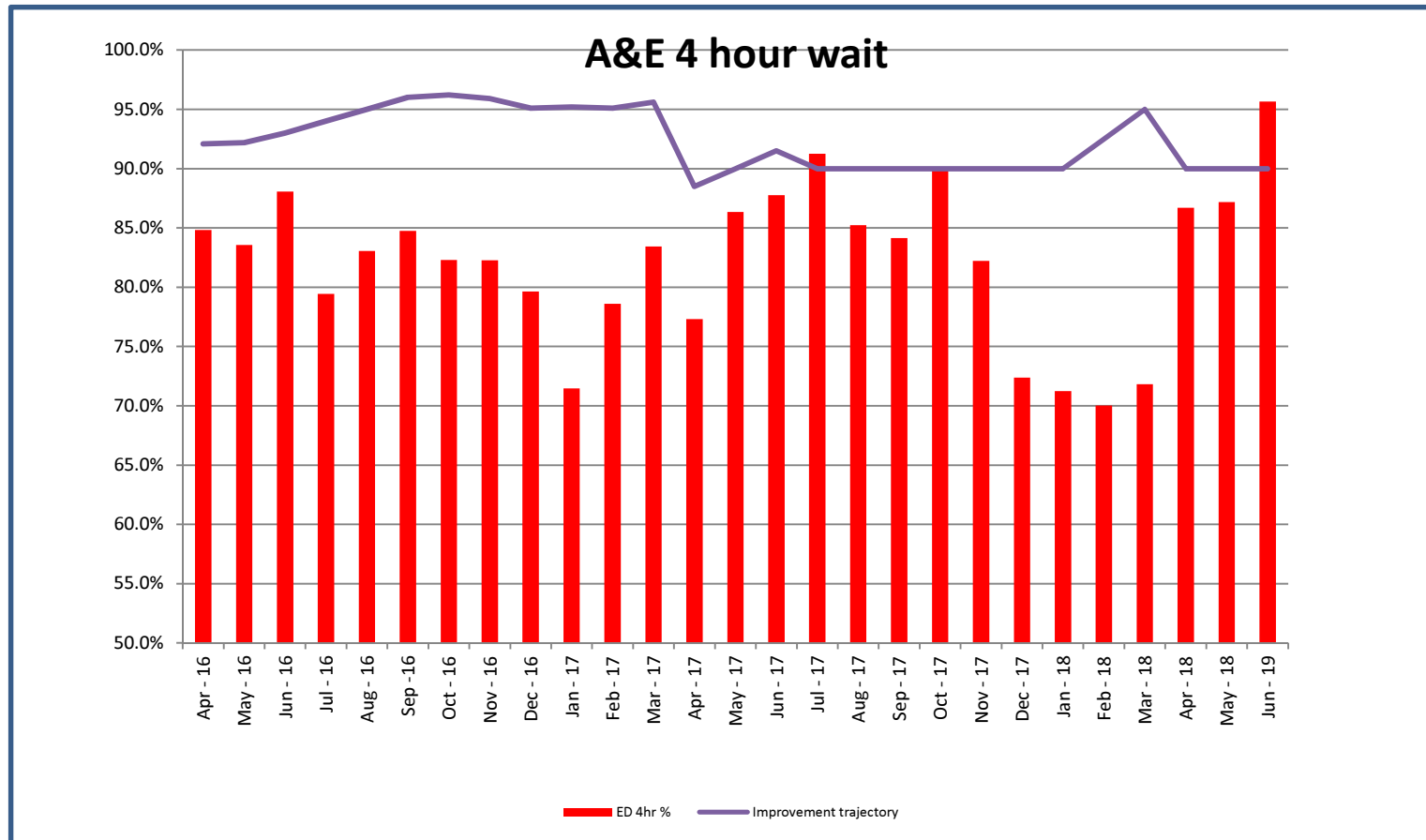
Delivering the right care, at the right time, in the right place



Winter 2017/18

- In Quarter 4 (Jan to Mar 18) 71.2% of people were treated within the 4 hour national standard.
- There were 53, 12 hour trolley waits between Dec 17 and Mar 18
- DTOC reduced from 889 (Apr 17) to 437 bed days lost (Mar 18)
- Waits for elective treatment increased as surgical beds were reallocated as medical beds. The proportion of people being treated in less than 18 weeks reduced from 90.9% in Nov 17 to 85% in May
- CQC – “Good” rating for East Cheshire Trust following assessment in January 2018
- HSJ award shortlisted – “Managing patient safety in times of escalation – an organisational approach”

Performance against the A&E 4 Hour standard



Challenges

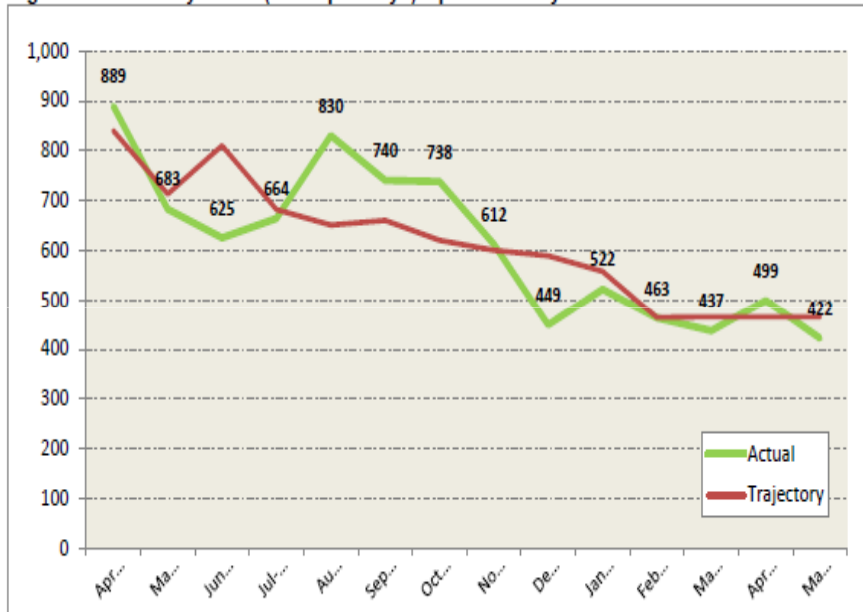
- Complexity of patients requiring care
- Bed capacity limited reducing flexibility to cope with increases in demand and limited flow through “system”
- Late funding allocation from regulators and availability of clinical staff to respond
- Availability of domiciliary care in some geographical locations

Winter Schemes that made a difference

- Rapid access to domiciliary care and night support
- Community based beds (including discharge to assess)
- Additional Therapists
- Additional GPs (Acute Visiting)
- Medical Interventions Suite
- Additional weekend services in hospital

Delayed Transfers of Care

Fig 1 Total Bed Days Lost (Sit Rep Delays) April '17 - May '18



Based on 225 Acute beds to achieve 3.5% is 8 delays

Based on 90 Intermediate Care beds to achieve 3.5% is 3 delays

Fig 5 Acute Delays by Category April '17- May '18

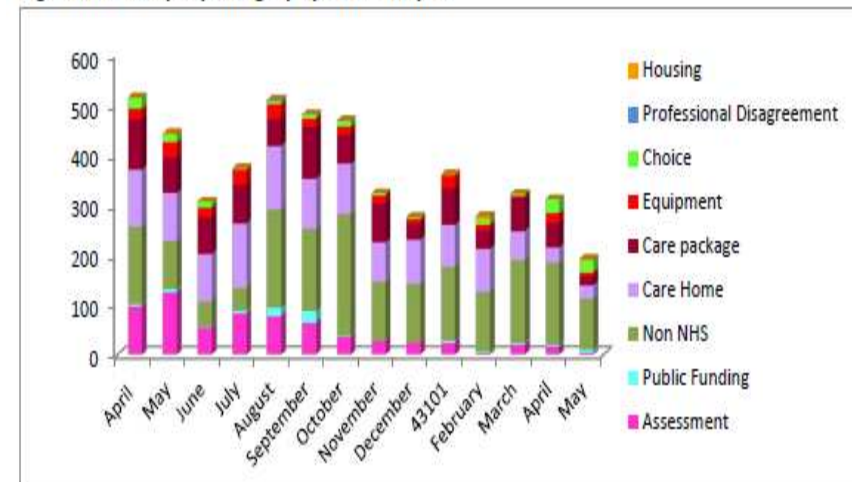
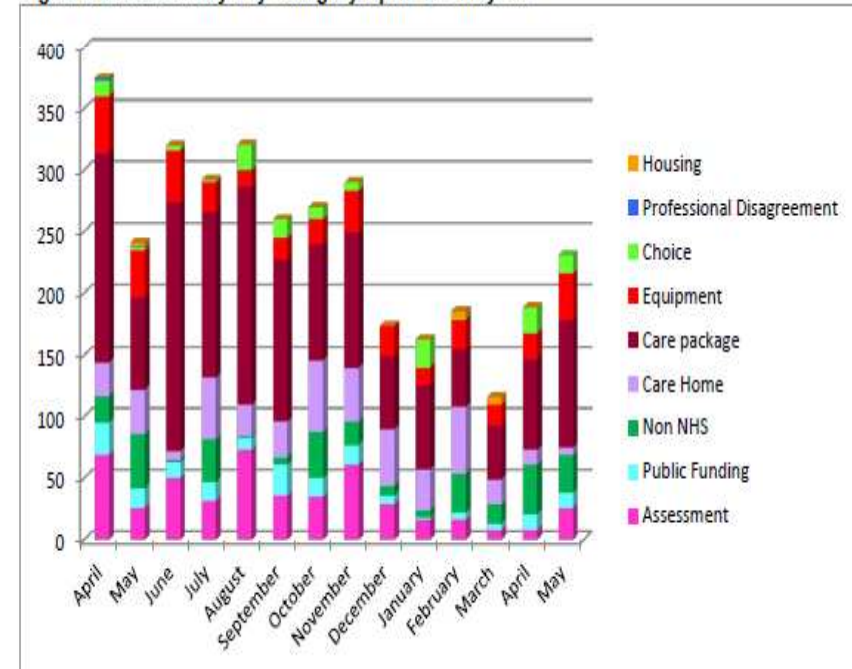


Fig 6 Non Acute Delays by Category April '17 - May '18



Our improvement plans

- The local health and care system has been working together with Regulator improvement teams since May 2017 as part of the “Emergency Care Improvement Programme “and is part of the NHS North of England “Action on A&E” Programme.
 - In 2018/19 we are including a focus on maximising the effectiveness of care through improved communications with patients/public and our workforce
- The system worked more effectively collectively in 2017/18 and will be building on this during the year ahead

Home First and Frailty Management

Key areas of focus for 2018/19 are:

- Provision of beds in the community
- Development of a trusted assessment model
- Managing escalating need in local care homes
- Implementation of the discharge to assess pathway
- Providing rapid access to domiciliary care
- Strengthening the pathway for frail people who are admitted to acute care
- Maintaining patient flow through non acute beds

Doing today's work today

- Red to Green programme
 - Reduce unnecessary length of stay
- “End PJ Paralysis”
- SAFER
 - Board Rounds
 - “stranded patient reviews” (Over 7 and 21 days in hospital)
 - Escalation processes developed and improved
 - Multi Agency Discharge Event
 - Action on A&E programme



Assessment prior to admission

- Primary Care Streaming
- Revised triage protocols
- Medical Intervention Suite to provide care for people as “outpatients”
- Improved Specialist in reach to A&E including mental health
- Development of 111 and Clinical Assessment Service
- Extended Access to GP services (8-8 and weekend opening)

Demand and Capacity

- System wide project assessing required demand and capacity to support future system modelling
- Recommissioning of home based and domiciliary care
- Bed configuration of hospital based beds
- Procurement of community beds

Seasonal Winter Plan 2018/19

Central Cheshire A&E Delivery Board



Working in partnership:

Mid Cheshire Hospitals NHS Foundation Trust
Cheshire and Wirral Partnership NHS Foundation Trust
NHS South Cheshire Clinical Commissioning Group
NHS Vale Royal Clinical Commissioning Group

Introduction

This paper will provide a reflection on winter 2017/18 as well as outlining the specific additional seasonal schemes that are being proposed as part of the Central Cheshire A&E Delivery Board winter planning process.

These additional schemes (along with existing rolling services) should enable the system to maintain the DTOC target of 3.5% and the additional requirement to reach and maintain a 90% four hour access target by September 2018 and 95% by April 2019, based on past levels of attendance and admission.

The total values of the schemes are £1,316m. The schemes will support the seasonal fluctuations in demand especially within the acute hospital setting. The plan is designed to allow the continuing delivery of safe and effective clinical services during the times of seasonal fluctuation.

The required outcomes of winter planning are to ensure that:-

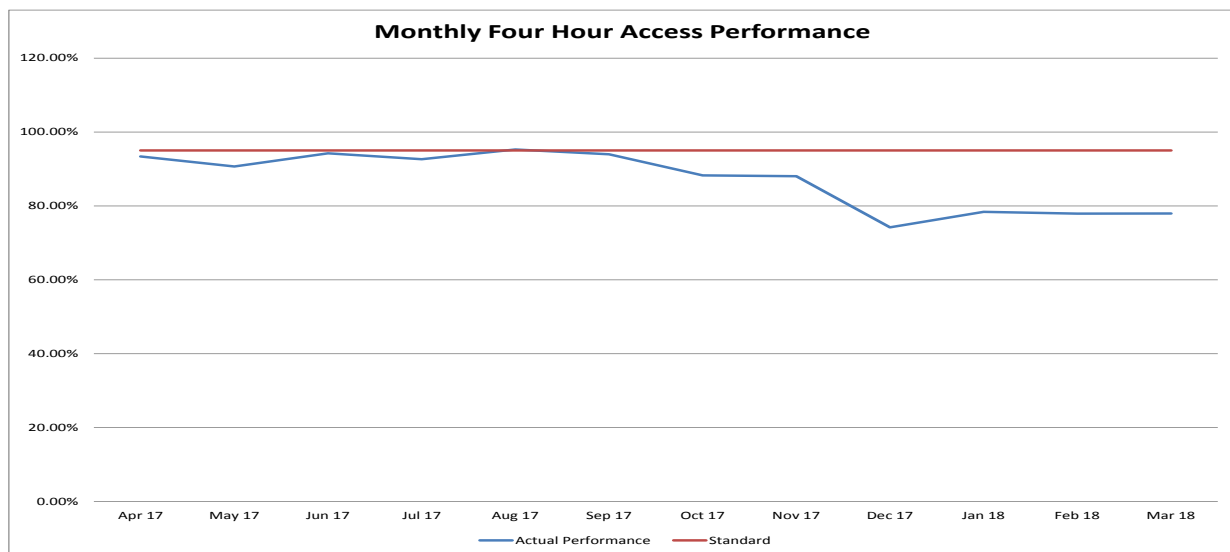
- A comprehensive winter plan is in place which recognises that demand on available services is likely to be at its highest level and identifies local areas of risk which need to be mitigated.
- The Trust's plan forms part of the overall local health and social care plans
- The provision of high quality services and excellent patient outcomes and experiences are maintained through periods of pressure.
- The impact of pressures on individual services, national performance standards and finances are managed effectively.
- A process is in place to meet the reporting requirements of NHS England and NHS Improvement.
- There are clearly quantifiable escalation arrangements in place with plans to provide additional capacity if required.
- Key risks and lessons learnt from previous years have been identified.

The majority of schemes will be in place from 1st November 2018 to 31st March 2019. These dates cover periods of increase demand both on community and acute services

The seasonal schemes will be activated and stood down at different times depending on requirements. Some schemes will require fixed timescales, whereas others will be deployed when demand indicates they are necessary. All schemes will be monitored through the BCF Governance Group and Discharge Steering Group, overseen by the A&E Delivery Board

Performance during winter 2017/18

Mid Cheshire Hospitals NHS Foundation Trust (MCHFT) is seen by regulators as comparatively performing well with regards to the four hour emergency access standard. However, performance against the four hour access standard deteriorated to 88% in October & November from a year to date position at the end of September of 93%. Performance took a stepped decline in December to March with December recording performance of 74%. Quarter four performance improved marginally to an average of 78% but well below the expected standard.

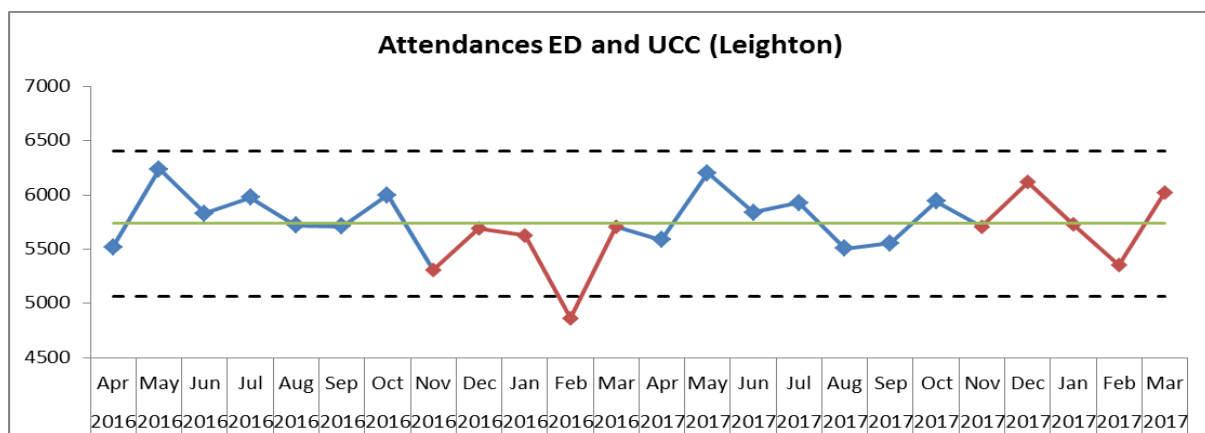


The performance and pressures during winter 2017/18 reflect the national picture and have been experienced against a rise in non-elective admissions at the Trust. In response to the increase in admissions the Trust opened escalation capacity which peaked at 66 beds in January 2018.

The Trust had a winter plan agreed via the A&E Delivery Board of £200k which did not include additional in-patient beds. A bid was submitted to NHSI for additional winter funding and this was approved in late December 2017, providing £1,020k funding to the Trust. This funding was spent on additional bed capacity both in hospital and in the community setting, where the Trust has worked with partners to open an additional 10 'Discharge to Assess' beds for the period 1st January 2018 to 20th April 2018. The Trust has also worked with local authorities to utilise some of the funding to ensure that domiciliary care is readily accessible for patient returning to their own homes.

Elective work was suspended in the Trust from Monday 18th December 2017 as a proactive measure to help free staffing and physical resources to manage non-elective flows and this resumed on Monday 29th January 2018. This measure was agreed in September 2017 so as to ensure elective patients were not scheduled or placed at risk of cancellation.

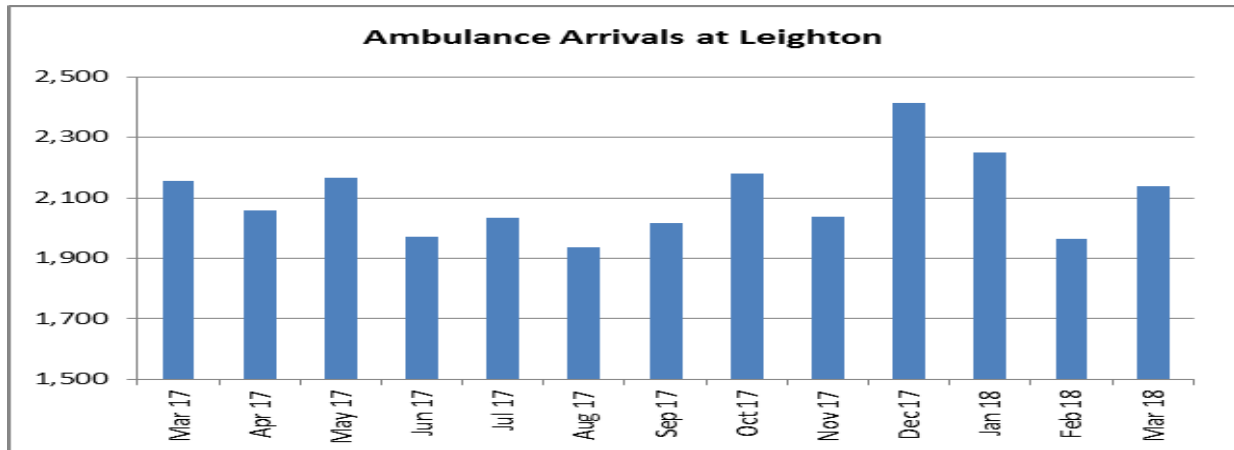
During December 2017 and January 2018 the Trust saw the highest recorded level of ambulance conveyances, ED attendances (at the Leighton site), and non-elective admissions.



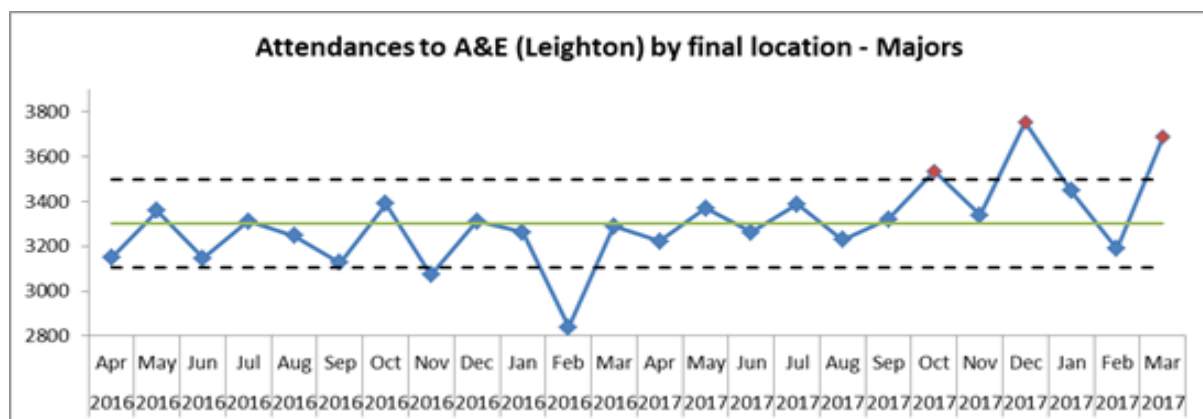
Whilst the table above would show no significant statistical variation in attendances to the Leighton Hospital site during 2017/18, there is a marked change in the number of presentations during winter 2016/17 compared to winter 2017/18. Summer attendances above the average are expected and are

evidenced to be of a lower acuity and classified as attendances to the minor's area within the Emergency Department.

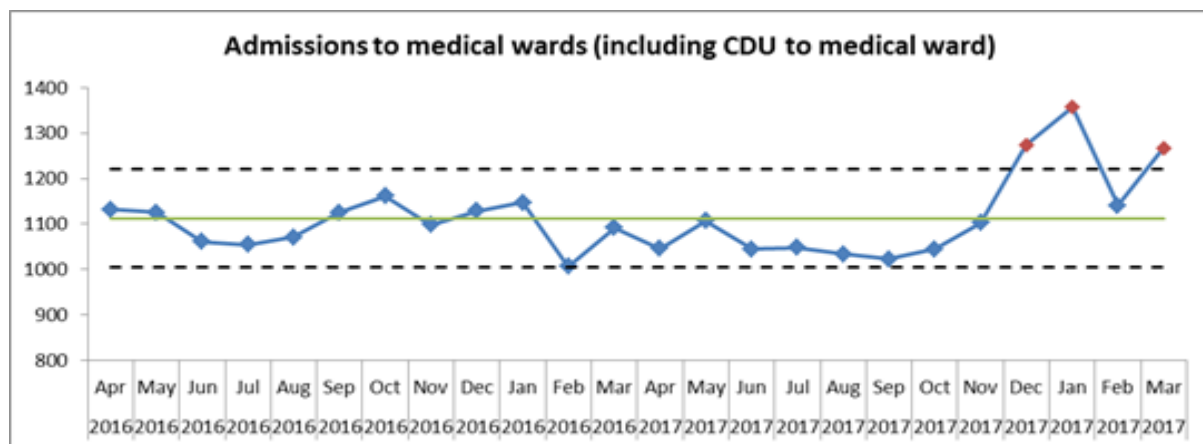
The increase in attendances in winter 2017/18 corresponded with a stepped increase in acuity. The initial marker of the increase in acuity was seen in the increased number of ambulance conveyances to the Trust. The increase is illustrated in the table below.



A more telling indication of the increase in acuity seen within the Trust during the winter 2017/18 is the location of patients treated within the department. The table below illustrates a step change in the location that patients were seen and treated within the department. It should be noted that the majors department consists of ten cubicle spaces and during November 2017 to March 2018 the Trust treated an additional 1,600 patients when compared to the same period in 2016/17 within the ten cubicles. The increase in patients treated within the major's cubicles was equivalent to a 10% increase.



The increase in acuity seen within the Emergency Department was mirrored when admissions were reviewed. The Trust has seen a statistical variation in admissions from the Emergency Department to inpatient wards.



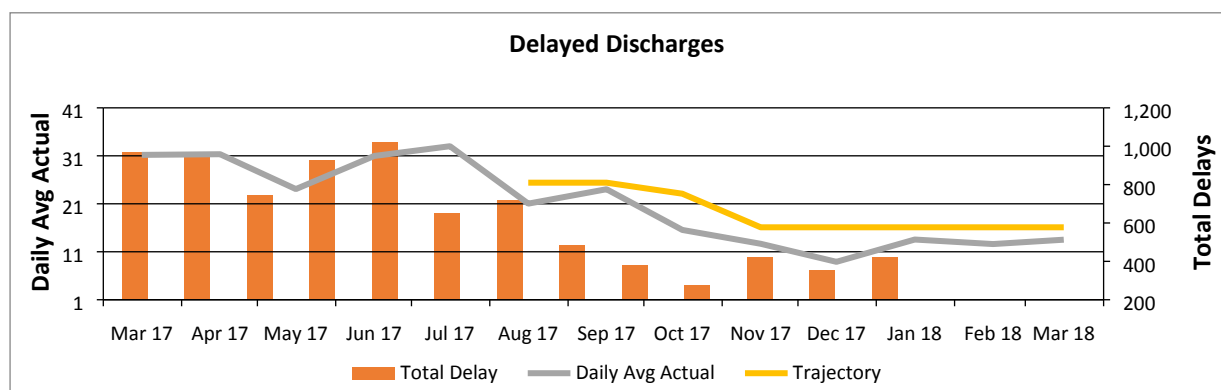
During December 2017 until March 2018 the Emergency Department admitted an additional 800 patients compared to the same period in 2016/17. The increase in admissions from the Emergency Department equated to just under 20%

Additional Inpatient Capacity during winter 2017/18

The increase in non-elective admissions resulted in the Trust opening up additional in-patient beds. The escalation areas were provided on:

- Ward 15 – 32 beds – Closed on 25.4.2018
- Ward 11 – 17 beds – Returned to function as the Surgical Ambulatory Care Unit on 20.3.2018
- Planned Admissions Unit – 17 beds – was used as escalation on eight occasions and has now returned to function as the Planned Admissions Unit

As a result of positive partnership working, the Trust (and Central Cheshire System) continues to have one of the lowest Delayed Transfers of Care (DToc) rates in the country. As is illustrated within the table below.



Performance During April 2018

All metrics associated with non-elective flow have rebalanced during April 2018 with the exception of admissions from the Emergency Department which is still showing an increase of 20% when compared to April 2017. Despite the continued pressure on inpatient capacity from Emergency Department admissions the Trust closed its remaining escalation ward on 25.4.2018.

It should be noted that the Trust is now managing patient flow with 32 less acute inpatient beds and 15 less community beds when compared to April 2017. The resulting impact is higher inpatient occupancy

than the Trust would have planned and although performance against the four hour access standard has increased to above 81% it is still far short of the Trust's expectation.

Schemes for Winter 2018/19

Partners (via the A&E Delivery Board) have reviewed the 2017/18 schemes in relation to deliverability, effectiveness and patient outcomes. The proposed schemes for winter 2018/19 have been developed following feedback from the A&E Delivery Board. The submission on plans for winter 2018/19 is required earlier than previous years and as such discussions are still ongoing regarding some further investment within Primary Care and Mental Health. Any investment within these two areas would require a disinvestment from the schemes listed below. It is envisaged that a final winter plan be agreed by all partners at the A&E Delivery Board in May 2018.

The proposed schemes below specifically support the achievement and maintenance of the four hour access standard, admission avoidance, care closer to home and a continued compliance with the DTOC standard.

Scheme	Discharge to Assess Packages of Care
Value of Investment	180K
Period Active	December 2017 – March 2018
Implementation Lead	Local Authority
Summary Detail	This scheme will support early discharge of patients require complex packages of care and those who are delayed due to care package start dates both within MCHFT and the community step down bed provision

Scheme	Discharge to assess additional spot purchase beds
Value of Investment	£328k
Period Active	December 2018- March 2019
Implementation Lead	VR and SC CCG
Summary Detail	Additional spot purchase capacity to support access and flow and enable patients to be assessed within a community bed environment. Including in the total spend is additional medical cover and therapy support as required from Primary Care and CCICP.

	British Red Cross Transport & Enhanced Support at Home
Value of Investment	£45,000
Period Active	December 2017 – March 2018
Implementation Lead	MCHFT
Summary Detail	<p>The British Red Cross will extend the existing Monday to Friday service to weekends and Bank Holidays for the period December 2017 to March 2018.</p> <p>The British Red Cross Service reduces admissions through preventative support and readmission of service users by following up individuals post discharge.</p> <p>The service transports patients to their normal place of residence directly. This links into the BRC Support at Home team who provide a telephone check and further support as appropriate, including a basic and time limited package of care. This element is funded through the Local Authorities. The funding from the Acute Trust is purely for the transport and initial settling in element. Additional signposting is provided as required. For example, facilitating transport to the falls prevention workshops, Age UK or other Local Authority support schemes.</p>

Scheme	Non-Emergency Transport
Value of Investment	£32k
Period Active	November 2017 – March 2018
Implementation Lead	MCHFT
Summary Detail	This scheme will enable additional transport provision to be put in place to support increase demand for discharges and earlier in the day discharge this supports a better and joined up transport approach for patients.

Scheme	Additional acute Escalation Ward
Value of Investment	£600k
Period Active	November 2018- March 2019
Implementation Lead	MCHFT
Summary Detail	During 17/18 additional escalation beds were opened these were originally unplanned and opened late December causing some concerns. During 18/19 partners will add additional acute bed capacity in a controlled way with the right staff and D2A processes embedded, this should enable early discharges, the right staffing support and better patient outcomes. It will also reduce the need for additional community spot purchase capacity resulting in lower 24hr care admissions

Scheme	Additional ED Staffing
Value of Investment	£25k
Period Active	November 2018 – March 2019
Implementation Lead	MCHFT
Summary Detail	There will be additional staffing in the EDFD to support access and flow, both qualified staff and HCAs.

	IDT & Social Care Input to ACU, AMU, Short Stay (incl Pharmacy)
Value of Investment	£15,000
Period Active	November 2017 – March 2018
Implementation Lead	Sarah Vaneeathan
Summary Detail	The scheme would put a Band 6 experienced IDT nurse in to work with the ACU, AMU and Short Stay Medicine areas seven days a week 9am to 5pm, to identify patients suitable for early discharge with appropriate home support or transfer community bed. Currently, there is not input from this team directly at the front of house and this aims to prevent patients remaining in hospital and requiring transfer to inpatient medical wards to access social and intermediate care services.

Scheme	Additional Medical Staff in ED
Value of Investment	£25k
Period Active	November 2018 – March 2019
Implementation Lead	MCHFT
	Additional medical staff will support early clinical assessment and discharge to reduce ED delays. The medics will work within ED to support patients to flow and early clinical decisions. In addition to this the GPOoHrs lead is looking to implement a MoU with nurses to triage 111, primary care streaming.

Scheme	Consultant weekend Sessions
Value of Investment	£25k
Period Active	November 2018 – March 2019
Implementation Lead	MCHFT
SummaryDetail	<p>This scheme will support 7 day discharge at a senior clinical level to ensure that patients are discharged in a timely manner over 7 days The doctor will be separate to the routine medical team and focus on reviewing patients identified as potential discharges, completing the necessary discharge documentation and increasing the number and timeliness of discharges from the hospital at a weekend to free up bed capacity for admissions.</p> <p>This scheme worked well over 17/18 reducing DTOC as well as ensuring weekend flow.</p>

Scheme	Additional Therapy Input
Value of Investment	£25K
Period Active	November 2018 - March 2019
Implementation Lead	CCICP
	<p>Additional therapies to work across the EDFD including the frailty ward to support safe early discharges working closely with Social workers and IDT, as well as ensuring appropriate care plans in place for patients stepping down either home or into a D2A bed from MCHFT.</p>

All the above schemes will compliment all the existing social care, primary care and secondary care services that are already in place, and work closely with community advanced Nurse Practitioner in particularly around the frailty pathway, as well as utilising extended GP access, linking with the GP care Home scheme and the 5 care communities

Financial Impact

The Overall budget for 18/19 proposed schemes is £1,316m. The table below gives a breakdown of this, highlighting some additional monies which have already been utilised to support additional capacity that did not cease on the 31st March. This was primarily inpatient escalation beds and the frailty pathway.

Funding	£'000
System Winter Monies	1,000
Cheshire East Council iBCF	480
Cheshire West and Chester Council iBCF	166
Frailty Pathway (Quarter 1)	(40)
Inpatient Beds (Month 1)	(290)
Total (approved at AEDB in May 2018)	1,316

Expenditure against the schemes identified earlier in the paper will take a phased approach, as is illustrated within the table below.

Proposed Scheme	November	December	January	February	March	Total
Inpatient Beds						
Additional Inpatient beds (32 beds) for Escalation	120	120	120	120	120	600
Out of Hospital Provision						
Discharge to Assess PoC Spot Purchase	20	40	40	40	40	180
Discharge to Assess (24 Beds) Spot Purchase		82	82	82	82	328
Workforce Increases						
Additional ED Staffing - Qualified & HCA via Bank	5	5	5	5	5	25
Additional Integrated Discharge Team Personnel	2	2	2	2	2	10
Transfer Team Shifts	4	4	4	4	4	20
2 x Additional SHO's in ED 24/7	5	5	5	5	5	25
Consultant Sessions Weekend	5	5	5	5	5	25
Pharmacy extended hours	1	1	1	1	1	5
Additional Therapist Input	5	5	5	5	5	25
Discharge Support						
British Red Cross Transport & Support @ Home	5	5	5	5	5	25
Non-Emergency PTS		8	8	8	8	32
Contingency						
Monthly Total	172	282	282	282	282	1,300

Investment in Primary Care and Mental Health

The table below details additional funding streams outside of the £1.3m to support investment in primary care and mental health services.

Additional Funding Streams	£'000
Primary Care Transformation Support Funding of £1.50 per head of population / up to £439,400 was approved by Governing Body in April 2018. This money has been set aside for Care Communities to bid against. Schemes which support primary care resilience over the winter period will be given a high priority	439
Mental Health Investment monies to the value of £1.45m were agreed by Governing Body in autumn 2017. The expectation is that schemes will be implemented in Q3 and provide additional resilience over the winter period	1,450

Better Care Fund

In addition to the above proposed schemes for 18/19, there are five ongoing schemes in place that are part of the wider BCF, these are care homes assessments, care package retention over seven days, Care sourcing team, additional social care staff to support D2A process, Care market sustainability. All BCF schemes are monitored monthly to ensure that they support the four national BCF targets. The CCGs are also jointly contracting care home and care at home provision. By October 2018 there will be a single contract and specification in place which will further help sustain the independent market and increase capacity.

Governance Structure

All 2018/19 schemes will be monitored monthly through Discharge Steering Group and updates provided to the BCF Governance Group an A&E Delivery Board. The A&E Delivery Board having the authority to agree any recommended changes within the financial allocation or scheme delivery.

It is envisaged that daily reporting to both NHSE and NHSI will continue over winter 2018/19. The system had a robust process for approving at executive level the daily sitrep submissions across seven days.

Communications Strategy

The winter schemes will need to be communicated to all partner organisations within the local health economy and internally, all relevant departments will need to be briefed on the schemes, implementation and expectations. A full winter communications plan will be developed for the wider health economy and the partners will also participate in the development of the plan and subsequent reviews.

Risk Management

A number of risks have been identified with the seasonal plan. These are shown in the table below along with mitigating actions are included.

Risk	Mitigation
Failure to identify winter funding to support minimum required schemes and enhanced acute and community services during Winter 2018/2019	The current funds that are available are £1.316m the system is part of a CEP therefore any additional funding may not be achievable
Failure to recruit the required number of staff to cover additional inpatient escalation capacity from November	Some temporary staffing and agency usage will be required to staff the number of beds identified, although recruitment will start in quarter one 2018/19
Failure to commission 24 community spot purchase beds within 3 Nursing homes	Commissioners will work with the Local Authority and care providers to ensure additional 24 block capacity for spot purchase arrangements
Failure to recruit the required number of additional staff for other schemes – ED, Medical Staff etc.	Additional hours will be offered to ED staff for the extra shifts. Additional shifts for middle grades in medicine will be put out to existing staff. These will all be offered in the summer to plan for November 18 implementation and will also explore locum / agency support
Failure to ensure Rapid care is commissioned by an external care agency	The CCGs will work with the Local Authority to ensure additional provision is in place to support November 18 implementation
No additional Mental Health capacity	The CCGs are working with the Mental health providers to ensure implementation of the 5YFV investment as well as redesigning the third sector dementia offer

Safety Measures

The Trust does not hold ambulance crews on arrival to the ED, which enables NWS colleagues to be able to respond promptly to emergency calls within the community. If there is not sufficient space within our majors area (ten cubicles) then patients may wait to enter the department on a corridor. The corridor is staffed by a registered nurse, technician or healthcare assistant depending on patient acuity. The department monitors the acuity within each area and will actively move patients between the major's cubicles and the corridor to ensure timely medical intervention.

The Trust has implemented the ED Safety Checklist to be completed for all patients within the majors and resus area. The department's supernumerary Coordinator is in regular communication with the Clinical Site Manager.

The coordination of the site is overseen by a Capacity Director who is responsible for planning and overseeing patient flow from the ED / Assessment Units to base wards and escalation areas. The progress of every patient on escalation wards and medical outliers is reviewed daily by the site team to ensure discharge dates are known and tracked. There is a Floor Manager of the day for each Division, which is a Band 8A or above Senior Manager or Matron.

The Trust is in the final stages of increasing out of hours presence from a senior nursing and operational management perspective. The changes will be embedded before the winter period of 2018/19.

The Trust has developed a Full Capacity policy. The policy has been approved by the A&E Delivery Board and is currently being written into the Trust's comprehensive escalation policy.

The Divisional Heads of Nursing and Matrons meet at 1pm to go through staffing for the next 24 hours and any concerns are escalated to the Director of Nursing & Quality or Deputy Director. The staffing plans are confirmed at the 2:30pm site meeting and are held in the site office at 5pm. These staffing plans include contingency plans in case of late sickness.

Capacity & Demand

Hospital capacity and demand plans for the period November 2018 to March 2019 have been completed based on average demand for the same period over the last three years. As the activity information at the beginning of this paper would illustrate, demand in 2017/18 was a step change from previous years. The capacity and demand plans will continue to be developed during quarter one to ensure they reflect changes seen specifically in 2017/18 which we assume to reoccur.

The table below illustrates demand, capacity, including community beds and overall resulting occupancy.

Week Ending	04/11/2018	11/11/2018	18/11/2018	25/11/2018	02/12/2018	09/12/2018	16/12/2018	23/12/2018	30/12/2018	06/01/2019	13/01/2019
Beds occupied at midnight	2853	2902	2861	2860	2849	2853	2893	2615	2861	2977	2974
Required Beds	408	415	409	409	407	408	413	374	409	425	425
Beds Required for 92%	443	451	444	444	442	443	449	406	444	462	462
Bed Stock	406	406	406	406	406	406	406	406	406	406	406
Additional Beds - acute	32	32	32	32	32	32	32	0	32	32	32
Additional Beds - Comm.	0	0	0	0	5	10	15	20	20	24	24
Total Beds	438	438	438	438	443	448	453	426	458	462	462
Avg % Net Beds	93.06%	94.66%	93.30%	93.29%	92.93%	93.05%	94.35%	92.00%	93.30%	97.10%	97.00%
Week Ending	20/01/2019	27/01/2019	03/02/2019	10/02/2019	17/02/2019	24/02/2019	03/03/2019	10/03/2019	17/03/2019	24/03/2019	31/03/2019
Beds occupied at midnight	2982	2977	3009	2986	2937	3012	2990	2960	2895	2929	2910
Required Beds	426	425	430	427	420	430	427	423	414	418	416
Beds Required for 92%	463	462	467	464	456	468	464	460	450	455	452
Bed Stock	406	406	406	406	406	406	406	406	406	406	406
Additional Beds - acute	32	32	32	32	32	32	32	32	32	32	32
Additional Beds - Comm.	24	24	24	24	24	24	24	24	24	24	24
Total Beds	462	462	462	462	462	462	462	462	462	462	462
Avg % Net Beds	97.27%	97.11%	98.15%	97.39%	95.79%	98.24%	97.51%	96.53%	94.43%	95.54%	94.91%

Conclusion

Winter 2017/18 was very challenging for the Central Cheshire A&E Delivery Board system. The planning and certainty regarding funding to support winter 2018/19 has commenced earlier than in previous years. It is therefore envisaged that schemes will continue to be developed to ensure a robust winter plan for 2018/19. There will be regular updates to the A&E Delivery Board regarding progress of the winter plan 2018/19

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Working for a brighter future together

Health and Adult Social Care Overview and Scrutiny Committee

Date of Meeting: 05 July 2018

Report Title: Care4CE Update Project

Portfolio Holder: Cllr. Janet Clowes, Adult Social Care & Integration

Senior Officer: Linda Couchman, Acting Strategic Director of Adult Social Care & Health

1. Introduction and Policy Context

1.1. This briefing report aims to provide:

- an overview of Care4CE and the journey so far.
- an overview on work taking place across Care4CE to explore what options exist for service development and how it can respond to changing needs and demands.

1.2. This report is for overview only at this stage, to inform the committee of the findings and the conversation with stakeholders. Authorisation to go to formal consultation in late 2018 will be requested from Cabinet, bringing responses back to Overview and Scrutiny early in 2019 with the detailed proposals and outcomes from all engagement activity.

2. Background

2.1. Cheshire East Council, like many other Public-Sector organisations is operating in a context of unprecedented challenge, with increasing expectations for more outcome driven services combined with reducing budgets, expectation of personalised services, increasing demand and a challenging policy environment – all meaning that the Council has to think differently about how it delivers services. The council and directorate has set out how it tends to meet these challenges in the;

- Corporate Plan (2017-20)
- Medium Term Financial Strategy (2016-19)
- Market Position Statement for Adult Social Care (2017-19)
- Cheshire East Health & Wellbeing Strategy (2014-17)

- Better Care Fund Planning (2017-29)
- Livewell Commissioning Strategy Plan
- JSNA

3. Briefing Information

3.1. Significant work has been undertaken to date to explore the options available. This includes utilising traditional evidence sources (finance, performance, HR, commercial context, strategic context etc.) along with extensive engagement activity and market research (users, commissioners, staff). The approach was designed to ensure evidence and intelligence from a wide range of sources, ensure stakeholder involvement, and allow robust analysis and design.

3.2. Analysis; Detailed analysis has taken place to consider the following:

- What would a new operating model for Care4CE look like?
- What are the potential service efficiencies? E.g how can sickness be reduced or recruitment improved
- What are the potential Income opportunities? – e.g. how big is the Direct Payment (DP) market
- Where can Care4CE support Cost Avoidance? – e.g. a reablement ethos reducing care spend
- What resources does Care4CE need for a new model?
- What assets does Care4CE have and need? - e.g. ICT
- What support services does Care4CE need? How does the service pay for this?
- What Contracts does Care4CE hold or buy into, what do different models mean for this?
- What are the investment requirements for different options?
- What is the appetite for different legal models?
- What would each of the options cost to test value for money?

3.3. Staff engagement; Extensive engagement was undertaken with staff including:

- staff drop-in sessions
- Workshops
- a staff survey
- Regular newsletters, and communications

3.3.1. Staff drop-in sessions: 28 x one-hour staff drop in sessions were delivered throughout December. The majority of which had their time extended in response to healthy and lively discussions. The sessions featured as follows:

- All staff members were invited to attend any one of the sessions which were held at the Acorn Centre, Stanley Centre, Redesmere, Mountview, Salinae, and Mayfield Centre.
- Attendance far exceeded expectation with 150 Staff participating.
- 40 Staff registered to be part of a staff working group which involved being champions, collecting ideas from peers, sharing information, attending future workshops, supporting service user interviews.
- The drop-in sessions were very positively received. While some staff members were initially apprehensive, positive feedback was received as people felt pleased to have the opportunity to properly engage and be part of the review before any decisions have been made, and not be 'done to'.
- Staff members directly generated some great ideas about how things could be done differently in the future.
- Staff members fed back that their involvement at such an early stage meant that the approach to this review felt very different to previous experiences.
- All Care4CE staff were invited to attend an additional event on Tuesday 06 February. This event explored challenges and solutions, opportunities and ideas, and delivery models through a range of interactive and engagement workshop exercises. 90 staff from across the service attended, exceeding the target of 70 participants.
- All feedback informed Business Case and Plan.

3.3.2. Staff survey; a Staff Survey was developed and issued to enable the input of those who could not attend the 6th Feb workshops or would rather engage in a different way. As part of this exercise:

- 196 staff completed a paper submission of the survey
- 25 staff completed an online submission of the survey
- The above resulted in a total response of 221 individuals

3.4. Customer engagement: Extensive engagement was undertaken with customers including:

- A customer survey
- customer workshop and drop-in sessions
- customer interviews

3.4.1. Customer survey; The customer survey went live on Monday 29 January and closed on Friday 23 February. Staff were provided with both paper and online survey options to pass on to customers to complete in a way that suited them best. Further to feedback from staff, two versions of the survey were developed, a 'long version' and a 'short version', giving customers a choice in terms of how much time they wanted to take to

participate. 245 customers completed the customer/carer survey – this exceed the target of 100.

3.4.2. Customer interviews: Alongside the surveys, staff were asked if they know a customer or carer who would like to be more involved in the review. They were invited to participate in one of the many interviews taking place. The interviews were carried out by Care4CE senior staff and interviewees were supported by their carers/family. Interviews took approx. 30 mins. A 'webinar' training pack was developed and shared with staff to demonstrate how to effectively conduct the interviews (this was also available as a paper copy). 140 customers took part in the customer interviews – this met the target of 100-150 to be completed.

3.4.3. Customer workshops and drop-in sessions: Older people, customers with learning difficulties, customers with mental health conditions, and carers were invited to take part in interactive workshops and/or drop-in sessions:

- 5 x customer workshops took place across the borough.
 - 2 x workshops with Adults with Learning Disabilities.
 - 2 x workshops for Older People.
 - 1 x workshop for Adults with Mental Health conditions.
- 25 customers took part in workshops.

3.5. Communications: communications were ongoing throughout the project. This included the following:

- Centranet pages for Care4CE for the 'future of Care4CE' were refreshed and continue to be updated with the latest documents and new pages.
- The staff survey was chosen to feature on the Hot Topics section of the Centranet.
- Monthly newsletters were distributed to all staff: Managers Briefing / All-Staff Newsletter (via the resource managers) - spot checks and read reports were used to test engagement and indicated that all documents were received and disseminated.
- A Customer Bulletin was circulated to resource managers for distribution to their service users – a mixed approach was taken to include hand delivery and postal channels.
- Articles were featured in the Connected Communities monthly newsletter and have featured three times in Team Voice, with Mark Palethorpe choosing Care4CE as his lead story this month.
- A manager's tool kit was produced and received by all managers. This included key messages, narrative, PowerPoint presentations, a

review overview, and training materials to enable managers to effectively engage with and support their staff.

- The FAQs from each of the December drop in session will soon be added to the tool-kit and posted on Centranet for all staff to access.

4. Implications

This review will have a differing level of impact depending on the decision made and the next steps of the project.

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are4CE Options Project

Overview and Scrutiny

Briefing on Project

17th July 2018



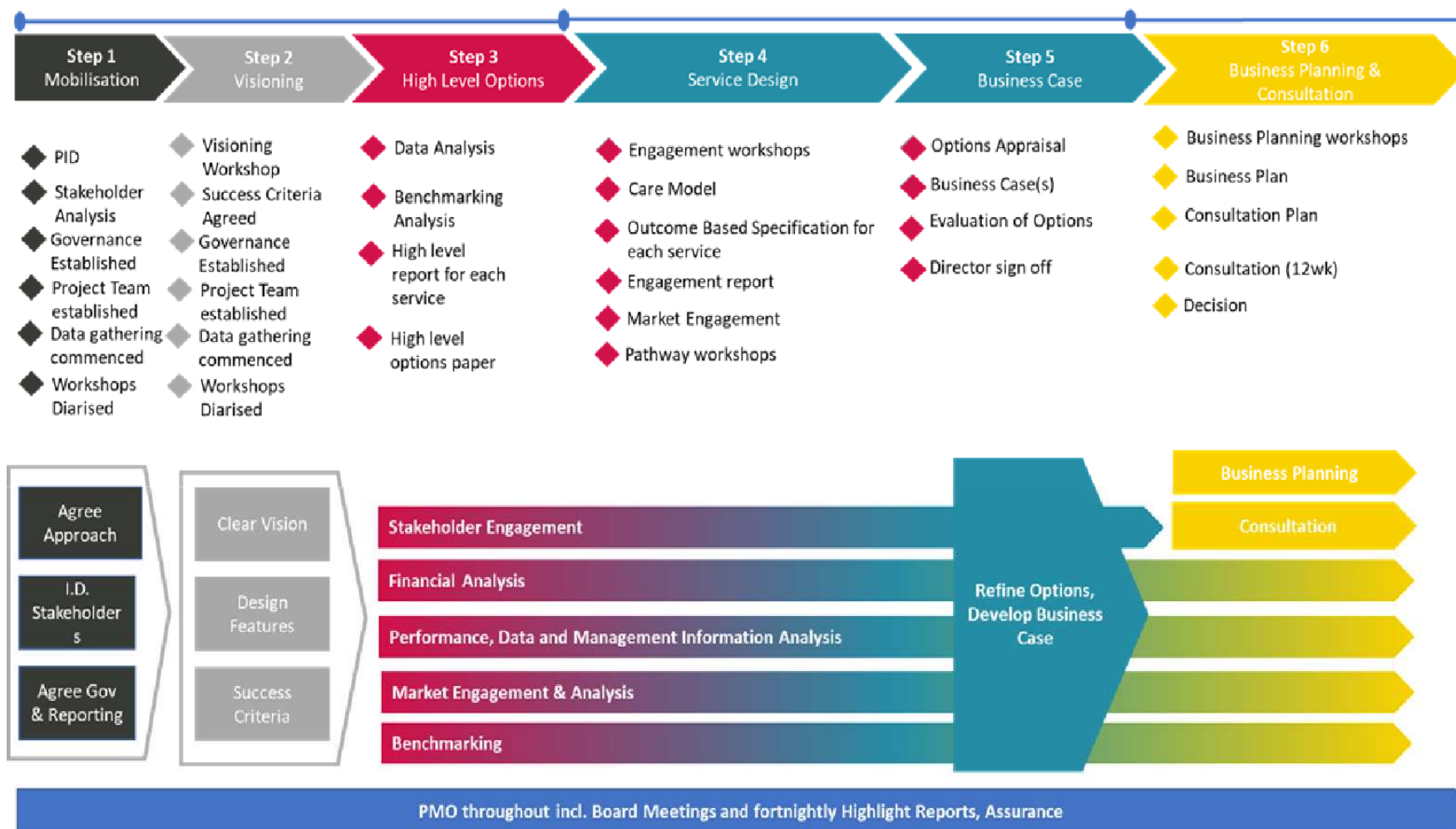
Purpose Of Todays Update

- Brief overview of Care4CE and the journey so far
- To provide an overview on work taking place across Care4CE exploring what options exist for service development and how it responds to the changing needs and demands
- This is for information only at this stage – to inform of the findings
- This is part of a wider conversation with stakeholders
- Will be requesting the authorisation of cabinet to go to formal consultation in late 2018, bringing responses back to Overview and Scrutiny early 2019 with detailed proposals and outcomes from all engagement

Evidence Based Finding of the Review

	Do Nothing	Market Provision e.g. outsource	In-House Redesign	Integrate with partner providers	Transition to Community	ASDV
Community Reablement	Not viable	Potentially Viable	Viable	Potentially Viable	Not viable	Viable
Mobile Nights	Not viable	Potentially Viable	Viable	Potentially Viable	Not viable	Viable
Dementia Reablement	Not viable	Not viable	Viable	Potentially Viable	Not viable	Viable
Mental Health Reablement	Not viable	Not viable	Viable	Potentially Viable	Not viable	Viable
Shared Lives	Not viable	Potentially Viable	Viable	Not viable	Not viable	Viable
Supported Living	Not viable	Viable	Potentially Viable	Not viable	Not viable	Viable
Day Opportunities	Not viable	Viable	Potentially Viable	Not viable	Not viable	Viable
Occupational opportunities	Not viable	Viable	Potentially Viable	Not viable	Not viable	Viable
Short Breaks	Not viable	Viable	Not viable	Not viable	Not viable	Viable
Supported Employment	Not viable	Not viable	Viable	Not viable	Not viable	Not viable

Project Plan



What detailed analysis has taken place

Alongside engagement activity, analysis has taken place to consider the following:

- What would a new operating model for Care4CE look like?
- What are the potential service efficiencies? – e.g. looking at sickness, rota improvement
- What are the potential Income opportunities? – e.g. how big is the Direct Payments (DP) market
- Where can Care4CE support Cost Avoidance? – e.g. a reablement ethos reducing care spend
- What resources does Care4CE need for a new model?
- What assets does Care4CE have an need? - e.g. ICT
- What support services does Care4CE need? How does the service pay for this?
- What are the property requirements of Care4CE?
- What Contracts does Care4CE hold or buy into, what do different models mean for this?
- What are the investment requirements for different options?
- What is the appetite for different legal models?
- Costing out the options to test value for money.

Staff Drop-In Sessions

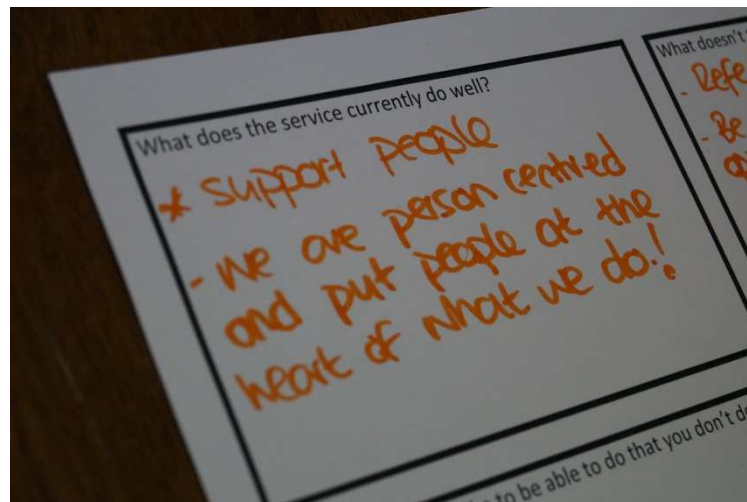
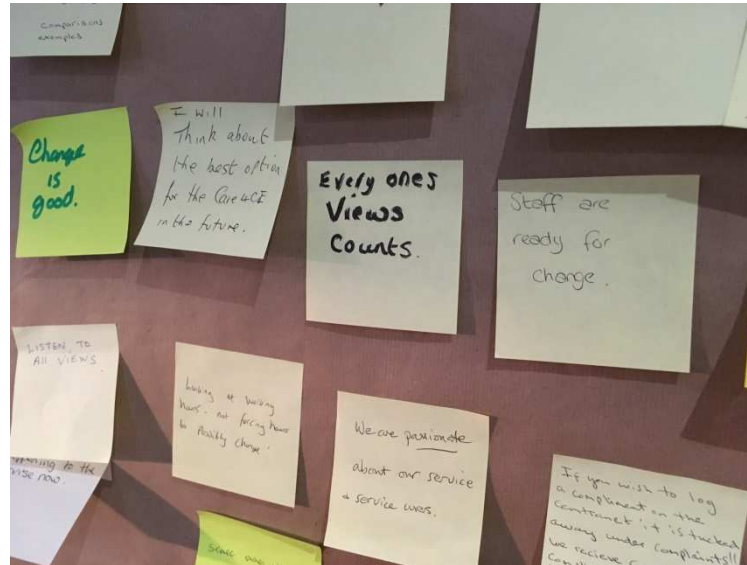
- 28 x 1 hour staff drop in sessions were delivered throughout December. Nearly all sessions over-ran due to healthy and lively discussions.
- Everyone was invited to come to any of the sessions that we ran at the Acorn Centre, Stanley Centre, Redesmere, Mountview, Salinae and Mayfield Centre.
- 150 Staff took part in the staff drop in sessions – exceeding expectations!
- 40 Staff registered to be part of a staff working group which involved being champions, collecting ideas from peers, sharing information, attending future workshops, supporting service user interviews.
- Drop-ins were very positively received. Some staff were initially apprehensive about the sessions but were then pleased to have the opportunity to engage and be part of the review at such an early stage rather than feel 'done to'.
- Some great ideas were offered directly from staff about how things could be done differently.
- Comments were received from staff about how this review felt very different to previous experiences because they were able to be involved.
- All Care4CE staff were invited to attend an event on Tuesday 06 February. This event explored challenges and solutions, opportunities and ideas, and delivery models through a range of interactive and engagement workshop exercises. All feedback informed Business Case and Plan.
- 90 staff from across the service attended, exceeding the target of 70 attendees.

Staff Engagement Event – 6th Feb

Staff Survey

Staff Survey was developed and issued to those staff who could not attend the Feb workshops or preferred to engage in a different way.

Staff completed the survey on paper
Staff completed the survey online
Total response of 221



Customer Survey

Customer Survey went live on **Monday 29 January** and closed on **Friday 23 February**.

Staff were sent a link to provide to customers wanted to complete the survey online and also provided with printed copies for customers who preferred to complete it offline.

Further to feedback from staff, two versions of the survey were developed, a 'long version' and a 'short version', giving customers a choice in terms of how much time they wanted to take to participate.

Customers completed the customer/carer survey – this exceeded the target of **100** participants.

Customer Interviews

Alongside the surveys, Staff were invited to identify customers or carers who would like to be more involved in the review. They were then given the opportunity to take part in one of the many interviews taking place.

4CE seniors carried out the interviews but customers were supported by their carers/family.

Interviews took approx. 30 mins.

A 'webinar' training pack was developed and shared for staff to learn how to conduct the interviews - this was also made available as a paper copy

100 customers took part in the customer interviews – this met the target of **100-150** participants



Customer Workshops / Drop-In's

Older people, customers with learning difficulties, customers with mental health conditions, and carers were invited to take part in interactive workshops and/or drop-in sessions.

customer workshops have taken place across the borough

- 2 x workshops with adults with learning disabilities

- 2 x workshops for older people

- 1 x workshop for adults with mental health conditions

customers took part in workshops.

mmunications

mmunications have been issued throughout including:

Centranet pages for Care4CE for the 'future of Care4CE' have all been refreshed and continue to be updated with the latest documents and new pages.

The staff survey was chosen to feature on the Hot Topics section of the Centranet.

Monthly newsletters distributed to all staff : Managers Briefing / All-Staff Newsletter (spot checks and read reports indicated that all documents were received and disseminated (the channel is via the resource managers))

First Customer Bulletin circulated to resource managers for distribution to their service users – mixed method to distribute included hand delivery and postal channels.

Articles have been featured in the Connected Communities monthly newsletter and have featured three times in Tea Voice, with Mark Palethorpe choosing Care4CE as his lead story this month.

Manager's tool kit was produced and received by all managers. This included: key messages, narrative, PowerPoint presentations, a review overview, and training materials to assist with engaging and supporting staff.

The FAQs from each of the December drop in session will soon be added to the tool-kit and posted on Centranet for staff to access.

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Working for a brighter future together

Health and Adult Social Care Overview and Scrutiny Committee

Date of Meeting: 05 July 2018

Report Title: Role of the Cheshire East Health and Wellbeing Board

Portfolio Holder: Cllrs Rachel Bailey, Janet Clowes, Jos Saunders and Liz Wardle

Senior Officer: Linda Couchman, Acting Director of Adults and Health

1. Report Summary

- 1.1. The Cheshire East Health and Wellbeing Board was established in April 2013 following legislative changes introduced by the Health and Social Care Act 2012. The Board's role is to provide strategic leadership for the health and care system, setting a clear direction for the commissioning of healthcare, social care and public health. The Board's aim is to improve health and care services and the health and wellbeing of the residents of Cheshire East.
- 1.2. The Annual report of the Health and Wellbeing Board is attached as Appendix One to provide a summary of the Board's work in 2017 – 2018.

2. Recommendation/s

- 2.1. That the Overview and Scrutiny Committee note the report.

3. Reasons for Recommendation/s

- 3.1. To ensure that the Overview and Scrutiny Committee are aware of the role and purpose of the Cheshire East Health and Wellbeing Board and its recent work.

4. Other Options Considered

- 4.1. Not applicable.

5. Background

- 5.1. In July 2010, legislative changes were proposed when 'Equity and Excellence: Liberating the NHS' was published by the Government. It set out how, through the establishment of statutory Health and Wellbeing Boards by local authorities, it was intended that democratic accountability

would be brought to the NHS. This was subsequently enacted through the Health and Social Care Act (2012), with the creation of Health and Wellbeing Boards being a key element of the overall health and social care reforms of that time.

- 5.2. The Cheshire East Health and Wellbeing Board took on its statutory responsibilities in April 2013. It operates as an executive body of Cheshire East Council. The Board is currently chaired by the Leader of the Council.
- 5.3. The role of the Board is to:
- Bring together the key decision makers across the NHS and local government in Cheshire East;
 - Set a clear direction for the commissioning of health care, social care and public health;
 - Drive the integration of health and care services across communities;
 - Improve local democratic accountability of the NHS;
 - Tackle inequalities in health.
- 5.4 The Health and Wellbeing Board aims to improve health and care services, and the health and wellbeing of the residents of Cheshire East. It provides system leadership and facilitates and supports effective partnership working to help achieve these aims.
- 5.5 The core membership of the Board is set out in the legislation and includes the Portfolio Holders for Adult Social Care and Children and Families, and the Directors of these two services; the Chief Officer and GP lead from the two Clinical Commissioning Groups (CCGs), an NHS England representative and a representative from the local Healthwatch. In addition the Cheshire East Board now includes representation from the opposition political groups, the Acute Hospital Trusts, the Cheshire Constabulary the Cheshire Fire and Rescue Service and the Community and Voluntary Sector. The Council's Interim Chief Executive, Interim Executive Director of People and Director of Public Health also attend.
- 5.6 The Board is responsible for assessing the health and wellbeing needs of the population of Cheshire East (through the Joint Strategic Needs Assessment) and using that to develop a set of priorities (the Joint Health and Wellbeing Strategy), which will be used by commissioners to help inform their spending decisions.

- 5.7 The Joint Strategic Needs Assessment (JSNA) is the main method for gathering local intelligence to identify the needs, assets and gaps in the communities of Cheshire East. It has a central role in the health and care system, providing a single comprehensive source of intelligence that will influence commissioning and service delivery decisions.
- 5.8 Using the intelligence within the JSNA a set of priorities to help improve the health and wellbeing of the residents of Cheshire East has been agreed - the Joint Health and Wellbeing Strategy. The third iteration of our Strategy was approved by the Health and Wellbeing Board in May 2018.
- 5.9 Over the last five years the Health and Wellbeing Board has provided an opportunity for the leaders of health and care in Cheshire East to work in partnership, providing more effective system leadership with an agreed set of priorities. The Board's progress was assessed externally in late 2014 when an LGA led Peer Review identified strengths that included:
- The scale of ambition and a culture of innovation;
 - The political commitment, vision and ownership of health improvement across the Council;
 - Good senior partner relationships;
 - A high level of focus on the health and wellbeing of children;
 - Good models of provider engagement
 - A valued JSNA, recognised as a comprehensive compendium of intelligence across the system.

Areas for further development included:

- Having greater clarity as to where key decisions are made (complicated at that time by the existence of the Cheshire Pioneer Programme);
 - Reviewing and strengthening the Health and Wellbeing Strategy;
 - Putting Public Health at the heart of the corporate ambition and Joint Health and Wellbeing Strategy.
- 5.10 With the changes within the NHS of the last two years, the creation of the Health and Care Partnership for Cheshire and Merseyside (formerly the Sustainability and Transformation Partnership or STP), the bringing together of the Connecting Care and Caring Together Transformation programmes (now the place-based Cheshire East Partnership), proposals to merge the four Cheshire CCGs and the financial pressures within the health and system, the role of the Board is even more critical than previously. It needs to have both a leadership role, but also an oversight of the changes that are underway to ensure that they are adding value to the system and improving outcomes for our residents.

- 5.11 The LGA has published what a good Health and Wellbeing Board looks like and this provides the blue print for the ongoing development of the Cheshire East Board. It includes:

Shared leadership -

- An equal partnership of local commissioners with mutual recognition of the skills that each brings to the table;
- A willingness to move away from institutional cultures and ways of doing business towards a common understanding of what matters;
- Bringing together a wide range of local and national agencies to make a demonstrable impact on outcomes;
- Designing and delivering services that take account of the wider determinants of health;
- Recognising the crucial role of providers in identifying solutions to local health challenges.

A strategic approach –

- Shared ownership of a strategic approach to joined-up commissioning;
- Focusing on a manageably small number of local priorities...;
- Designing services which are population-oriented, co-designed, person-centred, addressing inequality and disadvantage and based on evidence;
- Focusing on services which are integrated, accessible, innovative, safe and of high quality.

Engaging with communities –

- Working with local communities in developing a vision and strategies for service design/redesign;
- Being jointly accountable to local residents.

Collaborative ways of working –

- Openness and transparency in the way they operate;
- Pooling and sharing risks as well as budgets where mutually agreed;
- Sharing data and intelligence;
- Having good working relationships with providers;
- Sharing information to monitor progress and measure impact.

- 5.12 The Board's activities from the last 12 months have been summarised in its Annual Report which is attached as Appendix One.

6. Contact Information

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

Name: Fiona Reynolds

Job Title: Director of Public Health

Email: fiona.reynolds2@cheshireeast.gov.uk

Appendix One

Report of: Fiona Reynolds (Director of Public Health)
Subject/Title: Health and Wellbeing Board – Annual Report 2017/18

1 Report Summary

- 1.1** The Health and Wellbeing Board has a duty to provide an annual report on its business and activities. This draft report will also be submitted to Overview and Scrutiny Committee. The report is being brought to the Health and Wellbeing Board for comment, amendments and sign-off before it is published.

1.2 Recommendations

- 2.1** The recommendation is that the Board:

Approves this paper as the annual report of the Health and Wellbeing Board's work in 2017/18.

2 Reasons for Recommendations

- 3.1** The report enables residents to hold the Health and Wellbeing Board to account for its actions. It is a summary of the previous year's work and a mechanism to promote the role of the Board and improve understanding of the work.

4 Impact on Health and Wellbeing Strategy Priorities

- 4.1** The report is a record of the Board's activity to address Health and Wellbeing priorities and also captures the work undertaken to develop the 2018-21 Health and Wellbeing Strategy. This report does not capture every issue discussed at each meeting – this is a summary of the variety of work that has been undertaken by the Board.

5 Background

- 5.1** Health and Wellbeing Boards bring together key leaders from not only the local health and care system, but also partners from wider services that are responsible for shaping our environment. This enables us to work together to improve the health and wellbeing of our residents and reduce health inequalities through:

- developing a shared understanding of the health and wellbeing needs of our communities;
- providing system leadership to secure collaboration to meet these needs more effectively;
- having a strategic influence over commissioning decisions across health, public health and social care; and
- involving councillors and patient representatives in commissioning decisions.

5.2 2017/18 has seen a number of substantial changes for Cheshire East's Health and Wellbeing Board. We have examined and expanded our membership. We've also reviewed our priorities against the recommendations of the Local Government Association's *The Power of Place* report to support the development of the 2018-21 Health and Wellbeing Strategy. This will transform the approach that we take to improve health and wellbeing. The range of issues and projects that we have provided support and advice to has diversified and we also developed the Pharmaceutical Needs Assessment which is a statutory duty to support the commissioning of pharmacy services across the Borough.

5.3 Membership Review

5.3.1 The membership was reviewed and there are three new members of the Board from Cheshire Police, Cheshire Fire and Rescue and CVS Cheshire East.

5.3.2 All three organisations are actively involved in work that is contributing to improving health and wellbeing. Very often this is in partnership with existing members of the Health and Wellbeing Board. However, there is an opportunity to improve the strategic engagement of the three organisations and to ensure a more effective and coordinated response to our collective efforts by their joining the Board.

5.3.3 The membership is now:

Organisation	Role	Post holder
<u>Voting members</u>		
Cheshire East Council	Leader of the Council (Chairman)	Cllr. Rachel Bailey
Cheshire East Council	Adult Social Care and Integration Portfolio Holder	Cllr. Janet Clowes
Cheshire East Council	Children and Families Portfolio Holder	Cllr. Jos Saunders
Cheshire East Council	Acting Exec Director of Adults and Health	Linda Couchman
Cheshire East Council	Acting Executive Director of People	Mark Palethorpe
South Cheshire CCG	Accountable Officer	Clare Watson
South Cheshire CCG	GP Lead	Dr Andrew Wilson
Eastern Cheshire CCG	Accountable Officer	Jerry Hawker



Eastern Cheshire CCG	GP Lead (Vice chairman)	Dr Paul Bowen
Healthwatch	Healthwatch Rep	Louise Barry
Mid Cheshire Hospitals		
NHS FT	CEO Mid Cheshire Hospital Trust (representing NHS Providers)	Tracy Bullock
Non-voting members		
Cheshire East Council	Acting Chief Executive	Kath O'Dwyer
Cheshire East Council	Director of Public Health	Fiona Reynolds
Cheshire East Council	Executive Director-Place and Acting Deputy Chief Executive	Frank Jordan
NHS England	Nominated Rep NHS England	Tom Knight
Cheshire Fire and Rescue Service	Cheshire Fire and Rescue Service Rep	Mike Larking
Cheshire Police	Cheshire Police Rep	Chief Inspector Alan Fairclough
CVS	CVS Rep	Caroline O'Brien
Other members		
Cheshire East Council	Health Portfolio Holder (Observer)	Cllr. Liz Wardlaw
Cheshire East Council	Adults, Health and Communities Scrutiny Committee Chair (Observer)	Cllr. Stewart Gardiner
Cheshire East Council	Observer	Cllr. Joy Bratherton

5.4 Reviewing Priorities

5.4.1 The key finding from the 2017 Local Government Association report "The Power of Place" was that Health and Wellbeing Boards should undertake an annual self-assessment review to examine the progress that they had made and that this should focus on: place (i.e. linking wider determinants and health improvement); leadership; collaborative working and making the geography work.

5.4.2 A workshop was held at the June informal meeting of the Board details of this are available [here](#). The key outcomes of this discussion were:

- The Health and Wellbeing Strategy refresh would consider place-based approaches as a key priority
- Partners ensure that actions discussed at the Health and Wellbeing Board are followed up in each organisation – acknowledging that the Board has a strategic role and implementation occurs outside the Board;
- Links be strengthened with sub regional working via expanded membership to include the Cheshire East Executive Director of Place;
- The agenda of the Health and Wellbeing Board be expanded to include Place issues (e.g. Crewe Masterplan).

- 5.4.3 It was also confirmed that the Executive Director of Place membership of the Board would be as a non-voting associate member.

5.5 Developing the Health and Wellbeing Strategy

- 5.5.1 The Board's draft Health and Wellbeing Strategy was consulted on from December to January using an online survey and community events.
- 5.5.2 Invitations to workshops held on 5th (Crewe) and 15th (Macclesfield) January 2018 asked people if they could help Cheshire East Health and Wellbeing Board to deliver a 'Health and Wellbeing New Year Resolution' and were worded in order to encourage attendance by people from a wide range of backgrounds.
- 5.5.3 Feedback included strong support for all three priorities (Place based approach, mental wellbeing and people living well for longer). A number of people requested that specific conditions be named within the strategy. The approach taken in developing this version has been based on the recommendation that focusing on specific conditions can distract from broad prevention interventions that would benefit several. For example, action to reduce smoking will support improvements in health in cardiovascular disease, cancer and dementia.
- 5.5.4 The following changes have been made – emphasising that action is required across the life course, i.e. poor mental health is an issue that affects older people, not only children and young people.
- 5.5.5 Feedback also included the need for clarity on outcomes and a selection of indicators have been added that are publicly accessible through the Public Health Outcomes Framework to ensure transparency.
- 5.5.6 A great deal of feedback included enthusiasm and willingness to be involved from a number of partners and the suggestion that we create implementation/ action groups in order to enable the Health and Wellbeing Board to deliver the actions.

5.6 Refreshing the Joint Strategic Needs Assessment (JSNA)

- 5.6.1 The purpose of the Cheshire East JSNA is to provide the evidence base to support commissioning, decision making and service development, in order to help improve outcomes for our residents. The Cheshire East JSNA is not a standalone report but a collection of 'products' that includes themed reports, dashboards and summaries. It brings together local intelligence into a coherent collection in one place, telling the 'story' of health and wellbeing - in its widest sense – in our borough.
- 5.6.2 The JSNA is the joint responsibility of the local authority and NHS. It is accessed online and the webpages have recently been restructured to facilitate easier navigation for the user. A 'life course' approach has been taken to organise the information and data are categorised into the following thematic areas:

- Starting and developing well
- Living well, working well
- Ageing well

5.6.3 The JSNA is accessed online via the Council [website](#). The JSNA provides the evidence base to direct the work of the Health and Wellbeing Board.

5.6.4 It is important that everyone can use the data we collect – and this data is available to communities who can shape their own health actions. The JSNA has been used to develop the Health and Wellbeing Strategy and shapes the priorities of the Health and Wellbeing Board. It is also key to supporting the commissioning plans of the partner organisations.

5.6.5 This year, we have refreshed the following sections.

- Tobacco
- Special Educational Needs and Disabilities
- Winter Health (Excess Winter Deaths)
- Autism Spectrum
- Mental Health – Focus: Employment
- Mental Health – Focus: People who are Lesbian, Gay, Bisexual and/or Transgender

5.7 Pharmaceutical Needs Assessment

5.7.1 The pharmaceutical needs assessment was a key programme of work linked to the JSNA and looks at the current provision of pharmaceutical services across Cheshire East and how well needs for pharmaceutical services are being met. Once the PNA has been finalised, NHS England is required to use it to consider applications to open a new pharmacy, move an existing pharmacy or to commission additional services from a pharmacy.

5.7.2 Under current regulations, Health and Wellbeing Boards are required to produce a PNA at least every three years. The current PNA for Cheshire East was published in March 2018 and is available [here](#).

5.8 Emotionally Healthy Schools

5.8.1 The Board considered the evaluation of the pilot phase of the Emotionally Healthy Schools Project – the purpose of which was to assess the impact of the Project to help us

plan for Phase 2 of the roll out of the scheme to all schools in Cheshire East. The evaluation was carried out by the University of Salford.

- 5.8.2 The Emotionally Healthy Schools project is a multi-agency project; providing a mixture of whole school and targeted interventions for children and young people, underpinned by access to mental health and wellbeing training, consultation and reflective practice sessions for school staff.
- 5.8.3 It is aligned to the Health Promotion and Illness Prevention outcomes for children and young people in the Public Health Outcomes Framework. This programme aims to acknowledge the vital role played by schools in promoting and supporting the emotional wellbeing of their pupils, and seeks to build knowledge, expertise and quality; and to strengthen relationships between schools and wider services.
- 5.8.4 The Emotionally Healthy Schools Project will reach all schools and colleges by March 2019. More information is available [here](#).

5.9 Adult Social Care and Public Health Three Year Commissioning Plan

- 5.9.1 The Board advised on and supported the Three Year Commissioning Plan (2017/2020), entitled “People Live Well for Longer”. The vision is for responsive and modern care and support in Cheshire East, promoting people’s independence, choice and wellbeing. Through People Live Well for Longer, people will be enabled to live well, prevent ill health and postpone the need for care and support. This will put people in control of their lives so that they can pursue opportunities, including education and employment, and realise their full potential.
- 5.9.2 The plan will enable Cheshire East residents, as a population, to understand how important resources were in the delivery of preventative change over the next three years, working with a wide range of private and third sector providers, partners from across the health and social care economy, with a specific focus on the voluntary community and faith sector taking a significant role in the delivery of prevention.

5.10 The *improved* Better Care Fund (iBCF)

- 5.10.1 The Health and Wellbeing Board Partners have also been working to deliver the aims and objectives of the iBCF. All partners are committed to maximising the opportunities afforded by the iBCF to further integrate health and social care, to promote health and wellbeing and improve the health outcomes of the local population.
- 5.10.2 We are using the iBCF to address those areas identified as requiring immediate improvement to enable more people to remain independent and effectively cared for in

the community as an appropriate alternative to hospital admission and to support the timely discharge of anyone who is admitted to hospital with a focus on Home First.

5.10.3 The Delivering Better Care in Cheshire East (2017-10) Plan aligns with the Health and Wellbeing Board priorities for adult social services around:

- Having available information, advice and signposting to enable people to access information about staying well (prevention) and where to get the right help if they need it (early intervention). This will be supported via the iBCF scheme LiveWell (which is outlined in the full version of the plan).
- Developing community services across all sectors to ensure care can be provided at home wherever possible (reducing admissions to residential care and avoidable visits to A&E and hospital). This will be supported by a number of the iBCF schemes namely improving capacity and capability in the social care sector and core services such as the Integrated Reablement services.
- Ensuring a range of accessible services and support for people, who take on a caring role, to maintain their health and wellbeing. This priority is supported by the development of the integrated Carers' Hub (which the Board heard an update on in March 2018).
- Ensuring our services are developed to provide joined up care from health and social care services. This is central and underpins all of the schemes within the plan.
- Ensuring that people in rural communities can access the same types of support services and activities as those in more urban areas.

5.11.1 Community Cohesion and Integration

5.11.2 There is substantial work taking place in relation to community cohesion in Cheshire East which is important for improving health outcomes for our migrant communities. There has been a rise in both the migrant population and its diversity, with the most up to date evidence being drawn from the Cheshire East Schools Census (January 2017) showing 102 languages were spoken and 5.9% of pupils who not have English as their first language.

5.11.3 A Cheshire East Cohesion Strategy is to be developed from evaluation work on the Crewe Cohesion Action Plan and that it will address the challenges in accessing and navigating health care services or community based support by people who are isolated and do not speak English.

5.11.4 The Board endorsed the recommendations of:

- Cultural Competency training for all staff
- Member organisations to commit to working with multi-agency groups in the south and east Cheshire CCG geographies with an agreed Memorandum of Understanding



- Fully utilising the diversity of the health and social care workforce
- Reviewing of existing on line methods of education and sharing information and develop better mechanisms to engage with under represented migrant groups.

6 Access to Information

- 6.1 The minutes and papers of the Health and Wellbeing Board's meetings, which informed this report are available on the Cheshire East Council website.

For further information, please contact the report writer:

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Working for a brighter future together

Health and Adult Social Care Overview and Scrutiny Committee

Date of Meeting: 05 July 2018

Report Title: Mental Health Awareness Week 2018 at Cheshire East Council

Portfolio Holder: Councillor Liz Wardlaw (Portfolio Holder for Health)

Senior Officer: Fiona Reynolds Director of Public Health

1. Report Summary

- 1.1. Every year, one in four of us in the UK are affected by a mental health problem. Mental illness is unfortunately common. It affects thousands of people in the UK, and their friends, families, work colleagues and society in general. In fact, poor mental health affects more people every year than cancer or heart disease. Over the last eighteen years Mental Health Awareness Week has highlighted the many different ways in which we can all contribute to improving our mental health. Past Mental Health Awareness Weeks have drawn attention to sleep, physical exercise, relationships, mindfulness and doing good to help make a difference. This year's theme was focussed on stress. Research has shown that two thirds of us experience a mental health problem in our lifetimes, and stress is a key factor in this. By tackling stress, we can go a long way to tackle mental health problems such as anxiety and depression, and, in some instances, self-harm and suicide.
- 1.2. Mental health problems cost the UK economy an estimated £70-100 billion each year. Yet public spending is focussed almost entirely on coping with crisis, with only insignificant investment in prevention. The Mental Health Foundation's Strategy 'A New Way Forward' (2015- 2020) sets out the case for a fresh emphasis on prevention including understanding the causation and development of mental health problems, and the patterns of risks and prevalence across different individuals and groups. We recognise that the factors impacting mental health are complex, and that our social and physical environments are key determinants.
- 1.3. The most significant step we can take in the UK is to reduce the mental health problems so many experience by taking action to prevent these upstream. This can be achieved, through raising awareness in order for more

individuals and communities to understand and recognise the circumstances that increase the risk of mental health problems and how to tackle these problems individually and collectively.

Most people who experience mental health problems recover fully, or are able to live with and manage them, especially if they get help early on. But even though so many people are affected, there is a strong social stigma attached to mental ill health, and people with mental health problems can experience discrimination in all aspects of their lives. Many people's problems are made worse by the stigma and discrimination they experience from society, but also from families, friends and employers. Nearly nine out of ten people with mental health problems say that stigma and discrimination have a negative effect on their lives.

Therefore it is critically important that national and local campaigns like the one we have developed this year exist and are supported in order to challenge, educate and change public attitudes towards mental illness.

We know the importance of the role of Local Government in the promotion and prevention agenda and this programme of work contributes to Outcome 2 (Improving the mental health and wellbeing of people living and working in Cheshire East) of the Health and Wellbeing Strategy (2018-2021), and in particular aligns with the NHS Five Year Forward View for Mental Health.

2. **Recommendation** – That the Mental Health awareness week initiative be received

3. Background

- 3.1. This report is to provide an overview to the scrutiny committee on the progress of this initiative, (Mental Health Awareness Week 2018) as requested. It will also describe the approach to a collaborative campaign and the lessons learned which can be used for the next campaign, Know Your Numbers, (Blood Pressure) in September.
- 3.2. A Wellbeing Networking Group has been developed operating on the Cheshire East foot print and with partners from Cheshire East Council, Eastern Cheshire CCG, South Cheshire CCG, East Cheshire NHS Trust, Cheshire and Wirral Partnership NHS Foundation Trust, Everybody Sport and Recreation, Peaks and Plains Housing Trust, Plus Dane Housing Trust and CVS. There have been several meetings since November 2017 and there is a good commitment to work together to improve wellbeing.

One of the key pieces of work was to review the current wellbeing campaigns we are all undertaking and to agree a joint campaign each quarter that we will work on together.

This summary shows the campaigns and the rationale for selecting them and the aim is that we all align our communications and actions during the week or month long campaigns for maximum impact across the population.

- Dry January (Jan-March 2019)
- Mental Health Awareness Week (April-June 2018)
- Know Your Numbers Week (July –Sept 2018)
- Stay Well This Winter (Oct-Dec 2018)

The four campaigns were identified and will be promoted within each organisation creating a larger impact and a more co-ordinated approach. Resources will be shared with partners and joint working/support will improve the campaigns reach to wider audiences.

A small task and finish group was approved to plan the campaigns and ensure effective coverage with Communications leads for each organisation. It was agreed that each organisation will actively be involved with the dissemination of information, sharing resources and delivering activities which promote the theme.

4. Reasons for Recommendation/s

Mental Health Awareness Week Activity

- 4.1. Each partner organisation was responsible for drafting up and promoting their own activities to both staff in the workplace and residents in the community. However there were some key activities that the group agreed we would all promote. These included the ‘make a pledge’ activity, use of the developed hash tag for raising awareness online and the ‘wear it green Wednesday’. Outside of those, activities differed only slightly between the partner organisations but they all were grouped using the evidence-based Five Ways to Wellbeing model and were aimed at reducing stress, this year’s theme for Mental Health Awareness Week.

Below is a table of the activities from Cheshire East Council, followed by a plan of promotion which demonstrates how the activities were promoted to our audiences.

Table 1 - Activities for Mental Health Awareness Week at Cheshire East Council

Date		5 Ways to Wellbeing	Activity	Location	Time	Audience
4 th May	Daily global staff communication (see plan below)	Connect	Church of the Resurrection Event – Residents and Cllr Janet Clowes in attendance. Over 40 pledges made.	Upton Priory, Macclesfield	4 th May	Residents
14-18 th May		Give	Pledge Board/Make a pledge to reduce your stress We had over 90 pledges across our Cheshire East activities which created a good visual impact to the campaign.	Macclesfield Town Hall Westfields Delamere House Municipal Buildings Connected Community Centres Partner Organisations	14-18 th May	Staff & Residents
14-18 th May		Connect	#GoodMentalHealth4Cheshire on Facebook & Twitter to raise awareness and share key messages and photos during the week. These posts stimulated an above average engagement rate for both the Council's Twitter and Facebook pages.	Online	14-18 th May	Staff & Residents
14-18 th May		Connect	Be aware of your Mental Health First Aiders – Details of staff members who are trained in Mental Health First Aid were promoted to staff	Posters in Macclesfield Town Hall Westfields Delamere House Municipal Buildings	14-18 th May	Staff
14-18 th May		Be Active	Free 1 day Leisure Passes available to those who made a pledge to reduce their stress	Macclesfield Town Hall, Westfields & Delamere House Partner Organisations	14-18 th May	Staff & Residents
14 th May		Keep Learning	Lunch and Learn Session on Stress <ul style="list-style-type: none"> Included how to spot the signs & symptoms How to approach someone who is 	East Committee Suite, Municipal Buildings, Crewe	11.30-12.30	Staff

			<p>stressed</p> <ul style="list-style-type: none"> How to seek help if you're stressed 			
15 th May		<p>Give Take Notice Keep Learning</p>	<p>Free Mental Health Signposting/Resources & Blood Pressure Check Event – Over 30 conversations and 15 blood pressure checks with residents</p>	Crewe Lifestyle Centre Public Health & Everybody Sport & Recreation	10.00-14.00	Residents
16 th May		<p>Take Notice</p>	<p>Wear Green Wednesday – Staff actively took part in and showed their support for Wear Green Wednesday</p>	All Cheshire East Council office locations Partner Organisations	All Day	Staff & Residents
16 th May		<p>Be Active</p>	<p>Vinyasa Flow Yoga Classes – To demonstrate the importance of being active for the mind, good feedback received and 10 pledges made</p>	Macclesfield Old Town Hall Assembly Room	12.00-1.00 16.00-17.00	Staff
16 th May		<p>Keep Learning</p>	<p>4 Mindfulness Taster Sessions – A mind-body based approach that helps people to manage their thoughts and feelings and mental health. Received excellent feedback along with stories of staff taking up Mindfulness outside of work as a result.</p>	Municipal Buildings, S6, Crewe	1.00-3.00	Staff
17 th May		<p>Keep Learning</p>	<p>Lunch and Learn Session on Stress</p> <ul style="list-style-type: none"> Included how to spot the signs & symptoms How to approach someone who is stressed How to seek help if you're stressed 	Executive Suite 1, Macclesfield Town Hall	12.30-1.30	Staff
18 th May		<p>Connect</p>	<p>Young Persons Mental Health Event - Over 100 young people and families attended this multi-agency event. Case study - "a teenager felt comfortable and</p>	Crewe Lifestyle Centre	18.00-20.00	Residents

			confident enough during the event to report their experience of recent cyber trolling”			
18 th May		Connect	Connected Communities Centre Opening - 13 pledges were made at the opening, varying from pledging to walk to school, to trying a sports team etc. A Youth Officer comments “All in all it seemed to go down well and the young people really enjoyed having an opportunity to share - so thank you for involving them!”	United Reformed Church, Wilmslow	AM	Residents
18 th May		Keep Learning	4 Mindfulness Taster Sessions – A mind-body based approach that helps people to manage their thoughts and feelings and mental health. Received excellent feedback with staff interested in having regular mindfulness sessions in the workplace.	Westfields, G4	12.00-2.00	Staff

Table 2 – Promotion of Activities at Cheshire East Council

Date	Key Message	Method
30 th April-11 th May <i>Raise awareness</i>	What/why/theme - Mental Health Awareness Week Collaborative working (Mental Wellbeing and Task Finish Group) Dates/times of planned activities & communications 5 Ways to Wellbeing and mental health	<ul style="list-style-type: none"> - Press Release - Global Email - Team Voice - Wellbeing in Work Newsletter - Centranet/Hot Topics - Posters - Facebook - Twitter
14 th -20 th May <i>Reminder of activities</i>	Reminder of activities Learning something new & mental health – signpost to local colleges/groups Signposting to support services (internal & external) French Lessons, Book Club, Mental Health Resources	<ul style="list-style-type: none"> - Team Voice - Building Email - Centranet/Hot Topics - Posters
14 th -20 th May <i>Reminder of activities</i>	Reminder of activities Giving & mental health – promote local volunteering opportunities Signposting to support services (internal & external)	
14 th -20 th May <i>Reminder of activities</i>	Reminder of activities Being active & mental health – gym discounts/local sport opportunities Signposting to support services (internal & external)	
14 th -20 th May <i>Reminder of activities</i>	Reminder of activities Taking Notice & mental health - promote local walking/gardening opportunities Signposting to support services (internal & external)	
14 th -20 th May <i>Reminder of activities</i>	Reminder of activities Connect & mental health - promote local mental health support groups Inspirational Quote / video Signposting to support services (internal & external)	

4.2. A Communication and Engagement Plan was developed and shared with the task and finish group so that messages were kept consistent and to reduce the time of each of the eight organisations each preparing their own communication plan.

Each organisation used their internal newsletters to promote activities and key messages during the week. For example, here at Cheshire East Council Mental Health Awareness articles went in Team Voice which reached over 2,000 staff on both occasions; in particular the wellbeing activity list had over 250 'clicks'. This was useful for us and resulted in staff making enquiries and bookings for the activities.

The Task and Finish group agreed on a hashtag which we could all use, #GoodMentalHealth4CheshireEast, to engage communities in discussion and highlight Mental Health Awareness Week online. The collaborative group agreed to use the social media platforms Twitter and Facebook to promote the key messages and to share photos of activities. These posts stimulated an above average engagement rate for both the Council's Twitter and Facebook pages. Although there were a few posts in particular that helped to raise that average.

All partners agreed to have a pledge board where staff and residents could pledge to improve their wellbeing and reduce their stress. The pledge boards were promoted through the newsletters and emails. Upon making a pledge you could receive a free one day leisure pass in return, at Cheshire East Council there were just over ninety pledges made during the week.

The Group agreed that we would all promote 'Wear it Green Wednesday' for *Mental Health Awareness Week*. We decided that it would work best to promote green (the colour of mental health awareness) on just one day during the week to increase the impact. This provided plenty of photo opportunities to share online and internally which helped increase awareness and highlight the work of the group.

Through sharing resources within the group collaboration, we arranged a Workforce Wellbeing Practitioner from Cheshire and Wirral Partnership NHS Foundation Trust to offer eight free Mindfulness Taster Sessions for staff at Cheshire East Council with a total of twenty-four staff attending across two days at Municipal Buildings in Crewe and Westfields in Sandbach. We also put on two Vinyasa Flow Yoga classes for staff within the workplace with twenty staff attending those two sessions at Macclesfield Old Town Hall.

Lunch and Learn sessions on stress management were delivered to staff at Cheshire East Council, in total we had twenty-two staff attend across two sessions.

Just fewer than thirty staff at Cheshire East Council have now qualified in Mental Health First Aid during 2018 and these staff were promoted within the organisation during Mental Health Awareness Week via the Equality and Diversity Group as part of the Brighter Future Together programme.

Public Health partnered with Everybody Sport & Recreation Trust to offer residents free resources and signposting information and free blood pressure checks at Crewe Lifestyle Centre. Over thirty conversations and fifteen residents had blood pressure checks in one morning.

Colleagues from the Communities & Partnerships team at the council organised two public events during the week including a Mental Health Young Persons event at Crewe Lifestyle Centre where 100 young people and families attended and at the Connected Communities Centre opening event at United Reformed Church in Wilmslow where thirteen pledges were made.

A media release was sent out a week before Mental Health Awareness Week to highlight this new collaborative approach to the week, raise awareness of this year's theme which was stress and to list the activities that the public can get involved in.

Mental Health Awareness Week Learning

- 4.3. The pledge boards were very well received in our council buildings, however not everyone was happy to have their photo taken with their pledge. The pledge boards contained everyone's logos and it was difficult to get the right, colour, format etc. without organisational bias.

Feedback from those who took up the taster mindfulness sessions was very positive. Many staff enquired afterwards regarding the possibility of long-term sessions for staff in the workplace and some have even joined classes in the community as a result.

After conversations with other people, the enthusiasm grew and others went away and contributed to the campaign. For example, the campaign was promoted at the Crewe Mental Wellbeing in Young People Event on 18th May 5pm – 8pm in Crewe Town Centre. Other Housing Association which didn't attend the Wellbeing Network Group wanted to be involved with the campaign.

- 4.4. A key recommendation from the learning gathered so far, which will inform our future campaign work, will be to involve communications personnel from each organisation earlier in the planning phase. This potentially should allow more time for agreeing news articles /press releases and to ensure signoffs between all partners. It will also enable communication leads to input earlier on our activity ideas like the developed hash tag #GoodMentalHealth4Cheshire which was used for this campaign, given their expertise in this area of work.

The opportunity to work collaboratively enabled all the organisations to save money, time and improve communication through sharing resources and facilities, knowledge and contacts. For example, Public Health joined up with a lifestyle coach from Everybody Sport and Recreation (ESAR) to offer a free signposting event during the week. This event was held in Crewe Lifestyle Centre and ESAR provided free blood pressure checks with no charge for venue or staff time.

Officers saved valuable time in the planning phase of the campaign by sharing different tasks to different partner organisations to enable a quicker development of the initiative. This will be something that will be implemented again in future campaign work.

A major benefit learned from working together was the improved communication between partner organisations which was an important objective at the formation of this task and finish group. This improved communication led to partnering organisations sharing officer time, knowledge and resources at events and to lead activities like the Mindfulness taster sessions.

- 4.5. Overall Cheshire partners involved in this campaign have demonstrated their commitment to support the mental wellbeing agenda and work collaboratively to create a successful Mental Health Awareness Week 2018.

5. Implications of the Recommendations

- 5.1. **Health Implications:** This programme of work contributes to Outcome 2 (Improving the mental health and wellbeing of people living and working in Cheshire East) of the Health and Wellbeing Strategy (2018-2021) and supports Public Health England's Prevention Concordat for Better Mental Health. This initiative also complements the Sticky Change and the Brighter Future Transformation Programme by supporting the workplace culture of the council. It also supports the council's Wellbeing in Work programme.

5.2. Legal Implications

5.2.1. There are no legal implications.

5.3. Finance Implications

5.3.1. There are no finance implications.

5.4. Policy Implications

5.4.1. There are no policy implications.

5.5. Equality Implications

5.5.1. There are no equality implications.

5.6. Human Resources Implications

5.6.1. There are no Human Resources implications.

5.7. Risk Management Implications

5.7.1. There are no risk management implications.

5.8. Rural Communities Implications

5.8.1. There are no direct implications for rural communities.

5.9. Implications for Children & Young People

5.9.1. There are no direct implications for children and young people.

5.10. Public Health Implications

5.10.1. There are no direct implications for public health.

6. Ward Members Affected

6.1. N/A

7. Consultation & Engagement

7.1. N/A

8. Access to Information

8.1. N/A

9. Contact Information

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

Name: Samuel Bostock

Job Title: Public Health Development Officer

Email: Samuel.Bostock@cheshireeast.gov.uk

Phone: 01270 685696 / 07972 733814



FORWARD PLAN FOR THE PERIOD ENDING 30TH SEPTEMBER 2018

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

"an executive decision which is likely –

- (a) to result in the local authority incurring expenditure which is, or the making of savings which are, significant having regard to the local authority's budget for the service or function to which the decision relates; or
- (b) to be significant in terms of its effects on communities living or working in an area comprising one or more wards or electoral divisions in the area of the local authority.

For the purpose of the above, savings or expenditure are "significant" if they are equal to or greater than £1M."

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

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

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

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

This Forward Plan also provides notice that the Cabinet, or a Portfolio Holder, may decide to take a decision in private, that is, with the public and press excluded from the meeting. In accordance with the Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012, 28 clear days' notice must be given of any decision to be taken in private by the Cabinet or a Portfolio Holder, with provision for the public to make representations as to why the decision should be taken in public. In such cases, Members of the Council and the public may make representations in writing to the Democratic Services Team Manager using the contact details below. A further notice of intention to hold the meeting in private must then be published 5 clear days before the

meeting, setting out any representations received about why the meeting should be held in public, together with a response from the Leader and the Cabinet.

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

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

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

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

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

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

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

Forward Plan

Key Decision and Private Non-Key Decision	Decisions to be Taken	Decision Maker	Expected Date of Decision	Proposed Consultation	How to make representation to the decision made	Private/ Confidential and paragraph number
CE 17/18-60 Review of the HMO Licensing Fees	To approve the revised fee charging structure for the licensing of houses in multiple occupation.	Cabinet Member for Housing, Planning and Regeneration	June 2018		Karen Whitehead	N/A
CE 17/18-62 Route and Rota Optimisation	To delegate authority to the Executive Director Place, in consultation with the Portfolio Holder for Environment and the Director of Legal Services, to develop and implement the route and rota optimisation proposals through Ansa Environmental Services Ltd.	Cabinet Member for Environment	June 2018		Ralph Kemp	N/A
CE 18/19-2 Housing Enforcement Policy Review	To approve amendments to the existing Housing Enforcement Policy.	Cabinet Member for Housing, Planning and Regeneration	June 2018		Karen Whitehead	N/A
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	12 Jun 2018		Paul Traynor	Partly exempt - para 3

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 17/18-44 Congleton Link Road - Final Approval to Underwrite Funding Gap, Appoint Winning Contractor and Submit Final Business Case	To seek approval to confirm the scale and formal underwriting of the funding gap for the Congleton Link Road, approve the final business case for submission to the Department of Transport, confirm the selectin of the winning contractor and undertake limited advance ecological works at risk.	Cabinet	12 Jun 2018		Paul Griffiths	Part exempt - para 3
CE 17/18-54 Disposal of Shares in Manchester Science Partnerships	To authorise the Interim Director of Corporate Services to dispose of the Council's shareholding in Manchester Science Partnerships.	Cabinet	12 Jun 2018		Paul Goodwin	Fully exempt - para 3
CE 17/18-56 Middlewich Eastern Bypass	To authorise officers to take all necessary actions to progress the scheme to final business case submission prior to the investment decision and contract award.	Cabinet	12 Jun 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 17/18-57 A500 Dualling	To approve the submission of the outline business case for the scheme to the Department for Transport, and to authorise officers to take all necessary actions to progress the scheme to the point of a decision from the Department for Transport on the business case.	Cabinet	12 Jun 2018		Chris Hindle	N/A
CE 17/18-58 Improved Better Care Fund 2018-2020	The report will describe the areas of activity and the proposed expenditure for the additional grant money being received direct by the Council in 2018/19 through the Improved Better Care Fund monies for 2018-2020.	Cabinet	12 Jun 2018		Alex Jones	N/A

Key Decision	Decisions to be Taken	Decision Maker	Expected Date of Decision	Proposed Consultation	How to make representation to the decision made	Private/ Confidential and paragraph number
CE 18/19-3 Congleton Leisure Centre Redevelopment Award of Contract	The Portfolio Holder for Health will exercise decision-making powers delegated by Cabinet on 13 th March 2018. The decision will be to award a contract to the preferred bidder for the redevelopment of Congleton Leisure Centre. The redevelopment will commence when the necessary planning approvals have been obtained.	Cabinet Member for Health	Not before 3rd Jul 2018	The contract requires a full planning application to be submitted which will be subject to public consultation. The project team will engage with key stakeholders leading up to the submission of the planning application and subject to securing the planning application will maintain these relationships through the entirety of the project.	Mark Wheelton	Fully exempt - para 3

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 17/18-30 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	10 Jul 2018		Ralph Kemp	N/A
CE 17/18-55 Cheshire East Common Allocations Policy Review	To seek approval to adopt the revised Cheshire East Common Allocations Policy following consultation; and to delegate authority to the Executive Director Place, in consultation with the Portfolio Holder, to make further minor amendments to the Policy as a result of changes in legislation or further consultation.	Cabinet	10 Jul 2018		Karen Carsberg	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 17/18-59 New Domestic Abuse Commission 2019-22	The Council commissioned a 'whole family' domestic abuse service in 2016-19, providing interventions for children. The service now needs to be re-commissioned for the three year period 2019-22. The budget for the new provision over the course of the contract is likely to exceed £1M. A decision is required to proceed with the procurement and to authorise officers to take all necessary actions to implement the proposal.	Cabinet	10 Jul 2018		Kate Rose	N/A
CE 17/18-61 Springfield Special School - Proposed Expansion	To approve the proposed expansion of Springfield Special School from 132 places to 156 for implementation in September 2018, having given due consideration to the response to the statutory proposal notice.	Cabinet	10 Jul 2018		Jacky Forster	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 17/18-63 Sustainable Modes of Travel to Schools (SMOTS) Strategy	Following recent consultation on a draft strategy, a final Sustainable Modes of Travel to Schools (SMOTS) strategy will be submitted to Cabinet for approval.	Cabinet	10 Jul 2018		Richard Hibbert	N/A
CE 18/19-4 Recommissioning of Assistive Technology Services	To recommend that Cabinet authorise the Executive Director of People, in consultation with the Portfolio Holder for Adult Social Care and Integration, to approve arrangements for the recommissioning of Assistive Technology Services.	Cabinet	10 Jul 2018		Nichola Glover-Edge	N/A
CE 18/19-5 Better Care Fund Year End Report 2017/18	To receive the Better Care Fund end of year report for 2017/18.	Cabinet	10 Jul 2018		Alex Jones	N/A

Key Decision	Decisions to be Taken	Decision Maker	Expected Date of Decision	Proposed Consultation	How to make representation to the decision made	Private/ Confidential and paragraph number
CE 18/19-7 Local Development Scheme	<p>To seek approval for an update to the Local Development Scheme, a formal document setting out the plans which the Council will use in pursuit of its planning functions. The Local Development Scheme is a public document.</p> <p>As well as updating existing plans, the Local Development Scheme will formally signal that the Council will prepare an Area Action Plan for Crewe Hub Station and environs.</p>	Cabinet Member for Housing, Planning and Regeneration	August 2018		Adrian Fisher, Head of Planning and Policy	N/A
CE 18/19-8 Statement of Community Involvement	To seek agreement to publish a revised Statement of Community Involvement for 6 weeks' public consultation. The Statement will set out how the Council will involve and engage with the public and partners in pursuit of its planning functions. The Statement covers both planning applications and planning policy.	Cabinet Member for Housing, Planning and Regeneration	August 2018		Adrian Fisher, Head of Planning and Policy	N/A

Key Decision	Decisions to be Taken	Decision Maker	Expected Date of Decision	Proposed Consultation	How to make representation to the decision made	Private/ Confidential and paragraph number
CE 18/19-9 Site Allocations and Development Policies Document	To seek agreement to publish a first draft of the Cheshire East Site Allocations and Development Policies Document together with its supporting evidence for 6 weeks' public consultation.	Cabinet Member for Housing, Planning and Regeneration	August 2018		Jeremy Owens	N/A
CE 18/19-6 Re-Procurement of Contracts for Fresh Produce and Multi-temperature Food (Frozen and Grocery Products)	Cabinet to approve the re-tendering process to award these contracts. A robust EU tender Procedure will be undertaken and the successful provider identified for each lot.	Cabinet	11 Sep 2018		Mark Bayley	N/A
CE 18/19-10 Everybody Sport and Recreation Performance Report 2017/18 and Leisure Operating Agreement - Proposed Extension	Cabinet will be asked to note the Leisure Trust Annual Report for 2017/18 and to approve the extension of the current Leisure Operating Agreement with Everybody Sport and Recreation for a further five years to allow the Trust to continue to improve the delivery of the Council's leisure services and outcomes in terms of health and wellbeing for local residents.	Cabinet	9 Oct 2018		Mark Wheelton	N/A

Key Decision	Decisions to be Taken	Decision Maker	Expected Date of Decision	Proposed Consultation	How to make representation to the decision made	Private/ Confidential and paragraph number
CE 18/19-1 Havannah Primary School - Change in Age Range	To approve a proposed change in age range from 4-11 to 3-11 for implementation in October 2018, having given due consideration to the response to the statutory proposal notice.	Cabinet	4 Dec 2018		Jacky Forster	N/A
CE 17/18-51 Medium Term Financial Strategy 2019-2022	To approve the Medium Term Financial Strategy for 2019-2022, incorporating the Council's priorities, budget, policy proposals and capital programme.	Council	21 Feb 2019		Alex Thompson	N/A

Health and Adult Social Care Overview and Scrutiny Committee

Date of Meeting: 05 July 2018

Report Title: Work Programme

Portfolio Holder: Councillors L Wardlaw and J Clowes

Senior Officer: Acting Director of Legal Services

1. Report Summary

- 1.1. To review items in the Work Programme listed in the schedule attached, together with any other items suggested by Committee Members.

2. Recommendation

- 2.1. That the work programme be reviewed.

3. Reasons for Recommendation

- 3.1 It is good practice to review the work programme and update accordingly

4. Other Options Considered

- 4.1. There are no further options to consider.

5. Background

- 5.1 The schedule attached has been updated following the last meeting of the committee.
- 5.2 Members are asked to review the schedule attached to this report, and if appropriate, add new items or delete items that no longer require any scrutiny activity. When selecting potential topics, Members should have regard to the Council's new three year plan and also to the general criteria listed below, which should be applied to all potential items when considering whether any Scrutiny activity is appropriate.
- 5.3 The following questions should be asked in respect of each potential work programme item:
- 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;

5.4 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

6. Implications

6.1. Legal Implications

6.1.1. There are no legal implications at this stage.

6.2. Finance Implications

6.2.1. There are no financial implications at this stage

6.3. Equality Implications

6.3.1. There are no equalities implications at this stage.

6.4. Human Resources Implications

6.4.1. There are no human resources implications at this stage.

6.5. Risk Management Implications

6.5.1. There are no risk management implications at this stage.

6.6. Rural Communities Implications

6.6.1. There are no implications for rural communities.

6.7. Implications for Children & Young People

6.7.1. There are no implications for children and young people at this stage.

6.8. Public Health Implications

6.8.1. There are no direct implications for public health.

7. Ward Members Affected

7.1. All.

8. Access to Information

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

9. Contact Information

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

Name: Katie Small

Job Title: Scrutiny Officer

Email: Katie.small@cheshireeast.gov.uk

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Health and Adult Social Care & Communities Overview and Scrutiny Committee 2017/18 – updated June 2018

Future Meetings

Formal Meeting	Formal Meeting	Formal Meeting	Formal Meeting	Formal Meeting	Formal Meeting
Date: 5th July 2018 Time: 10:00am Venue: Committee Suites, Westfields	Date: 13th September 2018 Time: 10:00am Venue: Committee Suites, Westfields	Date: 11th October 2018 (TBC) Time: 10:00am Venue: Committee Suites, Westfields	Date: 8th November 2018 Time: 10:00am Venue: Committee Suites, Westfields	Date: 6th December 2018 (TBC) Time: 10:00am Venue: Committee Suites, Westfields	Date: 17th January 2018 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>
East Cheshire NHS Trust	Update to the Committee on the Minor Injuries Unit (MIU) at Congleton War Memorial Hospital	People live well and for longer	TBA	Eastern Cheshire CCG	Briefing to the Committee in June	TBA
Winter Performance	Joint briefing from both CCGs on data across performance during the winter period 2017.	People live well and for longer	Jerry Hawker/Neil Evans/Clare Watson	South Cheshire and Eastern Cheshire CCG's		5 July 2018
Role of the Cheshire East Health and Wellbeing Board	To provide a briefing on the remit of the Board including an annual review of its work.	People live well and for longer	Guy Kilminster	Committee		5 July 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	5 th July 2018

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Report on Mental Health Awareness Week	A briefing to the Committee on the events rolled out across Cheshire East for Mental Health Awareness Week and the impact.	People live well and for longer	Sam Bostock	Chairman	Sam presented update to the Equality and Diversity Champions Forum	5 th July 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	Autumn
Eastern Cheshire CCG	To keep the Committee briefed on the Vernova contract for Dermatology Services- notice has been served on the contract, financial risks to the company and the contingency for the service is being monitored. The Committee will undertake either a 3 or 6 month review depending on the speed of progress.	People live well and for longer	Neil Evans	Eastern Cheshire CCG	Neil keep the Committee updated on progress post June to advise on the current position since the Committee briefing in May. No change currently- position at it was at Committee.	13 September 2018
The impact of Transformation and Capped Expenditure Programme	1) A briefing paper and presentation on working arrangements for the Congleton Minor Injuries Unit.	People live well and for longer	Jerry Hawker	Eastern Cheshire CCG		13 September 2018
	2) A presentation on the impacts of the Capped Expenditure Programme the move towards the Home First Model.		Jerry Hawker			13 September 2018
	3) A presentation about the Elected Care Model and the six specialisms being rolled out.		Jerry Hawker			13 September 2018
North West	Impact assessment on patient care	People live	NWAS	Committee	Follow up from	11 October

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Ambulance Service (NWAS)	in light of the changes to Ambulance target measures	well and for longer			presentation by Jerry Hawker	2018
Future of East Cheshire CCG Arrangements	Presentation to the Committee to advise about the future plans for the CCGs across Cheshire East.	People live well and for longer	Jerry Hawker, Clare Watson	Committee	TBA	13 September 2018
Mental Health Spotlight Review	A review of the report written following the Committee Spotlight Review 12/04/18.	People Live well and for longer	Linda Couchman	Linda Couchman	Report due	13 September 2018
Patient Passport-Delivering Access to Health and Care Records.	TBA	People live well and for longer	Fiona Reynolds	Committee	TBA	11 October 2018
Primary Care-Opening hours for GP Surgeries.	A briefing to the Committee to show an example of good working practices and value for money.	People live well and for longer	Jerry Hawker/Neil Evans	Eastern Cheshire CCG		11 October 2018
Community Services	A briefing to the Committee in respect of the new Place Partnership Board	People live well and for longer	Jerry Hawker	Eastern Cheshire CCG		11 October 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	Subject came via Quality Account 2016/17.	8 th November 2018
Connected Communities Strategy	In 2016, the Council adopted the Connected Communities Strategy which sets our vision for Cheshire East. The Committee are asked to review progress to date and discuss areas for development as part of the refresh of the strategy this year.	Our Local Communities are Strong and Supportive	Kirstie Hercules	Fiona Reynolds		19 November 2018

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Connected Community Centres	Connected Communities Centres are a key part of the Connected Communities strategy which seeks to deliver the right services, in the right places, at the right time. Six Connected Communities centres have been opened during 2017/18 and we plan to have 30 centres by the end of 2018, in our towns and targeted neighbourhoods. To review progress to date and discuss our approach to developing community assets in other parts of the borough, especially in our rural areas.	Our Local Communities are Strong and Supportive	Kirstie Hercules	Fiona Reynolds		19 November 2018
Diversity & Inclusion Strategy	CEC is co-producing with communities, a Diversity and Inclusion Strategy. To review the draft Strategy and discuss how work can be implemented across the borough.	Our Local Communities are Strong and Supportive	Kirstie Hercules	Fiona Reynolds		19 November 2018
Congleton Minor Injuries Unit	Impact of national review of urgent care services with a required specification of service standards for the provision of facilities. Findings of the review and its impact on the unit to be considered	People live well and for longer	Kath Senior	Committee		Late 2018
Early Help Framework	Performance review following implementation October 2018.	People live well and for longer	Nichola Glover-Edge	Committee	Implementation-October 2018.	June 2019
Public Health	An briefing to the Committee on	People live	Fiona Reynolds	Fiona		June 2019

Health and Adult Social Care & Communities Overview and Scrutiny Committee 2017/18 – updated June 2018

Annual Report 2018	the most recent Public Health Annual Report	well and for longer		Reynolds		
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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	Every Quarter: Q1-13 Sept Q2- 17January Q3- 7 March 2019 Q4- Mid July 2019
Better Care Fund & Improved Better Care Fund	Update on the outcomes from the BCF and BCFi including DToC	People live well and for longer	Nichola Glover-Edge	Mark Palethorpe		13 September 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	13 September 2018
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	Louise Barry	Committee	Last update May 2017	19 November 2018

Possible Future/ desirable items

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