

Health and Adult Social Care and Communities Overview and Scrutiny Committee

Agenda

Date: Thursday, 13th September, 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 5 - 8)

To approve the minutes of the meeting held on 5 July, 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**

For requests for further information

Contact: Joel Hammond-Gant

Tel: 01270 686468

E-Mail: joel.hammond-gant@cheshireeast.gov.uk with any apologies

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

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. **Future Arrangements of CCGs in Cheshire East** (Pages 9 - 16)

To consider an update from the NHS South Cheshire CCG regarding future plans for the CCGs across Cheshire East.

7. **The Impact of Transformation and the Capped Expenditure Programme**

a) **Capped Expenditure Programme** (Pages 17 - 26)

To consider an update from the NHS Eastern Cheshire CCG on the Capped Expenditure Programme and the move towards a Home First Model.

b) **Elective Care Model** (Pages 27 - 30)

To consider a report and update from the NHS Eastern Cheshire CCG on the Elective Care Model and the six specialisms being rolled out.

c) **Working Arrangements at the Congleton Minor Injuries Unit** (Pages 31 - 44)

To consider an update from East Cheshire Trust on the working arrangements for the Congleton Minor Injuries Unit.

8. **Dermatology Services** (Pages 45 - 48)

To consider a report and update from the NHS Eastern Cheshire CCG on dermatology services in Eastern Cheshire Dermatology Contract.

9. **Better Care Fund and Improved Better Care Fund** (Pages 49 - 58)

To consider the 2017/18 end of year report on the Better Care Fund and Improved Better Care Fund.

10. **Local Safeguarding Adults Board Annual Report 2017/18** (Pages 59 - 72)

To consider the Local Safeguarding Adults Board Annual Report 2017/18.

11. **Update on the Implementation of the Local Safeguarding Adults Board Improvement Plan** (Pages 73 - 118)

To consider an update on progress made against the Local Safeguarding Adults Board Improvement Plan.

12. **Forward Plan** (Pages 119 - 130)

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

13. **Work Programme** (Pages 131 - 136)

To review the current Work Programme

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CHESHIRE EAST COUNCIL

Minutes of a meeting of the **Health and Adult Social Care and Communities Overview and Scrutiny Committee**
held on Thursday, 5th July, 2018 at Committee Suite 1,2 & 3, Westfields,
Middlewich Road, Sandbach CW11 1HZ

PRESENT

Councillor S Gardiner (Chairman)

Councillors Rhoda Bailey, G Baxendale, S Brookfield, E Brooks, S Corcoran (substitute for Cllr I Faseyi), L Durham, C Green, G Hayes, L Jeuda, A Moran, J Rhodes and H Wells-Bradshaw (substitute for Cllr S Edgar)

Portfolio Holders in Attendance

Councillor J Clowes, Portfolio Holder for Adult Social Care and Integration
Councillor L Wardlaw, Portfolio Holder for Health

Officers in Attendance

Jill Broomhill, Director of Adult Social Care Operations
Nichola Glover-Edge, Director of Commissioning
Rachael Elliott, Practice Manager DOLs Team
Fiona Reynolds, Director of Public Health & Communities
Rachel Graves, Democratic Services Officer
Anne Marriott, East Cheshire NHS Trust (for Minute 18)
Neil Evans, Eastern Cheshire Clinical Commissioning Group (for minute 18)
Tracey Cole, NHS South Cheshire Clinical Commissioning Group (for Minute 18)
Peter Kelleher, Care4Ce Head of Service (for Minute 19)
Richard Harrison, MD CIPFA C.CO (for Minute 19)

13 APOLOGIES FOR ABSENCE

Apologies were received from Councillors B Dooley, S Edgar and I Faseyi.

14 MINUTES OF PREVIOUS MEETING**RESOLVED:**

That the minutes of the meeting held on 14 June 2018 be confirmed as a correct record and signed by the Chairman.

15 DECLARATIONS OF INTEREST

In the interests of openness, Councillor A Moran declared that he was a member of the NHS Trust for Mid Cheshire.

16 DECLARATION OF PARTY WHIP

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

17 PUBLIC SPEAKING TIME/OPEN SESSION

There were no members of the public present.

18 WINTER REVIEW 2017/2018

The Committee received presentations from Anne Marriott, East Cheshire NHA Trust, Neil Evans, Eastern Cheshire CCG and from Tracey Cole, South Cheshire CCG on the Winter Review of performance.

The presentation outlined the challenges faced by the Trusts during the winter of 2017/18, the actions taken to deal with them and the planning undertaken for next winter.

Members made comments and asked questions in respect of the following:

- the increase in the number of non-elective admissions and opening up of additional in-patients beds
- attendance at A&E if unable to get a GP appointment
- readmissions trends
- reasons for admission in the winter period
- triggers for cancelling planned surgery
- the amount allocated to spend on additional beds was larger than on schemes to keep people out of them
- challenges of recruiting staff – nurses, doctors and domiciliary care
- benchmarking of performance for 4hr waiting time

RESOLVED:

That the presentations be noted.

19 CARE4CE OPTIONS PROJECT

The Committee considered a briefing report and presentation on the Care4CE Update Project.

The briefing report and presentation outlined the challenges facing the Council and an overview of the work taking place across Care4CE to explore the options for service development and response to changing needs and demands.

There had been extensive engagement with staff and customers through workshops and drop-in sessions, staff and customer surveys and customer interviews.

Authorisation to go to formal consultation in late 2018 would be requested from Cabinet, with responses being brought back to Overview and Scrutiny in early 2019 with the detailed proposals and outcomes from all engagement activity.

Members asked that a staff mutual be considered as an option in the proposals.

RESOLVED:

That the briefing report and presentation be received.

The meeting adjourned for a short break.

20 ROLE OF THE CHESHIRE EAST HEALTH AND WELLBEING BOARD

The Committee considered a report on the role of Cheshire East Health and Wellbeing Board.

The Board had been established following changes introduced by the Health and Social Care Act 2012. The Board's role was 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 Annual Report for 2017-18 was attached at Appendix 1 to the Report and provided a summary of the work.

RESOLVED:

That the report be noted.

21 MENTAL HEALTH AWARENESS WEEK 2018 AT CHESHIRE EAST COUNCIL

The Committee considered a report on the activities which had taken place to promote Mental Health Awareness Week.

Tables 1 and 2 in the report listed the events held at Cheshire East Council and the promotion undertaken for these. Events had also been held by partner agencies.

Future activities would be centred on campaigns for Know Your Numbers Week, Stay Well This Winter and Dry January.

RESOLVED:

That the report on the Mental Health awareness week initiative be received.

22 FORWARD PLAN

The Committee considered the key decisions listed on the Forward Plan.

It was suggested that the Committee receive an update on the recommissioning of Assistive Technology Services and the recommissioning of the 'whole family' Domestic Abuse service.

RESOLVED: That

- 1 the list of items in the Forward Plan be noted; and
- 2 the recommissioning of Assistive Technology Services and the recommissioning of the 'whole family' Domestic Abuse service be added to the Committee's Work Plan for February 2019.

23 WORK PROGRAMME

The Committee considered the Work Programme.

RESOLVED: That

- 1 the Work Programme be noted;
- 2 Recruitment of Domiciliary Staff be added for the December 2018 meeting; and
- 2 the recommissioning of Assistive Technology Services and the recommissioning of the 'whole family' Domestic Abuse service be added for the February 2019 meeting.

The meeting commenced at 10.00 am and concluded at 12.20 pm

Councillor S Gardiner (Chairman)

Working together:

- NHS Eastern Cheshire Clinical Commissioning Group
- NHS South Cheshire Clinical Commissioning Group
- NHS Vale Royal Clinical Commissioning Group
- NHS West Cheshire Clinical Commissioning Group

Overview Scrutiny Presentation September 2018

Background

The four Cheshire Clinical Commissioning Groups (CCGs) have been considering the future of health commissioning in Cheshire to:

- **improve outcomes for the population** and to better engage our residents in the co-design of services
- **create the optimum environment to both enable and accelerate** the development of and implementation of **new models of integrated care** built from care communities of circa 30,000-50,000 people across Cheshire
- develop the integration agenda with the two local authorities and meet the national target of **achieving integration between health and social care** by 2020
- address the **growing financial and operational pressures** faced by the CCGs
- **better utilise the existing workforce across the four CCGs**, improving efficiency and reduce duplication whilst continuing to delivery statutory duties
- support the **Cheshire and Merseyside Health and Care Partnership (formerly STP) to deliver its priorities**
- **create capacity** to accept delegated authority for the commissioning of other NHS England commissioned services (e.g. specialised services, pharmacy)

Background

- Established Joint Commissioning Committee (JCC)
- Creation of Care Communities
- JCC recommendations to Governing Bodies around CCG merger & ICP creation
- Governing Body supported JCC recommendations
- Engagement with Membership

JCC Recommendations

- **Recommendation 1:** that the four existing CCGs should merge into one Cheshire CCG with the development of two integrated health and social care commissioning boards (ICPs) on local authority footprints. The single Cheshire CCG would be a statutory NHS body from 1st April 2020.
- **Recommendation 2:** that a single Accountable Officer for the four CCGs is appointed and in post by 1st April 2019.
- **Recommendation 3:** that the three existing Executive Teams will merge into one single team following the appointment of the single Accountable Officer. We will work closely with local authority colleagues across the two council footprints.
- **Recommendation 4:** that between 2018-2020 the CCGs will continue to strengthen their collaborative commissioning arrangements, identifying opportunities to commission services for our local population collectively and collaboratively.
- **Recommendation 5:** that the CCGs progress, ahead of 2020, shared governance arrangements.

Governing Body and Joint Commissioning outcomes



- The development of integrated care (care communities and integrated care partnerships) is to be done in parallel with the development of a single Cheshire CCG
- A Development Framework with milestones and checkpoints being developed – key dates for sign off of direction - September

Development framework

- Formal merger submission by end of July 2019
- Engagement and consultation with membership, public and partners
- Integrated Care Partnership development
- Care Communities development
- Strategic Commissioner development
- Clinical and Professional leadership

Appointments

- Accountable Officer - Need to appoint now so as to lead through the work programme to a single Cheshire CCG
- View of GPs chairs is that CCGs continue to appoint a Managerial Accountable Officer
- National recruitment process (Sept – Oct 2018)
- GP Membership & partners involvement in recruitment process
- Interim arrangement – SRO appointed to lead work on behalf of 4 CCGs until new AO in post
- CFO post recruitment to follow soon after
- Single Exec Team across Cheshire CCGs to be in place by April 2019

Next steps

- JCC & SRO developing formal work programme and structure around CCG merger
- Integrated Care Partnership development
- Develop framework for checkpoints to come to GP memberships and Governing Bodies in September
- HR process for key appointments being agreed
- Continual dialogue
 - Membership meetings quarterly
 - Governing Bodies each meeting
 - Staff engagement throughout September on CCG activities destination work (Cheshire CCG & ICP)

A decorative graphic on the left side of the slide, featuring four overlapping, curved, teardrop-like shapes in dark blue, maroon, magenta, and teal, arranged in a circular pattern.

Capped Expenditure Programme & Home First

Alex Mitchell Interim Accountable Officer
5 September 2018

Inspiring Better Health and Wellbeing

Capped Expenditure Programme....

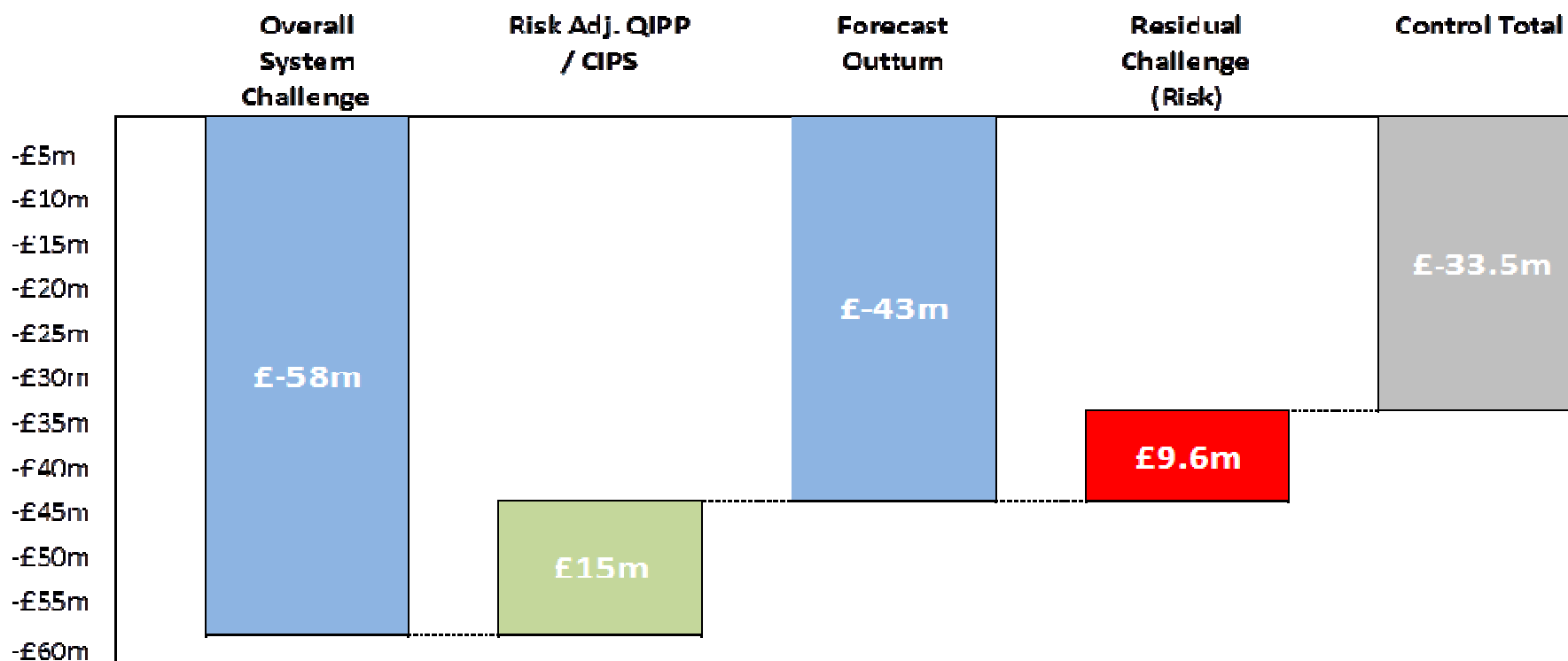
- Programme sponsored by NHS England & NHS Improvement
- Areas that have not agreed a balanced financial plan / unlikely to deliver
- Produce a set of “affordable plans” for 2017/18
- Focus on expenditure opposed to organisational boundaries
- “Think the unthinkable”

Context....

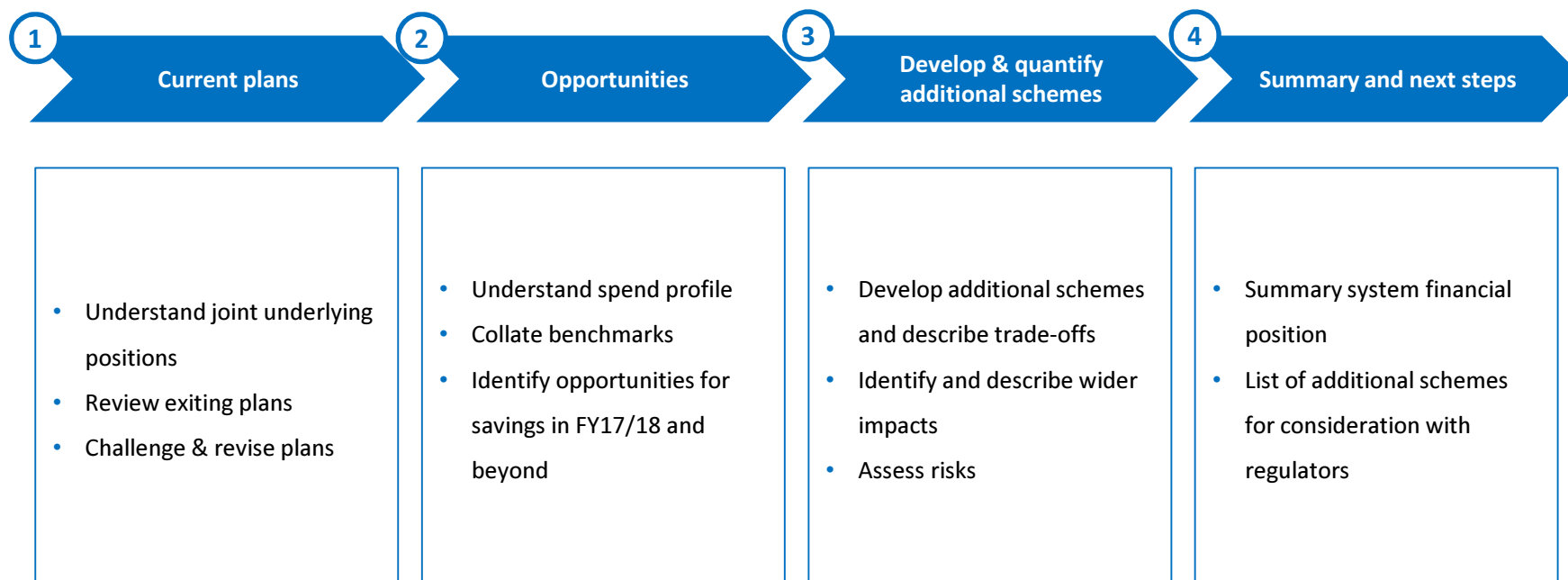
CEP – Eastern Cheshire CCG

East Cheshire Trust

Cheshire & Wirral Partnership Trust (part only)



Process....



CHC Spend High

A range of benchmarks suggest that a significant share of savings likely to be achievable have been underpinned by 17/18 plans

Additional Savings Ideas....

Initial Options drafted

- 1) CEP Compliant – Reduce cost of system £13m
- 2) CEP Non Compliant – Improve commissioner £5m (worsen providers)

Assessed against....		Patient Outcomes	
National Policy	Competition	Constitution	CEP Principles
		Patient Choice	Legal Challenge
Deliverability		Patient Experience	

Number of submissions to regulators between April 17 – October 17

Outcome....

No identified additional savings schemes implemented 17/18
System position <u>improved</u> £43m v £38m (17/18 outturn)
Stopped all savings plans that impacted on individual organisations
Open book approach
Identified joint initiatives for 18/19-
High Cost Drugs, Caring Together Programme, Estates
2018/19-
Block Contract (stability)
Joint planning assumptions
National - Production of CEP Lite Principles
Positive Experience / Process

Home First Approach....

- Home First is an approach to supporting people to receive care and support at home or to return home after a period in hospital or short term care
- Home First includes a range of services including frailty, intermediate care, reablement, integrated discharge, etc. and requires the services to work together to provide the right care for people when they have an increased level of need which is compromising their independence and ability to cope at home

Home First Governance....

- Home First reports via the Eastern Cheshire Accident and Emergency Delivery Board and the Operational Resilience Group
- Home First is funded through a mix of mainstream funding and the BCF and iBCF

1. Frailty

- Education and training across health and care system
- Robustly apply

Home First Plan....

1. Discharge to Assess	
Develop and adopt the Home First approach across all health and care services	<ul style="list-style-type: none">• Implement Home First model for assessment out of hospital on discharge• Achieve target of 85% of Health care Assessments being outside of hospital• Establish 5 care communities• Reduce the Delayed Transfers of Care (DTOCs)by developing a Trusted Assessor approach• Develop service specification and procure short term community beds through a block contract within iBCF funding• Integrated existing rapid response functions at home - Wraparound care with iBCF funding• Strengthen arrangements for the GP cover for short term community beds• Develop new contracting model and procurement for care homes and domiciliary care• Expand care sourcing team
Extend the single point of contact	
Review Delayed Transfers of Care (DTOCs) position and community services for older people	
2. Frailty	
Education and training across health and care services	<ul style="list-style-type: none">• Roll out education and training plan• Set up frailty assessment area in hospital with direct access to hospital and community older peoples services• Strengthen frailty support to primary care
Robustly apply the national standardised Comprehensive geriatric assessment and frailty criteria across all health and care services	

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Eastern Cheshire
Clinical Commissioning Group

Cheshire East Health and Adult Social Care and Communities
Overview and Scrutiny Committee

Date of Meeting: 13 September 2018

Report of: Neil Evans
Commissioning Director – NHS Eastern Cheshire CCG

Subject/Title: NHS Eastern Cheshire CCG Elective Care Programme

1. Report Summary

- 1.1. This paper provides the committee with a brief overview of work taking place to improve access and outcomes in relation to Elective Care for residents of NHS Eastern Cheshire CCG.
- 1.2. The programme of work reflects the need to respond to rising demand for services in a context where clinical capacity and financial resources are stretched and revised approaches are needed.
- 1.3. The CCG is applying best practice in relation to improving care with primary and community care settings with a focus on prevention and early treatment of conditions.

2. Recommendations

- 2.1. The committee is asked to note the actions taking place in order to improve access to elective care service within eastern Cheshire.

3. Background

- 3.1 Elective Care is the term often used in the NHS to describe routine care. This would normally involve a referral from a GP for diagnostic tests, or to an outpatient clinic. This referral may then lead to either treatment taking place in an outpatient clinic or progress on to surgery.
- 3.2 NHS Eastern Cheshire CCG has been working to implement best practice in relation to elective care. In line with our growing, ageing population and the advance in technology and associated treatments, demand on services is increasing. The NHS' ability to cope with this demand requires us to improve how we care for people. Nationally referrals have been rising annually by an average of 4% per year. Since 2005/6 total outpatient appointments have nearly doubled from 60.6m to 118.6m. NHS England have implemented a national Elective Care Transformation Programme¹ to support sharing best practice in management of this increased demand.

4. Musculoskeletal Physiotherapy²

- 4.1. In October 2017 NHS Eastern Cheshire CCG introduced a revised model for accessing physiotherapy. This meant that there was greater capacity available which enables patients to access physiotherapy, primarily for

musculoskeletal (MSK) conditions, in a timely manner. The key advantages of the new model are that:

- 4.1.1. Patients can self-refer into MSK physiotherapy services, rather than requiring a GP referral. This simplifies the referral process and reduces pressure on GP appointments freeing up capacity for other patients to access their GP
- 4.1.2. Evidence shows that by improving early access to physiotherapy there is a reduction in need for referral to Orthopaedic Consultant led services including preventing the need for surgical intervention
- 4.1.3. The feedback from both patients and clinicians on this new model has been generally positive however it has been identified that the clinical triage process, which supports patients self-referring, is not working as well as it could. The CCG is therefore currently working with patients and clinicians to look at how this could be improved.

5. Clinical Triage of GP referrals (Referral Assistance Service)³

- 5.1 From May 2018 a clinical triage process has been introduced to support GPs when making referrals to “secondary care” services. This involves a specialist reviewing the clinical information related to a patient’s condition before a referral is sent to secondary care. This allows the specialist to advise the GP as to alternative treatment options which would benefit the patient. This may include further diagnostics, referral to an alternative service e.g. physiotherapy or that the patient should be referred onto a Consultant led hospital based service. The following conditions have clinical triage available to GPs:

- 5.1.1.1. Orthopaedics – Live 1st May 2018;
- 5.1.1.2. Gastrointestinal and Liver (Medicine and General Surgery) – Live 04th June 2018;
- 5.1.1.3. Cardiology – Live 04th June 2018;
- 5.1.1.4. Children’s and Adolescents (Paediatrics) – Live 02nd July 2018;
- 5.1.1.5. General Surgery – Live on 23rd July 2018;
- 5.1.1.6. Currently developing options for Ophthalmology and Ear Nose and Throat (ENT).

- 5.2. The ultimate clinical decision on the appropriate treatment option remains with the GP and they can “override” the clinical triage recommendations if they believe this is the correct clinical decision for the individual patient.
- 5.3. The aim of the service is to improve the care available to patients through improved education of GPs allowing more timely access to treatment in the community.
- 5.4. The process involves the GP sending referral information through the national “E Referral” system (previously known as Choose and Book). It is reviewed by a “local” specialist who either offers advice to their GP as to alternative treatment options or is passed to our booking centre who will contact the patient to make them a hospital appointment in line with their preference.

- 5.5. By allowing patients to be cared for in the community this reduces pressure on stretched hospital based services. For example East Cheshire NHS Trust has recently restricted access for “non eastern Cheshire residents” to Cardiology, Gastroenterology and General Surgery services as the “demand” for these services is significantly exceeding the capacity available, leading to lengthy delays in being seen.
- 5.6. In August 2018, of those patients clinically triaged through the Referral Assistance Service circa 15% were able to be offered advice to support their care in primary care.
- 5.7. As has been previously presented to the Committee; GPs, and other clinicians, continue to promote health optimisation prior to surgery⁴, in line with good practice. This includes offering relevant patients access to the Cheshire East Council commissioned “One You” service in order that they can improve their health and lifestyle to optimise the benefits of surgery and reduce the associated clinical risk.

6. Right Care Programme⁵

- 6.1. NHS Right Care is a national programme which uses intelligence to highlight clinical variation in activity or outcomes for our population. This allows the variation to be analysed to assess if local intelligence can explain the variation or if there are improvement opportunities.
- 6.2. In the current year the CCG is working on a number of projects primarily related to musculoskeletal and cardiovascular conditions. For example we are working with partners to develop services in order to reduce falls and also improving the diagnosis and care of people with atrial fibrillation to reduce the incidence of strokes.

7. Procedures of Limited Clinical Value⁶

- 7.1. As many committee members will be aware, from previous presentations, the CCGs of Cheshire and Wirral implemented a revised commissioning policy, in April 2017, for the treatment of a range of conditions where clinical evidence suggests that the treatment may not be optimal or offer the NHS value for money compared to other alternatives. As new clinical evidence is presented the policy is refreshed.
- 7.2. Analysis of activity being undertaken shows that there is a reduction in the number of procedures, identified in the policy, undertaken which indicates that the policy is being successfully implemented by providers.

¹<https://www.england.nhs.uk/elective-care-transformation/>

²<https://www.easterncheshireccg.nhs.uk/Your-Health/msk-services-and-health-optimisation.htm>

³<https://www.easterncheshireccg.nhs.uk/Your-Health/referral-assistance-service.htm>

⁴<https://www.easterncheshireccg.nhs.uk/downloads/publications/policies/other/Health%20Optimisation%20Policy%20and%20Referral%20Form.pdf>

⁵<https://www.england.nhs.uk/rightcare/>

⁶<https://www.easterncheshireccg.nhs.uk/downloads/publications/policies/commissioning/Procedures%20of%20Low%20Clinical%20Priority%20-%20Cheshire%20Commissioning%20Policy.pdf>

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Minor Injuries Unit at Congleton Hospital

This report gives the Health and Adult Social Care and Communities Overview and Scrutiny Committee an update on the temporary closures at weekends and the plan to continue to do this over this forthcoming winter period.

	1 INTRODUCTION	
This paper provides an update on the ad hoc closure of MIU in Congleton	<p>1.1 Congleton hospital provides a number of services including 28 rehabilitation beds, outpatient facilities, x-ray and a minor Injuries unit (MIU).</p> <p>1.2 East Cheshire NHS trust manages the Congleton Minor Injuries Unit as part of the overall urgent care service which includes the Emergency Department at Macclesfield.</p> <p>1.3 This paper provides an update on the Congleton MIU which was closed on an ad-hoc basis throughout the winter of 2017/18 due to staffing pressures in A&E.</p>	
	2 SERVICE PROVIDED	
<p>The number of patients treated at Congleton is low in comparison to the Macclesfield ED and it is not a 24 hour service</p> <p>Types of conditions treated are described as limb problems, wounds and bites and stings. No patients required admission</p>	<p>2.1 The MIU is planned to be open at the following times:</p> <p>Weekdays : 10am – 6pm</p> <p>Weekends: 8:30am – 4:30pm</p> <p>Bank Holidays: 8:30am -4:30pm</p> <p>It is staffed by senior nursing staff – Emergency Nurse Practitioners (ENPs).</p> <p>The types of conditions treated at the MIU include burns, cuts, sprains, splinter removal and minor finger dislocations. Some of these can also be treated by primary care and other health care professionals. Most of issues treated (67%) are described as limb problems (sprains/strains minor fractures), with wounds (small lacerations) 14% and bites and stings 5%. Patients would not normally ever require admission to hospital.</p> <p>c. 1,800 patients were treated at the MIU during 2017/18 which compares to c 49,000 patients at the Macclesfield ED.</p> <p>c. 912 patients were treated at the MIU during April to July 2018 which compares to 16306 patients at the Macclesfield ED.</p> <p>On average the unit currently sees 11 patients per day with a range of 4 to 24 per day (based on April to July 2018 data).</p>	
	3 DAILY CLOSURES	
The staff in the MIU have been redeployed to the Macclesfield ED	<p>3.1 During the winter period there was significant pressure on the Macclesfield ED and the trust redeployed staff to where the greatest</p>	

<p>over the 2017-18 winter period to maximise staffing levels to the volumes of patients and whilst the position has improved, this continues to impact weekend provision.</p>	<p>clinical need has been. This has continued to impact the MIU and it is closed each weekend to enable redeployment of staff to the A&E Department.</p> <p>In addition there have continued to be occasions where the nurse at Congleton has been redeployed during weekdays as part of the staffing rostered at the Macclesfield ED but this has been less frequent and on a day by day basis in an attempt to provide as much service as possible to Congleton.</p> <p>The trust continues to communicate with partners and the public (via the website) on a daily basis about closures. Action taken included:</p> <ul style="list-style-type: none">• Highlighting the closure on the Trust’s website• Informing NHS 111 so they could divert patients to other solutions• Informing the CCG• Ensuring other internal departments were aware so they could also advise patients <p>The NHS Choices website continues to ask patients to check the trust website before setting off for the MIU.</p> <p>The table below shows the number of days the unit has been closed by month in2018</p> <table><tr><th>Month</th><th>Days Open</th><th>% of time closed (includes weekend)</th></tr><tr><td>July</td><td>22</td><td>29%</td></tr><tr><td>June</td><td>21</td><td>30%</td></tr><tr><td>May</td><td>18</td><td>42%</td></tr><tr><td>April</td><td>20</td><td>33.3%</td></tr><tr><td>March</td><td>12</td><td>61.3%</td></tr><tr><td>February</td><td>13</td><td>53.6%</td></tr><tr><td>January</td><td>2</td><td>93.5%</td></tr></table> <p>The current closures relate largely to weekend closure as the nurse is deployed at the Macclesfield site.</p>	Month	Days Open	% of time closed (includes weekend)	July	22	29%	June	21	30%	May	18	42%	April	20	33.3%	March	12	61.3%	February	13	53.6%	January	2	93.5%
Month	Days Open	% of time closed (includes weekend)																							
July	22	29%																							
June	21	30%																							
May	18	42%																							
April	20	33.3%																							
March	12	61.3%																							
February	13	53.6%																							
January	2	93.5%																							
	<p>4 EXTENDED ACCESS TO GP SERVICE</p>																								
<p>The extended access service commences October 2018 and provides enhanced access to GP services in Congleton and the rest of East Cheshire</p>	<p>4.1 The initial specification (for Oct18-Mar19) for Eastern Cheshire as a whole is for the provision of an additional 104 hours per week of general practice appointments. This increases to an additional 156 hours per week from April 2019 onwards. For the first six months, this equates to an additional 22 hours per week of general practice appointments in Congleton and Holmes Chapel (33 hours per week from April 2019 onwards).</p> <p>Again for the first six months two of the four GP practices (Readesmoor and Holmes Chapel) will provide the service Monday to Thursday (18.21 hours per week) and the central Vernova GP Hub in Macclesfield will provide the service on a Friday evening and at the</p>																								

		weekend for the whole of Eastern Cheshire. This service will be providing pre-bookable and book-on-the day general practice appointments
	5 SUMMARY	
<p>Continued pressure on the ED at Macclesfield hospital will continue to lead to some unavailability of service at Congleton MIU.</p> <p>The Trust seeks to ensure closure is minimised and should be offset by increased access to GP appointments in the Congleton area from October 2018</p>	5.1	<p>Committee members are asked to note that the pressure on the ED at Macclesfield continues to require the redeployment of nursing staff from Congleton to Macclesfield in line with activity volumes and staffing requirements.</p> <p>Continued staffing challenges during the weekends in Macclesfield is leading to the closure of the MIU and this is expected to continue throughout the forthcoming winter period.</p> <p>Increased access to GP appointments through the 'Extended Access' scheme from October 2018 should mitigate some of the inconvenience to patients due to MIU closures.</p>
Sign Off		<p>Kath Senior</p> <p>Director of Nursing, Performance and Quality</p>

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Equality Impact Assessment

Minor Injuries Unit, Congleton

For enquiries, support or further information contact Steve Redfern

This Equality Impact Assessment template has been adapted from the version produced by Midlands and Lancashire Commissioning Support Unit

EQUALITY IMPACT ASSESSMENT

ALL SECTIONS MUST BE COMPLETED

SECTION 1 - DETAILS OF PROJECT

Organisation: East Cheshire NHS Trust

Assessment Lead: Steve Redfern, Deputy Director of Operations

Directorate/Team responsible for the assessment: Acute and Integrated Community Care

Responsible Director / Board Member for the assessment: Kath Senior, Director of Nursing, Quality and Performance

Who else will be involved in undertaking the assessment? Lyn Bailey – Equality and Patient Experience Manager

Date of commencing the assessment: 1.8.18

Date for completing the assessment: 8.8.18

SECTION 2 – BACKGROUND AND OVERVIEW

Please tick which group(s) this project will or may impact upon?	Yes	No	Indirectly
Patients, service users	✓		
Carers or family	✓		
General Public	✓		
Staff	✓		
Partner organisations	✓		

Background of the project being assessed

The Minor Injuries Unit (MIU) is located at Congleton War Memorial Hospital and is intended to treat patients from the general eastern Cheshire area with minor injuries such as minor burns, cuts, minor foreign body removal, i.e. splinters, sprains and minor finger dislocations.

On each shift, the Minor Injuries Unit is staffed by one emergency nurse practitioner (ENP) and one healthcare assistant with access to clinical support from consultants. The unit is open Monday to Friday from 10.00 to 18.00 (x-rays 9.00 to 17.00) and on at weekends/bank holidays it is open from 8.00 to 16.00 with a break for lunch from 13.00 pm to 13.30.

This assessment is assessing the impact of continuing to close this unit at weekends and bank holidays and the transfer of this service to Macclesfield District General Hospital at weekends and bank holidays.

What are the aims and objectives of the project being assessed?

This assessment is to understand the impact on patients of continuing to close the minor injuries unit in Congleton at weekends and bank holidays in the context of ongoing operational pressures and staffing challenges across urgent care.

Services currently provided in relation to the project

East Cheshire NHS Trust provides a 24 hour accident and emergency service at Macclesfield Hospital where patients can be treated 24 hours a day for both major (type 1) and minor (type 3) injuries. A comprehensive team of highly skilled nurses, doctors and other health professionals are available to provide rapid assessment and treatment for people who have a serious illness or injury.

Patients who require specialist treatment for certain conditions such as heart attacks, stroke or major trauma are rapidly transferred to dedicated facilities quickly and safely. The unit now incorporates a purpose-built primary care centre where patients can be seen by a general practitioner or nurse if this is more appropriate to their clinical needs.

The department sees approximately 132 patients a day, of which 29 are admitted to hospital based on this year's data.

In line with other hospitals, Macclesfield Hospital's A&E Department has been subject to increased operational pressures in recent years, particularly over winter. Again as is the case with other NHS organisations, East Cheshire has faced challenges recruiting to vacant nursing posts in A&E and urgent care and also experienced disruption due to staff sickness levels.

As a result, the trust has reluctantly closed the Minor Injuries Unit for short periods (usually weekends and bank holidays) in recent months in order to redeploy its staff to A&E – particularly the unit's emergency nurse practitioner whose skills and experience is highly beneficial when A&E is under significant pressure. This has allowed the trust to maintain safe services and match available staffing with the location of patient demand.

Which protected characteristics (age, disability, sex, sexual orientation, gender reassignment, race, religion and belief, pregnancy and maternity, marriage and civil partnership), other disadvantaged groups (low socio-economic backgrounds, homeless etc.) and employees/staff networks do you intend to involve in the equality impact assessment?

Age, pregnancy and maternity, disability, and low socio-economic background.

How will you involve people from the groups mentioned in the question above in the decision making related to the project?

Short-term temporary closures of the MIU are communicated following an agreed written process which includes:

- Displaying signage at Congleton War Memorial Hospital (CWMH) advising of the closure and directing patients to alternative options
- Highlighting the closure prominently on the trust's website
- The NHS 111 service is informed in order to direct patients elsewhere
- Informing internal departments at the trust who may be affected e.g. radiology at CWMH and GP Out of Hours (GPOOHs) - to establish if there is a risk for lone workers which would require further action
- Informing Eastern Cheshire Clinical Commissioning Group (CCG)

It is anticipated that the proposed longer-term closure at weekends would be communicated to the public as described above but also highlighted widely via the local media and the NHS Choices website, plus:

- Engagement with patients using the services affected and also with staff

- Email and phone contact /comment lines
- Trust Patient Reference Group discussion.

SECTION 3 - WHAT OUTCOMES ARE EXPECTED/DESIRED FROM THIS PROJECT?

What are the benefits to patients and staff?

This proposal is ultimately based on our aim to maintain safe, effective and high-quality services to patients despite periods of intense demand and staffing challenges.

As has been widely reported in the media, NHS services and in particular A&E departments have experienced intense pressure this winter.

Macclesfield Hospital's A&E Department has been among those affected but has benefited from additional nursing staff redeployed from the Minor Injuries Unit during the temporary closures. The unit sees a comparatively small number of patients each day and the low level of complaints/comments the trust has received indicates that patients accept the reasoning behind the temporary closures.

The trust is continuing to experience extreme seasonal pressures so to assist with this and to give clarity to patients it is proposed that the unit should close on a longer-term basis at weekends and bank holidays, with a view to patients with minor injuries being seen at Macclesfield hospital.

How will any outcomes of the project be monitored, reviewed, evaluated and promoted where necessary?

Ongoing monitoring via the trust's weekly project team meeting and at the monthly Operational Management Team will ensure that any impacts are identified, considered and mitigating action taken where appropriate. Following any change to the service, patient feedback will be monitored via patient satisfaction surveys carried out in A&E.

SECTION 4 - EVIDENCE USED FOR ASSESSMENT

What evidence have you considered as part of this Equality Impact Assessment?

The following have been reviewed:

- Who is currently accessing the service and where they are travelling from
- Alternative provision available at Macclesfield Hospital including access to the new primary care centre with improved access for patients with a disability.
- Public transport links.

Engagement work is planned as part of the review process.

SECTION 5 - ENSURING LEGAL COMPLIANCE

Think about what you are planning to change; and what impact that will have upon 'your' compliance with the Public Sector Equality Duty (refer to the Guidance Sheet and complete with examples where necessary). For more information on the PSED [click here](#)

In what way does your current service delivery help to:

How might your proposal affect your capacity to:

How will you seek to mitigate any adverse effects?

(You will need to review how effective these measures have been)

End Unlawful Discrimination?	End Unlawful Discrimination?	End Unlawful Discrimination?
As an NHS service provider the trust has to provide equality based evidence of compliance to Public Sector Equality Duty and NHS mandatory requirements.	The proposal will comply with Equality Act and Public Sector Equality Duty through giving 'due regard' to groups with protected characteristics.	Through following the trust's Equality and Human Rights Policy and completing an Equality Impact Assessment.
Promote Equality of Opportunity?	Promote Equality of Opportunity?	Promote Equality of Opportunity?
Through provision of guidance and support at Macclesfield Hospital Accident and Emergency Department for all patients with protected characteristics	Proposal will consider impact on people with protected characteristics through this assessment and through governance processes.	Review of any recommendations / areas of risk identified within this equality impact risk assessment. This may include a satisfaction survey following the changes implemented.
Foster Good Relations Between People	Foster Good Relations Between People	Foster Good Relations Between People
By working to engage local people in a variety of ways so that their voices are heard and their views considered.	Proposal will consider impact on people with protected characteristics through this assessment and through governance processes. The process will also highlight opportunities to potentially develop good relations between people /community groups / organisations.	By ensuring that the local population understand the reasons for any changes.

SECTION 6 – ASSESSING THE IMPACT

Does the 'project' have the potential to:

- Have a **positive impact (benefit)** on any of the equality groups?
- Have a **negative impact / exclude / discriminate** against any person or equality group?
- **Explain** how this was **identified? Evidence/Consultation?**
- Who is most likely to be **affected** by the proposal and **how** (think about barriers, access, effects, outcomes etc.)
- Please include all evidence you have considered as part of your assessment e.g. Population statistics, service user data broken down by equality group/protected group

For a definition of the protected characteristics mentioned below and for examples of other disadvantaged groups, please see the attached document



Equality Group / Protected Group	Positive effect	Negative effect	Neutral effect	Please explain - MUST BE COMPLETED
Age		✓		<p>There is a potential negative impact for people who do not drive and who can currently walk to the Minor Injuries Unit, particularly those from deprived communities. For those driving, there may be car parking charges to consider which are in operation at the Macclesfield site. It should be noted that Blue Badge parking is free on all sites. The above would need to be tested out via engagement.</p> <p>Mitigation: To mitigate this information will be made available about bus and train times for patients to use.</p>
Disability		✓		<p>Patients with a disability may experience difficulties using public transport. It should be noted that Blue Badge parking is free on all trust sites. However, consideration should be given to how patients are informed about and supported to register their car in order to benefit from free parking.</p> <p>There may be an impact for some patients with autism or learning disabilities currently accessing services at Congleton, the change of venue may be an issue as they are used to the venue.</p> <p>The transport issue outlined above also has a greater impact for people with disabilities and their carers.</p> <p>Mitigation: To mitigate this information will be made available about bus and train times for patients to use and advice about accessing disabled facilities on these public routes.</p>

Equality Group / Protected Group	Positive effect	Negative effect	Neutral effect	Please explain - MUST BE COMPLETED
Gender Reassignment			✓	No anticipated impact.
Pregnancy and Maternity		✓		There is a potential negative impact for people who do not drive and who can currently walk to the MIU in Congleton, particularly those from deprived communities, but there are improved facilities at Macclesfield e.g. Maternity unit, Radiology, Early Pregnancy Assessment Unit. This would need to be tested out via engagement.
Race			✓	No anticipated impact. East Cheshire NHS Trust already provides an interpretation and translation service for patients/carers as required.
Religion or Belief			✓	No anticipated impact. Service and customer care is already delivered in an inclusive manner which respects the diversity of patients. Consideration of staff religious beliefs at holy times is in place. Consideration of patients' religious/spiritual or other beliefs is an integral part of the service and appointments can be made to accommodate this.
Sex (Gender)			✓	No anticipated impact. Service and customer care is already delivered in an inclusive manner which respects the diversity of patients. Patients can already request to see same sex clinicians (and/or request a chaperone) but the trust would be better-placed to meet those requests in the A&E Department due to the much higher volume of staff available.
Sexual Orientation			✓	No anticipated impact.
Marriage and Civil Partnership			✓	No anticipated impact.
Carers		✓	✓	For those driving, there may be car parking charges to consider which are in operation at the Macclesfield site. It should be noted that Blue Badge parking is free on all sites. For those using public transport there may be issues with timely access in accompanying older or disabled people to the Macclesfield A and E department. Mitigation: To mitigate this information will be made available about bus and train times for patients to use and advice about accessing disabled facilities on these public routes.
Deprived Communities			✓	There is likely to be an impact on people on lower incomes without private transport. Mitigation: For people on income support/benefits, there is the 'Help with health costs' process whereby they are


Equality Group / Protected Group	Positive effect	Negative effect	Neutral effect	Please explain - MUST BE COMPLETED
				able to claim travel costs via the hospital cash office if coming to Macclesfield . The patient would need to provide their current notification of benefits letter, their appointment card/letter and travel receipt or mileage if travelling by private car. Alternatively they can claim by post via the HC5 form.
Vulnerable Groups e.g. Homeless, Sex Workers, Military Veterans			✓	There may be an impact via increased travel costs as above. Mitigation: For people on income support/benefits, there is the 'Help with health costs' process whereby they are able to claim travel costs via the hospital cash office if coming to Macclesfield . The patient would need to provide their current notification of benefits letter, their appointment card/letter and travel receipt or mileage if travelling by private car Alternatively they can claim by post via the HC5 form.

SECTION 7 – COMPLIANCE WITH HUMAN RIGHTS ACT 1998

Consider what, if any impact the proposal(s) may have on human rights.

Article 10 – Freedom of expression – The CCG/Trust will consider the level of engagement and/or public consultation required to enable people to have their say should the weekend and bank holiday closure continue in the longer term. Due consideration will be given to any identified equality impacts.

Article 14 – Discrimination – Equality Impact Assessment process being followed.

SECTION 8 – ACTION PLAN					
List any actions to be taken to mitigate the impact of the proposal(s) on groups/communities					
No.	Action	Desired outcome	Action owner	Evidence	Completed by [date]
1	The engagement process needs to reach target groups in the locality.	Evidence that these groups have been reached needs to be a visible part of the process and discussed as part of the ongoing monitoring of the EIA and action plan.	Steve Redfern, Deputy Director of Operations		
2	The project needs to take into consideration how it will communicate the continued weekend closures to patients and the public in Congleton and surrounding area	ECT communications team will discuss and implement a communications plan using a variety of methods if required such as social media, local press and the trust's website.	Chris Gorman – ECT Media and Communications Manager		
3	Any identified impacts from patient and public feedback need to be discussed and considered and mitigating action taken where appropriate.	Transparent evidence- based decisions made and documented, along with any mitigating action.	Steve Redfern, Deputy Director of Operations	.	
<p>This is the end of the Equality Impact section. Please use the embedded checklist to ensure you have included all necessary and relevant information in the document</p> 					

SECTION 9 – ONGOING MONITORING AND REVIEW OF EQUALITY IMPACT ASSESSMENTS AND ACTION PLANS

Please describe briefly, how the action plan will be monitored through internal governance processes?

The action plan will be monitored by the equality lead to ensure reviews are taking place and impacts discussed and documented. The action plan will be reviewed via the trust's Operational Management Team.

Date of the next review of the Equality Impact Assessment section and action plan?

Date: September 2018

Which committee / work stream will be responsible for monitoring the action plan progress?

Monthly ECT Operational Management Team meetings and weekly project meetings when consultation commences

Who will be the responsible person in the organisation to ensure the action plan is monitored?

Steve Redfern - Deputy Director of Operations

SECTION 10 – SIGN OFF

Date completed by manager/team	8.8.18
Date reviewed for feedback by E & D Lead	21.8.18

SECTION 11 - REVIEW

Intended review date for this EIA	September 2018
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**Cheshire East Health and Adult Social Care and Communities
Overview and Scrutiny Committee**

Date of Meeting: 13 September 2018

Report of: Neil Evans
Commissioning Director – NHS Eastern Cheshire CCG

Subject/Title: Update on Dermatology Services in Eastern Cheshire
Dermatology Contract

1. Report Summary

- 1.1. This paper provides an update to the report received by Adult Social Care and Health Overview and Scrutiny Committee in May 2018 detailing the risk to local provision of dermatology care for the population of NHS Eastern Cheshire Clinical Commissioning CCG.
- 1.2. The actions highlighted to the committee in May have now been implemented by Vernova Community Interest Company, this has partially mitigated the losses being incurred. Commissioners are providing some additional funding to maintain services in the short term.
- 1.3. Despite engagement with the NHS market for provision of Dermatology it has not yet proven possible to identify an alternative provider to Vernova and work is taking place to identify future service models which are both clinically effective and financially viable.

2. Recommendations

- 2.1. The committee is asked to note the actions taking place in order to maintain services within eastern Cheshire.

3. Background

- 3.1 Vernova Healthcare Community Interest Company, served notice on the existing contractual arrangements on 5 April 2018. The basis of this contract notice was financially driven noting the service is regarded highly clinically including recent award of Dermatology Team of the Year by the BMJ.
- 3.2 Dermatology services nationally remain extremely challenged with severe capacity constraints. Eastern Cheshire CCG residents cannot be referred by their GP into services operated by some other local providers e.g. Salford or Mid Cheshire (Leighton) who have restricted referrals due to these capacity constraints. Some other providers allow referrals but due to their capacity limitations there are prolonged delays accessing services as well as requiring patients to travel significant distances.

- 3.3 Neighbouring NHS Trusts and three independent sector providers have been asked if they would be willing to take over local provision of Dermatology from Vernova. It was reported in the previous report that one provider had indicated an interest on providing local services, however following full due diligence the provider has withdrawn. The reason given by this Provider, and the others approached, cites two main factors:

- 3.3.1 Unable to employ the required clinical capacity to provide a service
- 3.3.2 Financial losses associated with running a Dermatology Service (national tariff income compared to the cost of delivery)

- 3.4 As was discussed with the committee in May; Vernova have now implemented a range of plans to reduce losses in the short or medium term. The changes implemented are:

- 3.4.1 Organisational restructuring
- 3.4.2 Cease local provision of photodynamic therapy with patients referred onto alternative providers as required (in line with regular practice for “non specialist tertiary centre” services)
- 3.4.3 Restrict the service, for new referrals, to Eastern Cheshire CCG patients only with “out of area” providers accessing their locally commissioned service.
- 3.4.4 Universal application of Wigs Policy.
- 3.4.5 Withdraw from higher cost locations, which has meant that residents in Congleton and Knutsford now need to travel to other sites in Macclesfield, Handforth or Alderley Edge, and as a result making phased reductions in Locum medical staffing capacity.

In addition:

- 3.4.6 A process has been introduced for the management of out-of-area follow up patients and their discharge as treatment is completed. The Commissioners have agreed to an increase in the tariff being paid for patients attending follow up attendances to allow their treatment to be maintained safely. This variation in approach to national NHS tariff pricing has been agreed as appropriate by NHS Improvement, the payment regulator for the NHS

These changes have enabled Vernova to continue to provide a comprehensive service whilst a longer term solution is identified.

- 3.5 There remains three broad future options for the provision of Dermatology services to our population:

- 3.5.1 Only commission using the standard national NHS tariff dermatology service in line with national guidance, accepting that because of the

- lack of a local provider market, patients may have to travel significant distances to access services.
- 3.5.2 Commission a provider, using our historic service model, at a significant premium in order to secure a local service.
 - 3.5.3 Commission a redesigned dermatology service which is affordable to the CCG and to the market: continue to work with a provider e.g. Vernova to bring the service offer down to an affordable level but attractive enough to the market to provide.
- 3.6 In assessing the viability of these options the CCG and Vernova continue to work together to maintain a local service in the short term.
- 3.7 To assess the preferred longer term solution a review has been taking place utilising the expertise of the clinical and managerial leads from the Vernova service, CCG, GPs (including those with a special interest in dermatology). This review is assessing how the services provided locally by GPs as well as Vernova could be redesigned to improve effectiveness and efficiency. As a result:
- 3.7.1 A revised service specification for minor surgery provided by Primary Care (GP Surgeries) is being developed
 - 3.7.2 A revised service specification for secondary care (specialist) services is being developed
 - 3.7.3 Exploring the use of new Primary Care diagnostic and technology (telecare) solutions to enable appropriateness of referrals to be improved further
- 3.8 The savings which could be realised as a result of these additional actions have not yet been fully assessed as the changes above need to be finalised.
- 3.9 It is recognised that even with efficiencies the national tariff pricing is not going to cover the costs incurred in delivering a revised service model. Any premium in funding is still to be assessed and additional funding would need to be agreed by the CCG Governing Body.

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Working for a brighter future together

Health and Adult Social Care Overview and Scrutiny Committee

Date of Meeting: 13 September 2017

Report Title: BCF End of Year Report

Portfolio Holder: Cllr. Janet Clowes (Adults Social Care and Integration)

Senior Officer: Linda Couchman, Interim Director of Adult Social Care and Health

1. Report Summary

1.1. The following is the year-end report for the Better Care Fund. The Better Care Fund provides a mechanism for joint health and social care planning and commissioning, bringing together ring-fenced budgets from Clinical Commissioning Group allocations, the Disabled Facilities Grant and funding paid directly to local government for adult social care services – the Improved Better Care Fund.

1.2. The year-end report covers the performance of the BCF in Cheshire East over 2017/18.

2. Recommendation/s

2.1. That the Better Care Fund in Cheshire East is making a significant difference to people's lives as evidenced by the highlights of scheme performance.

2.2. That Notable improvements to Delayed Transfers of Care have taken place during the course of 2017/18.

2.3. The Better Care Fund plan covers a two year period 2017/19 and in 2018/19 there remains much to do.

3. Reasons for Recommendation/s

3.1. In appraising the performance of BCF in 2017/18, consideration should be given to 'highlights of scheme performance', 'how the plan performed against the national metrics' and 'the financial income and expenditure of the plan'.

3.2. This end of year report forms part of the monitoring arrangements for the Better Care Fund.

4. Other Options Considered

4.1. Not applicable.

5. Background

5.1. Better Care Fund background

5.2. The Better Care Fund provides a mechanism for joint health and social care planning and commissioning, bringing together ring-fenced budgets from Clinical Commissioning Group allocations, the Disabled Facilities Grant and funding paid directly to local government for adult social care services – the Improved Better Care Fund. The Spring Budget 2017 announced an additional £2 billion to support adult social care in England. This money is included in the Improved Better Care Fund grant to local authorities and will be included in local Better Care Fund pooled funding and plans.

5.3. Local Better Care Fund plans are subject to national conditions and guidance. Local plans are monitored through NHS England and there are strict timelines regarding submission of plans for both regional and national assurance of plans to take place.

5.4. National Conditions for 2017-19: In 2017-19, NHS England required that Better Care Fund plans demonstrated how the area will meet the following national conditions:

- Plans to be jointly agreed
- NHS contribution to adult social care is maintained in line with inflation
- Agreement to invest in NHS commissioned out-of-hospital services, which may include 7 day services and adult social care
- Managing Transfers of Care (*Delayed Transfers of Care*)

5.5. Detailed Implementation Plans were developed as part of the '*Delivering the Better Care Fund in Cheshire East 2017-19*,' which was fully assured by NHS England on 21st December 2017. The progress against the delivery of these plans will be shared and monitored by the Better Care Fund Governance Board and will also be presented to the Cheshire East Health and Wellbeing Board on a quarterly basis.

5.6. Highlights of scheme performance

5.7. The following table details the schemes which comprise the Better Care Fund and gives a summary of the number of people supported and the scheme highlights.

Scheme number	Scheme name	Fund	The number of people supported/highlights
001	Assistive Technology (AT)	Better Care Fund	<ul style="list-style-type: none"> 2358
002	British Red Cross 'Support at Home Service'	Better Care Fund	<ul style="list-style-type: none"> Service established Enabled more people to be supported at home, including patients recently discharged from hospital.
003	Combined Reablement Service	Better Care Fund	<ul style="list-style-type: none"> 4468
004	Safeguarding Adults Board	Better Care Fund	<ul style="list-style-type: none"> Number of adult safeguarding concerns raised in-year – 3175. Number of Section 42 enquiries i- year – 1030. Number of cases referred to high risk self-neglect forum in-year – 16.
005	Disabled Facilities Grant (DFG)	Better Care Fund	<ul style="list-style-type: none"> 318
006	Carers Assessment and Support, Carers Live Well Fund	Better Care Fund	<ul style="list-style-type: none"> 872
007	'Home First' Schemes ECCG	Better Care Fund	<ul style="list-style-type: none"> Services working in integrated way with Social Care and Primary Care Colleagues in Multi-disciplinary team approach including: Provision of 58 Intermediate Care beds at East Cheshire NHS Trust and community based Intermediate Care Services Night Service to take vulnerable patients home from A&E
008	'Home First' Schemes SCCC	Better Care Fund	
009	Programme Management and Infrastructure	Better Care Fund	<ul style="list-style-type: none"> On-time submission of NHSE and other central returns. Monthly reporting of

Scheme number	Scheme name	Fund	The number of people supported/highlights
			actual and forecast spend against budget from end of Quarter one onwards.
010	'Winter' Schemes ECCCCG	Better Care Fund & Improved Better Care Fund	<ul style="list-style-type: none"> Additional 38 beds spot purchased to aid flow within the hospital and to ensure people were receiving the right care in the right location Increased the number of community beds to 96 as a core bed stock but increased up to 109 to manage peaks in demand during the challenging winter period. Additional therapy staff recruited within the community to support the community beds and to support local care homes.
011	'Winter' Schemes SCCCCG	Better Care Fund & Improved Better Care Fund	
012	Home Care (domiciliary care) Package Retention for 7 days	Improved Better Care Fund	<ul style="list-style-type: none"> The care package retention scheme was used on 394 occasions.
013	Increased capacity in the Social Work Team over Bank Holiday weekends	Improved Better Care Fund	<ul style="list-style-type: none"> Funding in place to support discharge models which included having a locality manager and practice manager in post as well as having social workers available on weekends covering both Leighton and Macclesfield hospitals.
014	Enhanced Care Sourcing Team (8am-8pm)	Improved Better Care Fund	<ul style="list-style-type: none"> 995 packages of care were sourced
015	Live Well Cheshire East	Improved Better Care Fund	<ul style="list-style-type: none"> Live Well CE established, the site generated 16,000 page views per week and 5,700 individual user sessions.

Scheme number	Scheme name	Fund	The number of people supported/highlights
016	Additional Social Care staff to prevent people from being delayed in hospital	Improved Better Care Fund	<ul style="list-style-type: none"> A locality manager and practice manager in post as well as having social workers available on weekends covering both Leighton and Macclesfield hospitals.
017	Improved access to and sustainability of the local Care Market ('Home Care' and 'Accommodation with Care')	Improved Better Care Fund	<ul style="list-style-type: none"> Commenced Fair cost of care pricing review and consultation for Accommodation with Care. Completed market engagement on carers services and people with complex needs Specification for Care at Home and Accommodation with care completed.
018	Care Home assessments at the weekend	Improved Better Care Fund	<ul style="list-style-type: none"> Scheme proposal produced. Trusted assessor training attendance Meetings held with care provider market.

5.8. How the plan performed against national metrics

The BCF policy framework establishes the national metrics for measuring progress of integration through the BCF. Information on all four metrics is collected nationally. In summary these are:

- Non-elective admissions (General and Acute);
- Admissions to residential and care homes
- Effectiveness of Reablement; and
- Delayed transfers of care;

5.8.1. The following table gives a breakdown of the target against each metric for 2017/18 as well as the actual performance during 2017/18 and a RAG rating.

Metric	Target	Actual performance	RAG rating
1. NEA - Reduction in non-elective admissions:	Q4 17/18 10,072	Q4 17/18 9,874	Green
	Total 17/18	Total	

		39,768	39,295	
2.	Residential admissions - Rate of permanent admissions to residential care per 100,000 populations (65+):	716.9	729.7	Red
3.	Reablement - Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into Reablement / rehabilitation services:	88.4	82.4%	Red
4.	Delayed Transfers of Care (delayed days):	Q4 17/18 958.9	Q4 17/18 874	Green

5.9. The financial income and expenditure of the plan

5.10. The total BCF budget in 2017/18 was £24.93 million. The total expenditure for the year was £24.82 million resulting in an underspend of £0.11m. This underspend of £110k will be carried forward for reinvestment in 2018/19.

5.11. The table below shows the final outturn for 2017/18. This demonstrates the size of the fund and the fact this has met the conditions with regard to the total funds pooled as required by central government. After accounting for any individual scheme variances (both over and underspends) in line with the agreed Section 75 agreements, the final bottom line position is an underspend of £111k. Cheshire East Council has carried forward this underspend into 2018/19 and the deployment of these funds will be agreed with all BCF partners following the methodology set out in Schedule 3 of the S75 agreements that govern the operation of the Pooled Fund.

2017/18 Better Care Fund scheme	Total BCF	Total variance
Assistive Technology (AT)	743,000	138,581
British Red Cross 'Support at Home Service'	243,000	18,079
Combined Reablement Service	4,401,000	(243,832)
Safeguarding Adults Board	390,000	0
Programme Management and Infrastructure	226,522	(34,380)

'Home First' Schemes ECCG'	8,378,000	0
'Home First' Schemes SCCCCG'	7,427,000	0
Carers Assessment and Support	319,000	0
Carers Live Well Fund	376,000	11,050
Winter' Schemes ECCCG	260,000	0
'Winter' Schemes SCCCCG	240,000	0
Disabled Facilities Grant (DFG)	1,931,000	0
TOTAL	24,934,522	(110,502)

5.12. **The next steps in 2018/19**

- System leadership event to refine view of integration
- 7 day working self-assessment
- High Impact Care self-assessment
- Developing Cheshire East approach to integration scorecard
- Imbedding learning from the local systems reviews which have been carried out by CQC

6. Implications of the Recommendations

6.1. Legal Implications

6.1.1. This is in line with the Care Act 2014, and The Better Care Fund Policy Guidance and the Local Government Act 2003 for adult social care.

6.1.2. The Better Care Fund Governance Group continues to have oversight and responsibility for reviewing the delivery of the agreement. Under Section 75 of the National Health Service Act 2006, NHS bodies may enter into arrangements with local authorities in relation to NHS functions and the health functions of local authorities.

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

6.2. Finance Implications

6.2.1. Financial implications are stated in the body of the report.

6.3. Policy Implications

6.3.1. The ageing population in Cheshire East and associated pressures on the home care market is central to the planning behind the iBCF schemes and core Better Care Fund schemes which have been developed for Cheshire East Better Care Fund.

6.4. Equality Implications

6.4.1. As the leaders for our local health and social care economy, all BCF partners in Cheshire East are conversant and compliant with the Equality Act 2010.

6.5. Human Resources Implications

6.5.1. Any impact for Cheshire East employees will be as a result of the need for greater integration in care delivery and commissioning in terms of restructures or changes to job roles. These will be dealt in accordance with the Councils policy and procedures. This could be due to a number of factors- seven day working policy, change in terms and conditions, geographical location of staff. Any identified implication will have a full impact assessment completed and assurance that all employment legislation is adhered to.

6.6. Risk Management Implications

6.6.1. Risk of the consequence of failing to achieve proposed changes in activity levels and a plan to mitigate these with respect to the BCF in 2018-19.

6.7. Rural Communities Implications

6.7.1. There are no direct implications for rural communities.

6.8. Implications for Children & Young People

6.8.1. Some children and young people are classed as carers, and it is important that these individuals are recognised and supported through the existing better care fund.

6.9. Public Health Implications

6.9.1. The Better Care Fund has been created to improve the lives of some of the most vulnerable people in our society, placing them at the centre of their care and support, and providing them integrated health and social care services, resulting in an improved experience and better quality of life.

6.9.2. Reducing the demand for health and care services, by enabling people to enjoy a healthy and active life within their communities, is a key priority for the NHS and social care system

6.9.3. The Better Care Fund has been created to improve the lives of some of the most vulnerable people in our society, placing them at the centre of their care and support, and providing them integrated health and social care services, resulting in an improved experience and better quality of life.

6.9.4. Health and care that supports better health and wellbeing for all, and a closing of health inequalities.

7. Ward Members Affected

7.1. The implications are borough wide.

8. Consultation & Engagement

8.1. Consultation and engagement with CCG partners through the BCF Governance Group has taken place and will continue to take place

9. Access to Information

9.1. 2017-19 Integration and Better Care Fund Policy Framework (DoH, DCLG 2017)

9.2. Delivering the Better Care Fund in Cheshire East 2017-19

9.3. Integration and Better Care Fund planning requirements for 2017-19

10. Contact Information

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

Name: Alex Jones

Job Title: BCF Programme Manager

Email: Alex.t.jones@cheshireeast.gov.uk

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2017/18

Cheshire East Safeguarding Adults Board Annual Report



Welcome from Independent Chair

I have great pleasure in introducing you to the Annual Report of Cheshire East's Local Safeguarding Adults Board.

I became the Interim Independent Chair in September 2017 following the decision of Robert Templeton to stand down, and I pay tribute to him for his contribution to the work and development of the Board. I have spent most of this year meeting and getting to know members of the board and stakeholders as well as seeing at first hand work going on at the front line and with the third sector.

We have added a deep dive, led by a partner organisation, to each of our board meetings, which has proved to be successful. I have met committed and passionate staff and volunteers across the Borough who go the extra mile to safeguard our fellow citizens on a daily basis. Excellent events have taken place across the borough over the last year and two that stand out are a Workshop on Domestic Violence, led by survivors and a multi- agency development session with trainee doctors at Leighton Hospital.

To recognise those at the front line, whether as individuals or as teams, we are holding our first awards event this autumn to give an opportunity to give well deserved pats on backs to those who really deliver exceptional care. Next year's annual report will give a report of the event, but for future award events if you come across outstanding practice then please contact the Safeguarding team to nominate them.

The Statutory Partners, the Local Authority, the NHS through the Clinical Commissioning Group and the Police work closely together, but could not begin to undertake the wide agenda that is Adult Safeguarding without our other partners on the board and I pay tribute to them all for their contributions.

Adult Safeguarding now includes such topics as People Trafficking, Modern Day Slavery, Self- Neglect and County Lines as well Domestic Violence, Financial Abuse and Physical Abuse, an agenda that is much wider than when Safeguarding Boards were introduced. The voice of those who use services is important to the board and I commend the Service User group for their work in this area.

Finally I pay tribute to the Safeguarding Team in Cheshire East and their work, and Katie Jones our board manager and Debbie Kirkup our administrator for whom nothing is ever too much trouble.



THE BOARD

Who are we?

The Cheshire East Safeguarding Adults Board (CESAB) is a statutory multi-agency partnership comprising of Cheshire East Council, Cheshire Police, NHS Eastern Cheshire Clinical Commissioning Group, NHS South Cheshire Clinical Commissioning Group, housing, local Hospital Trusts, Cheshire and Wirral Partnership NHS Trust, North West Ambulance Service, the local prison plus probation trusts, Healthwatch Cheshire East and the faith sector.

The Board meets every 3 months and has a number of sub-groups.

The purpose of the Board

The overarching purpose of the board is to help and safeguard adults with care and support needs. CESAB ensure that locally abuse is prevented and that partners respond when abuse does occur in line with the needs and wishes of the person experiencing harm.

Our aims

Working together and with adults at risk of abuse the board aims to ensure people are:

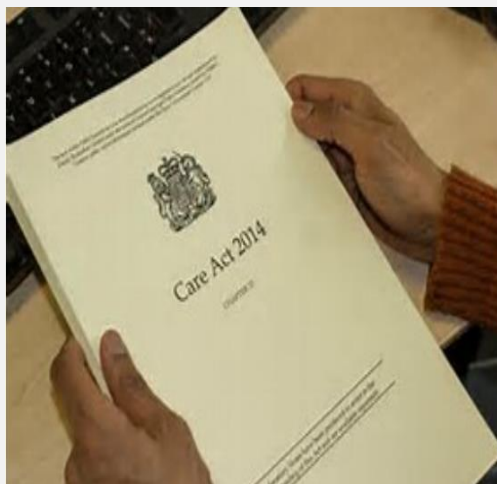
- safe and able to protect themselves from abuse and neglect;
- treated fairly and with dignity and respect;
- protected when they need to be;
- and able to easily get the support, protection and services that they need.

What is Safeguarding? Safeguarding means protecting people's health, wellbeing and human rights, and enabling them to live free from harm, abuse and neglect

The work of the Board is driven by its vision that People in Cheshire East have the right to live a life free from harm, where communities:

- **Have a culture that does not tolerate abuse**
- **Work together to prevent abuse**
- **Know what to do when abuse happens**

Cheshire East Safeguarding Adults Board is required, under the Care Act 2014, to produce an annual report each year. The report must set out what we have done during the last year to help and protect adults at risk of abuse and neglect in Cheshire East.



Our annual report tells you:

- **What the Board has done in 2017/18**
- **What the data for 2017/18 tells us about Adult Safeguarding in Cheshire East**
- **Using case studies, tells you about some of the contributions of partners to adult safeguarding**
- **Our priorities looking forward.**

This report will be published on our website www.stopadultabuse.org.uk for all partners and members of the public to access

As required by the Care Act, this report will also be shared with the Chief Executive Officer and Lead Member at Cheshire East Council as well as the Police and Crime Commissioner, Heathwatch Cheshire East plus Cheshire East Health and Wellbeing Board.

What has the board done in 2017/18?

An important role of the CESAB is to raise public awareness so that communities play their part in preventing, identifying and responding to abuse and neglect. CESAB originally launched its 'Spoken Word Piece' in October 2016 but the work of promoting and developing this piece continued long into 2017/18. In the winter of 2017 we found this short video piece had reached nearly 3.2k views on You Tube, this is separate to any viewings from other platforms/ within training sessions



During 2017/18 The Spoken Word Piece has been embedded in induction and basic awareness training. This training is open to Council staff, partner agencies and service providers.

Professor Suzy Braye has also requested to use the piece in her national safeguarding training

The short clip has been added to the national Safeguarding toolkit for GPs

In September 2017 Dr Adi Cooper OBE & Emily White published their book 'Safeguarding Adults Under the Care Act 2014'. This book focuses on person-centred and outcome focused approaches in Adult Safeguarding, and is opened by the printed words of our Spoken Word Piece plus further interviews and statements from members of our Service User Sub-Group.

“Never give up on us, if you walk away, the person isn’t going to have a very nice life”

Mr X, Service User CESAB, P. 3 'Safeguarding Adults Under the Care Act'



In 2017 the Pan Cheshire Modern Slavery Strategy was launched. CESAB were key partners in the writing and implementation of this plan along with the three other Cheshire SABs & the Cheshire Anti-Slavery Network (CASN)

The Cheshire Anti-Slavery Network is a multi-agency partnership and network of organisations from the statutory and non-statutory sectors aiming to raise awareness of human trafficking, enhance information sharing and partnership working and to support the pan Cheshire Slavery Strategy. The network is supported by the Cheshire Police and Crime Commissioner and the 4 SABs within the Cheshire footprint.

CASN are represented on other national forums and these help to inform our work at a regional level – examples of this are bringing the knowledge and information on items such as the proposed changes to the national referral mechanism, Home Office NRM pilots, Victim Care Pathways and post National Referral Mechanism Care. In 2017, we planned and held a multi-agency table top exercise working through several case studies to identify gaps in provision and establish a victim care pathway that provides victims a better chance of being able to live and work in dignity in the future. Gaps identified were some partners not having had the appropriate training on Modern Slavery, that Bed and Breakfast accommodation is not the ideal place for victims to be taken post rescue, that having an NGO interview victims and make the NRM referral would be good practice and that the sign posting to support services could be better, particularly if the victim chooses not to enter the NRM. We have drafted a document outlining these proposals of a pan Cheshire agreement for a coordinated and consistent victim care pathway. This has gone to the four LA CEOs for consultation.

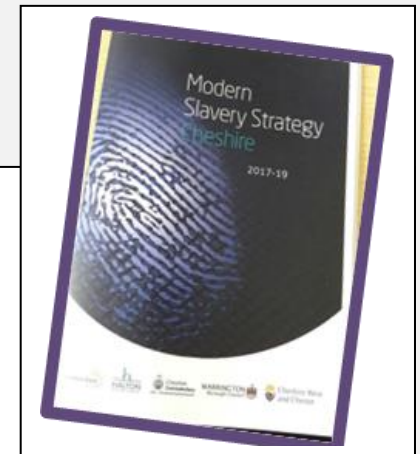
The CASN has also carried out awareness raising and training for partner agencies, and we have sought to enhance our own knowledge by having presentations provided to us by experts in their fields i.e. Home Office Border Agency, National Crime Agency and NGOs providing support for victims.

We have also recognised homelessness and rough sleeping is a vulnerability that could be exploited by traffickers and homelessness post NRM is an issue if a victim can't evidence they have exercised their treaty rights. So, we plan to raise awareness in the homeless sectors and work with and support Local Authorities in their implementation of the Homelessness Reduction Act 2018.

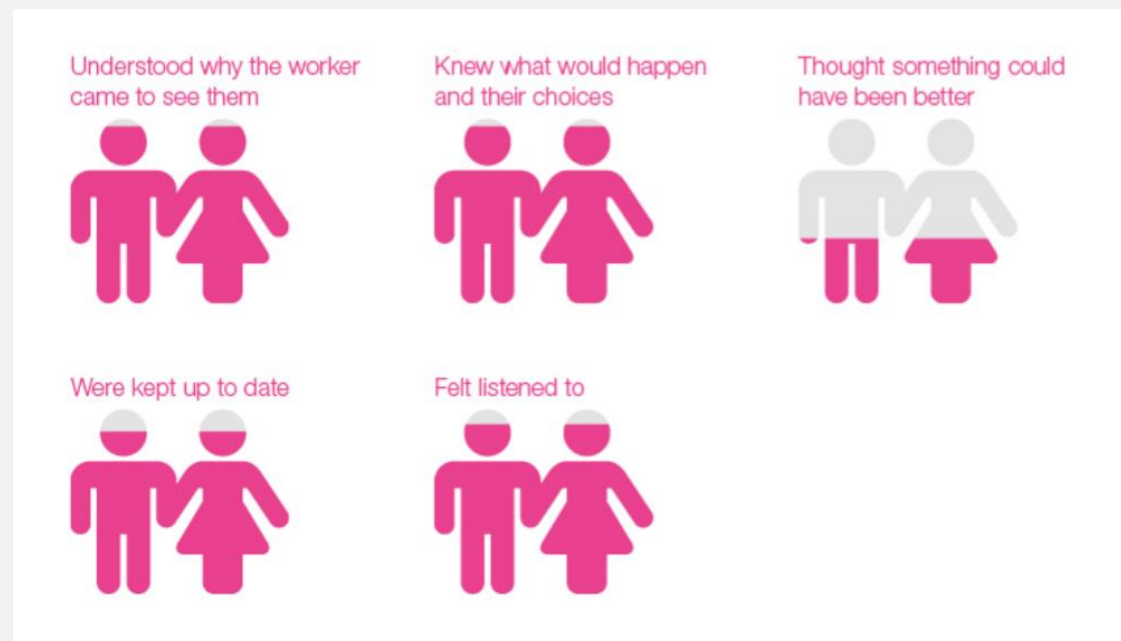
For Anti-Slavery Day, this year we are looking at the possibility of a conference for relevant care and support providers and other organisations supported by the OPCC. The aim would be to raise awareness of Modern Slavery and the connection of it to the other forms of abuse and exploitation such as DV, FGM, Forced Marriage, County Lines and CSE. In 2018, we are also seeking to identify ways in which we can engage with industry better to raise awareness, enhance information sharing and identify and support victims. We will do this in the initial stages by working with the Chamber of Commerce and their members.

Robin Brierley

Chair
Cheshire Anti-Slavery Network



Making Safeguarding Personal



CESAB partners are committed to ensuring that adults at risk make their own choices and have control over their lives.

In the autumn of 2017, CESAB partners did a Self-Assessment of Making Safeguarding Personal (MSP) practice within their settings. CESAB want to ensure that in Cheshire East safeguarding services work together to make sure people get the lives they want. The self-assessment highlighted that in Cheshire East there is good evidence of service user engagement across partner agencies. Organisations promote users' wishes around choice and control. Partner organisations utilise an appropriate range of methods to ensure the adult safeguarding workforce in Cheshire East is aware of and can apply Making Safeguarding Personal in practice. The audit did however indicate that knowledge and understanding of advocacy varied widely between organisations and organisations developed their own actions around addressing this. This audit will be repeated in 2018 to monitor the progress partners are making

Peer Review

In May 2017 an external Peer Review undertaken by Sefton Council took place. This review reflected on the adult safeguarding practice of Cheshire East Council but also as part of this assessment reviewed the multi-agency work of the Safeguarding Adults Board. Partners positively embraced this challenge and Cheshire East Council has produced an improvement plan as a result of the Peer Review. This has been revised throughout the year to reflect current and ongoing priorities, as a number of initial actions have been successfully completed



Over 2017/18 CESAB produced regular newsletters which were sent to all partners and posted on the website providing information on adult safeguarding.

The Board are also producing more information in Easy Read format; this ensures it is now easier for professionals, public and adults at risk to understand safeguarding, how to keep safe and how to respond when there is a concern.

The Board continues to develop its social media presence across Twitter, Facebook, and Linked In

In September the Board celebrated 10 years of the Mental Capacity Act.

The Board celebrated all that the act brings to practice including greater personal control, human rights and even the opportunity to make decisions that may seem unwise to many.

This event provided an opportunity to challenge ourselves and other professionals about their application of the MCA in order to get it right the first time.



CESAB have also been in attendance at number of key events across the year such as, the CHANGE event facilitated by Cheshire East domestic and sexual abuse partnership, the G.P Multi-agency Training Event, Human Trafficking Awareness Event, ADASS Regional Service User Engagement Conference and the regional event for World Social Work Day

Links with other Boards: In 2016/17 we stated that we wanted to establish effective working relationships between the key partnership boards that have oversight of work undertaken to support residents of Cheshire East. Over the last year we have worked closely with the three other SABs within the Cheshire area as well as local multi-agency partnerships in Cheshire East such as the Community Safety Partnership, the Local Safeguarding Children's Board, the Domestic Abuse Partnership and the Health and Wellbeing Board. The Chairs from the local partnerships now meet quarterly as well as a pan Cheshire Business Managers Group, this has resulted in a clearer understanding of respective roles and responsibilities, improve joined up working between partners, reduced duplication, and developed collaborative efforts to improve the resilience of Cheshire East communities, families and individuals.

North West Safeguarding Adults Policy:

In spring 2017 the North West Safeguarding Adults Policy was launched. This safeguarding adult's policy was written to ensure consistency in adult safeguarding across the North West. A number of Local Authorities have been involved with its completion and have signed up to adopt the policy. This includes partners of CESAB.

Quality and Audit: Considerable work has been undertaken this year to enhance the data and information available to the CESAB. This has been supported by Cheshire East Council implementing a revised case recording system over the last twelve months. Multi-agency Safeguarding data is received and scrutinised on a quarterly basis and regular deep dives and multi-agency audits work have taken place throughout the year. This has helped identify a number of strengths but also any issues in Cheshire East's multi-agency safeguarding processes. This will be the first year that Cheshire East Council has been able to share Making Safeguarding Personal (MSP) data with the Board. The overall breakdown of local data can be found on the next page

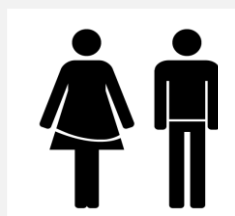


Performance and activity Information 2017-18

SAFEGUARDING CONCERNS

4328

*referrals received between April 2017 – March 2018



RATIO OF CONCERNS RECIEVED	
FEMALE 63%	MALE 37%
HIGHEST CONCERNS IN 85-94 AGE BAND, 49% LACKED MENTAL CAPACITY	

Of which **905** were section 42 enquiries.

An **enquiry** is what needs to be looked at to confirm a person is safe



MSP OUTCOMES

In 52 % of the concluded safeguarding enquiries people who were asked expressed their outcomes.

Of those, 70% fully achieved their outcomes

COMPLETED ENQUIRIES (\$42)

Highest types of abuse were Neglect/Acts of Omission (33%) and Physical Abuse (25%)

Most prominent location of abuse is own home (34%), followed by care home residential (33%) and care home nursing (12%)

Crewe and Congleton had the highest area of concerns

During 2017/18 the Board received 3 referrals for a Safeguarding Adults Review (SAR), none fulfilled the threshold for a full SAR but two did result in a Reflective Review.

32 cases were referred to the Board's High Risk Self-Neglect Forum.

Data comparisons to the North West England figures for 2016/17 available on request

BANKING PROTOCOL PREVENTS £21, 650 OF FRAUD IN CHESHIRE EAST

£21,650 of fraud has been prevented by Crewe and Macclesfield Local Policing Units thanks to the introduction of the Banking Protocol, a ground-breaking scheme aimed at identifying and protecting potential fraud victims when they visit a bank or building society branch. In addition to this one person has been prevented from acting as a money mule and a number criminal investigations are also underway. Since it was introduced by Cheshire Constabulary in September 2017, a total of fifty emergency calls have now been placed and responded to through the scheme.

Developed as a partnership between the finance industry, police and Trading Standards, the Banking Protocol enables bank branch staff to contact police if they suspect a customer is in the process of being scammed, with an immediate priority response to the branch. Branch staff, call handlers, police and trading standards officers in each area have all been trained in the Banking Protocol and the steps that need to be taken when a customer is at risk. Across the country the Banking Protocol has now led to a total of 197 arrests and prevented almost £25m in fraud, while 3,682 emergency calls have now been placed and responded to through the scheme.

As well as stopping frauds taking place, the scheme ensures a consistent response to potential victims and gives them extra support to prevent them becoming a victim in the future. UK Finance has led the development and implementation of the Banking Protocol, with support from the National Trading Standards Scam team and the Joint Fraud Taskforce.

Edith's Story Edith was referred to Adult Social Care by her daughter following a concern about an incident that took place at the nursing home she was living in. Edith has dementia & finds it hard to communicate. She also has poor mobility and needs full assistance with her personal care. Edith was found on the floor in her room with significant bruising across her face and along her back. An investigation revealed inadequate staffing levels in a section of the nursing home plus it exposed that staff had left confused residents who were highly dependent unattended at times during the evening. Adult Social Care and NHS staff worked closely with Edith's family and the Care Home reviewed and changed its practice for night time staffing. Professionals ensured that the family were kept informed at all stages of the enquiry and that they were satisfied with the outcome. The family felt involved during the process and Edith's needs & wishes were central throughout

Cliff's Story Cliff is 27, lives at home with his mum and has a learning disability and a mental health condition. His mum is his full time carer. A concerned neighbour reported to her GP that Cliff's mum had become increasingly aggressive and impatient with her son resulting in her pushing him and he fell and split his lip. A social worker visited the family and spoke with both Cliff & his mum to determine what the issues were. Cliff stated he wanted to continue to stay at home.

Cliff's mum received a Carer's Assessment & it was determined that she would benefit from a number of actions to help her continue to care for her son. Cliff now attends a local college on a part-time basis and will also receive respite services. His mum has also got involved with a local carers group. Cliff received the outcomes he had expressed by continuing to live at home but in a safer and calmer environment.

Our priorities 2018-19

The Board recognises more can be achieved by working together in partnership, and has committed to the following four strategic objectives for the year ahead, based on feedback, learning and analysis of current strengths.

Training It is the responsibility of all organisations to ensure they have a skilled and competent workforce who are able to take on the roles and responsibilities required to protect adults at risk and ensure an appropriate response when adult abuse does occur. The Board regularly receives information regarding each agency's single-agency safeguarding training offer. However, at this moment in time, CESAB does not provide multi-agency safeguarding training. Recent Reflective Reviews and multi-agency audits have highlighted multi-agency training needs as a common theme and as a result CESAB are committed to strengthening the Training function of the board.

In 2019 we will hold a Adult Safeguarding Conference

Transitions Over 2016/17 the Local Authority started to review the current children to adult's services transition policies and procedures in health and the local authority in relation to safeguarding. In March 2018 an inspection of services across Cheshire East for children and young people with special educational needs and disabilities (SEND) took place.

Over the next year CESAB will link with the LSCB reviewing the outcomes of the SEND inspection to ensure that young adults with care and support needs that experience abuse have all the skills necessary to feel comfortable in the adult safeguarding arena.

Strengthening Partnerships We will strengthen our board by establishing a two part board meeting to enable statutory partners to have the oversight of strategic commissioning issues in relation to safeguarding.

A number of key strategic partnership boards operate within Cheshire East and the wider county/regional footprint, these partnerships work hard to achieve improved outcomes for local residents. CESAB is committed to working together with wider partnerships to ensure local safeguarding arrangements are both effective and of a high quality.

Working with the LSCB we will visit our frontline workers to assess how well information about the boards and their strategic plans is cascaded to all staff.

We will hold an awards ceremony with the LSCB to celebrate good Safeguarding practice across the borough.

Improving Communication/ Service User Voice: We will ensure that we are making safeguarding personal to all people who use adult safeguarding services, working with the service users group to ensure all our information is in an accessible format and uses plain English. We will continue to explore the use of Social Media in getting our message across to all Cheshire East communities

The work of our members All Board partners submitted Single Agency Reports to CESAB highlighting their agency's Safeguarding work over 2017/18 and their future plans/strategic directions. Highlights from this information have been incorporated into this multi-agency report but the full single-agency statements are available on our website.

What do you do if a bad thing is happening to you or someone else?

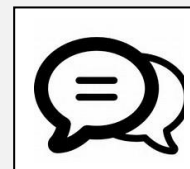
Abuse is wrong. Tell someone.

Call Cheshire East Adult Social Care

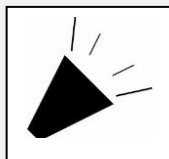


0300 123 5010 (8.30am - 5pm)
0300 123 5022 (at all other times)

If you are hearing or speech impaired, you can use **Text Relay**



If someone is hurt or it is an **emergency**, please **ring 999**



If you are scared, **tell someone you trust** who can report it for you.

Cheshire East Safeguarding Adults Board, First Floor - Macclesfield Town Hall, Market Place, Macclesfield, Cheshire, SK10 1EA.

Tel: 01625 374753

email: lsab@cheshireeast.gov.uk



www.facebook.com/CheshireEastLSAB



@CELSABEast



www.stopadultabuse.org.uk

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Version Number: 1.0

BRIEFING REPORT

Health and Adult Social Care Overview and Scrutiny Committee

Date of Meeting: 13 September 2017

Report Title: Adult Safeguarding Peer Review: Update on the Improvement Plan

Portfolio Holder: Cllr Janet Clowes

Author: Sandra Murphy: Head of Adult Safeguarding

Senior Officer: Linda Couchman: Interim Strategic Director, Health and Adult Social Care.

1. Introduction and Policy Context

- 1.1. The Adult Safeguarding Improvement Plan was produced following the Peer Review in May 2017. The Improvement Plan was approved by DMT in October 2017 and shared with Overview and Scrutiny in December 2017. As part of the on-going recommendations and governance arrangements it was agreed that progress reports would be shared with DMT, the Safeguarding Adults Board and the Health and Adult Social Care Overview and Scrutiny Committee.
- 1.2. The Improvement Plan was reviewed in February 2018 and again in August 2018 and has been submitted and should be read separately to this report. Each action point has been RAG rated with some narrative to evidence progress so far. It should be noted that most of the actions are now rated as Green. This provides evidence of how partnerships and practice have developed over the last 12 months, and demonstrates the strong commitment to Adult Safeguarding at all levels. However, it is acknowledged that there are always new and complex challenges facing Adult Safeguarding Practitioners and therefore we are always developing new ways to respond and equip staff with knowledge and skill.

2. Background

- 2.1. The Peer Review Team concentrated on 3 areas during their visit:

- To review whether Cheshire East through its adult safeguarding policies, procedures and practice are helping to protect and deliver positive outcomes for service users and families.
 - To review whether Cheshire East is effectively fulfilling its statutory responsibilities in relation to Adult Safeguarding and DOLS.
 - To review whether Adult Safeguarding Partnership arrangements in Cheshire East maximise positive outcomes for service users and offer an appropriate strategic direction for Adult Safeguarding.
- 2.2. Sefton Council produced and shared the final report with Cheshire East Council in 2017 and the Improvement Plan was written based on their observations and recommendations

3. Briefing Information

- 3.1. The recommendations and actions within the Improvement Plan have been linked to the six principles of Adult Safeguarding, namely Empowerment, Prevention, Proportionality, Protection, Partnerships and Accountability. They are also founded on the principles of Making Safeguarding Personal, ensuring a strengths based, outcomes focussed approach to Adult Safeguarding. Key highlights and progress include:
- PARTNERSHIPS:
 - Geoffrey Appleton has successfully chaired the Safeguarding Adults Board for 12 months. The Board reviewed its Priorities in August 2018 and produced its Annual Report and Business Plan. Each Board meeting is well attended, focussing on a Theme. Practitioners attend Board meetings to share real cases which helps Senior Managers understand how Making Safeguarding Personal is being implemented.
 - The Board is now separated into 2 parts. The first part focusses on Quality issues and concerns about Care Providers. Attendance is restricted to statutory partners.
 - A Safeguarding and Dignity Award Ceremony is to be held in November 2018 in recognition of outstanding Safeguarding Practice, and a Safeguarding Conference focussing on Neglect is to be held in March 2019.
 - The Board has successfully secured 12 months funding to employ a Full Time Trainer who will work with Care Providers and Third Sector organisations.

- PREVENTION:
- An Electronic First Account (referral) form is now available on the LIVE WELL and Safeguarding Adults Board websites.
- The voices and experiences of our Service Users have been included in a book published by Dr Adi Cooper in September 2017. Moreover the SPOKEN WORD UTUBE clip, produced by our Service Users, continues to be used locally and nationally, for example at the World Social Work Conference in March 2018.
- The Safeguarding Adults Board have produced a Calendar of Events to raise awareness about Adult Abuse. A successful event was held in October 2017 to celebrate the 10 year anniversary of the Mental Capacity Act – which empowers people without mental capacity to make decisions.
- PROTECTION:
- The Adult Social Care Supervision Policy has been revised by the Principal Social Worker and RIPFA. New tools will be available to staff in the Autumn of 2018.
- Monthly Legal Gateway meetings have been established and are being successfully utilised by staff.
- Cheshire East are now adopting PAN Cheshire Adult Safeguarding Policies. For example the North West Adult Safeguarding Policy and the Person in Position of Trust Policy. This enables a consistent approach across the geographical patch.
- Officers from Cheshire East Council attended Safeguarding Adult Review Training in June 2018.
- Children and Adult Safeguarding Training is now available for Elected Members.
- EMPOWERMENT:
- Service User outcomes are measured via quarterly Making Safeguarding Personal Audits. The auditing pool has increased to 32 staff.
- Adult Social Care completed a Self Assessment in January 2018 in line with Domestic Abuse Standards, produced an action plan and shared this with Survivors of Domestic Abuse in May 2018.

- Safeguarding Board Partners completed a Making Safeguarding Personal Audit in December 2017, to measure progress of each Agency. This will be repeated in November/December 2018.
- ACCOUNTABILITY:
- The Head of Adult Safeguarding was appointed in September 2017. She ensures that the “golden thread” of safeguarding is embedded via monthly Safeguarding Governance meetings, Bi-monthly meetings with Practice Managers, Quarterly Safeguarding Champion Forums and links to the Service User Forum.
- Annual returns are completed and submitted to the DoH for Adult Safeguarding and DOLS activity. Useful feedback is received via the annual Adult Social Care Survey which captures how safe our service users feel.
- Two bespoke workshops were held for Care Providers in Crewe and Macclesfield in October 2017. These were co-presented by the Police, CQC and Adult Social Care to help Providers understand the importance of preserving evidence for criminal investigations.
- A Care Concern Pilot started in February 2018. The purpose of the pilot was to reintroduce Safeguarding Thresholds, enabling Care Providers to distinguish between a low level quality concern and a Section 42 Safeguarding referral.
- The Quality Assurance Team are producing regular Dashboard reports to DMT.

4. Implications

- 4.1. This report has captured some of the key actions that have been implemented in Cheshire East since September 2017 to date. Additional and more detailed activity is contained with the Improvement Plan itself. It is hoped that by adopting a rigorous approach to Adult Safeguarding, people are enabled to live well and for longer, are supported in decision making, and that we recognise that Safeguarding remains Everybody's Business.
- 4.2. The Head of Adult Safeguarding will continue to work with Health and Adult Social Care Directors to improve and develop services, including recruiting to a new Safeguarding Team. Moreover, she will continue to work with the

Independent Chair of the Safeguarding Adults Board to ensure our Safeguarding strategies are aligned and robust.

5. Version Control

<This table below must be completed to show the journey that the report has taken; and should included details on the officers consulted on each version of the report. It is expected that Finance, Legal, line manager and Executive Director are consulted on every version.

Each Directorate is to have a document library to store its reports and it is the responsibility of the author to ensure that all versions are retained and stored correctly.

Draft versions are to be categorised by meeting type.

- Directorate management team; version to begin at 1.0
- CLT; version to begin at 2.0
- Informal Cabinet; version to begin at 3.0

This section can be deleted when the report is at its final state and is being submitted to Cabinet, Council, PH decision or Committee. Remember to also delete the version control box on the front sheet of the report on the top left hand corner.

The version number should also be referenced on the front cover of the report

Remember to delete the guidance wording when report is complete.>

Date	Version	Author	Meeting report presented to	Consultees		Summary of amendments made
				Name of officers consulted	Date consulted	
17/8/18	1.0	Sandra Murphy	SMT	SMT Officers	22/8/18	No changes to the Improvement Plan

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Our Adult Safeguarding Improvement Plan

Adult Social Care

Cheshire East Council

October 2017 – 2019

Cheshire East is a fabulous place to live, work and visit and we want to work with all regional and local partners and people who live there to make it even better and sustain that success into the future

We have a fantastic mix of rural and urban environments. However the most important element of Cheshire East is its people and we will strive to make sure we have a Council that serves its diverse community well and delivers value for money. We want to see Cheshire East Council build a national reputation for customer services and partnership working and for our Chief Executive to build a programme that delivers that and makes sure as an organisation we put residents first at all times.

Our Strategic Priorities can be found in our Corporate Plan:

- **Our Communities are strong and supportive** - helping residents to help themselves and each other. Supporting volunteering and minimising antisocial behaviour.
- **Cheshire East has a strong and resilient economy** - encouraging and supporting businesses to create high employment and opportunities for all.
- **People have the life skills and education they need in order to thrive** – supporting residents early to provide a great start in life.
- **Cheshire East is a green and sustainable place** - helping energy saving initiatives and making sure our green spaces make Cheshire East a great place to live.
- **People live well and for longer** – safeguarding the vulnerable and providing appropriate care that helps people live well and for longer.
- **Cheshire East is a responsible, effective and efficient organisation** – listening to what people and staff say

About our Adults Safeguarding Improvement Plan

In Cheshire East we want to ensure that our residents live well for longer and feel safe within our communities. The Care Act 2014, introduced a brand new way of identifying and working with Adults at Risk, who may be experiencing abuse and/or neglect, and in Cheshire East we are committed to implementing and improving our services to ensure that individuals are protected from harm

This is our Plan for how Adult Social Care will put the needs of Adults at Risk first and embrace the values of Making Safeguarding Personal.

What is Adult Social Care?

Adult Social Care covers a range of services to help people who have support needs arising from age, learning, physical or sensory disabilities or physical or mental health conditions and those in vulnerable situations stay as independent for as long as possible in their own homes, living within their local community.



What is Adult Safeguarding?

The Care Act 2014 places Adults at Risk at the centre of all decision making, and ensures that their wishes and feelings are taken into account and that their desired goals and outcomes are recognised. Safeguarding is “**protecting an adult’s right to live in safety, free from abuse and neglect**” Care and Support Guidance, Chapter 14.

The Care Act defines an adult at risk as someone who:



Each Council has a duty to undertake enquiries for adults at risk who fall into these categories, however they also have discretion to undertake an enquiry based on the information presented to them.

Members of the Service User Sub Group of the [Adult Safeguarding Board](#) have designed information to assist both potential victims and practitioners to understand the process and what they can expect to happen. This ensures that Safeguarding is person centred and outcomes focused.

We believe that **every adult has the right to be treated with dignity, have their choices respected and live a life free from fear.**

Disability, illness or frailty means that many adults over the age of 18 have to rely on other people to help them in their day-to-day living. Sadly, it is because they have to depend on others that they may become vulnerable and at risk of abuse, very often from people they know such as a relative, friend, neighbour or paid carer.

Local efforts to safeguard adults

In Cheshire East we have a [Safeguarding Adults Board](#) made up of representatives from the Council, NHS, Police, Probation, Styal Prison, Cheshire Fire and Rescue, Healthwatch, Housing, Service Users and Voluntary Sector organisations. We treat cases of suspected abuse very seriously and all these organisations work closely together, using an overarching policy to make sure that all cases of suspected abuse are investigated fully and that adults at risk are protected from harm.

What is adult abuse?

Adult abuse is when a person is treated in a bad way or in a way that harms, hurts,



exploits them or makes them feel frightened or unhappy. Anyone can be vulnerable to abuse at any time in their lives. Men and women, rich and poor, from any ethnic background can be at risk. Abuse is not always deliberate. It sometimes happens when people are trying to do their best but feel stressed. Or they don't know what to do because of a lack of knowledge, training or understanding. Abuse can take many forms; physical, sexual, domestic violence, psychological, financial, neglect, discriminatory, institutional abuse, hate crime, slavery.

Anyone can abuse someone. This could be someone that a person knows or a stranger. It can be one person or a group of people. Abuse can happen anywhere, in someone's own home, at work, at a day centre, at college, in hospital, in residential care or nursing homes, at a club or social event. No matter where you are, you shouldn't suffer abuse. If you or someone you know is being abused, there are people you can talk to about it (to do this see the contacts at end of document)



Adults at Risk have told us:

It is the most important thing to believe me, instead of thinking I have made it up

Don't make false promises – don't promise something you can't deliver

Keep me involved and ask me to help out in any way

Never give up on us. If you walk away, the person isn't going to have a very nice life

What are our aims?

1. To stop abuse or neglect wherever possible to adults with care and support needs
2. Prevent harm and reduce the risk of abuse or neglect
3. Safeguard adults in a way that supports them in making choices and having control about how they want to live
4. Promote an approach that concentrates on improving life for the adults concerned
5. Raise public awareness so that communities as a whole, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect
6. Provide information and support in accessible ways to help adults understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or well-being of an adult
7. Address what has caused the abuse

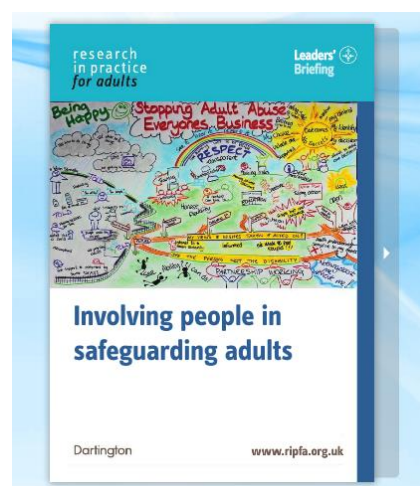


Safeguarding Adults

“Everyone's responsibility”



In creating this plan we have considered a range of sources that tell us how Adult Safeguarding Services are performing in Cheshire East. This has included the findings of our Adult Safeguarding Peer Review carried out in May 2017, Making Safeguarding Case file audits, feedback from Partner Agencies, together with views from our Service users and families.



Within Cheshire East we have staff who are passionate and committed to Safeguarding Adults at Risk.

They have worked in creative and person-centred ways to embrace our new duties under the Care Act, not least working with people to showcase Safeguarding in Action in a SPOKEN WORD YouTube clip, which received national recognition:

www.stopadultabuse.org.uk

and inclusion Dr Adi Coopers

book: Safeguarding Adults Under the Care Act 2014.



Making Safeguarding Personal

Making Safeguarding Personal (MSP) is a national initiative for Local Authorities to improve the safeguarding practice experience of people, by promoting a set of six person-centred principles that help orientate and drive practice. This initiative is now enshrined in the Care Act 2014 and is central to personal well-being. Social workers together with other professionals have a legal obligation to promote these principles in their practice.

Since the implementation of the Care Act 2014, social workers, managers and partner agencies have been working in new, creative and diverse ways to ensure a person-centred and outcome focused approach to adult safeguarding. Practitioners have been working in partnership with the Safeguarding Adults Board, and the service user sub group of the Board to put the 'adult at risk' at the heart of safeguarding. Service users have been involved in designing a range of materials to help practitioners, including a guidance toolkit, outcomes poster and booklet. Social workers are utilising their skills to promote positive outcomes for people.

A recent online staff survey was undertaken to ascertain how we were embedding this practice one year on from the Care Act. Overall, 69% of Social Workers felt that their MSP knowledge was good. The Safeguarding Board

is currently undertaking an MSP audit with Partner Agencies to see how well embedded this approach is across Cheshire East.

Nationally 91% of Boards reported that MSP had had an impact on Practice.

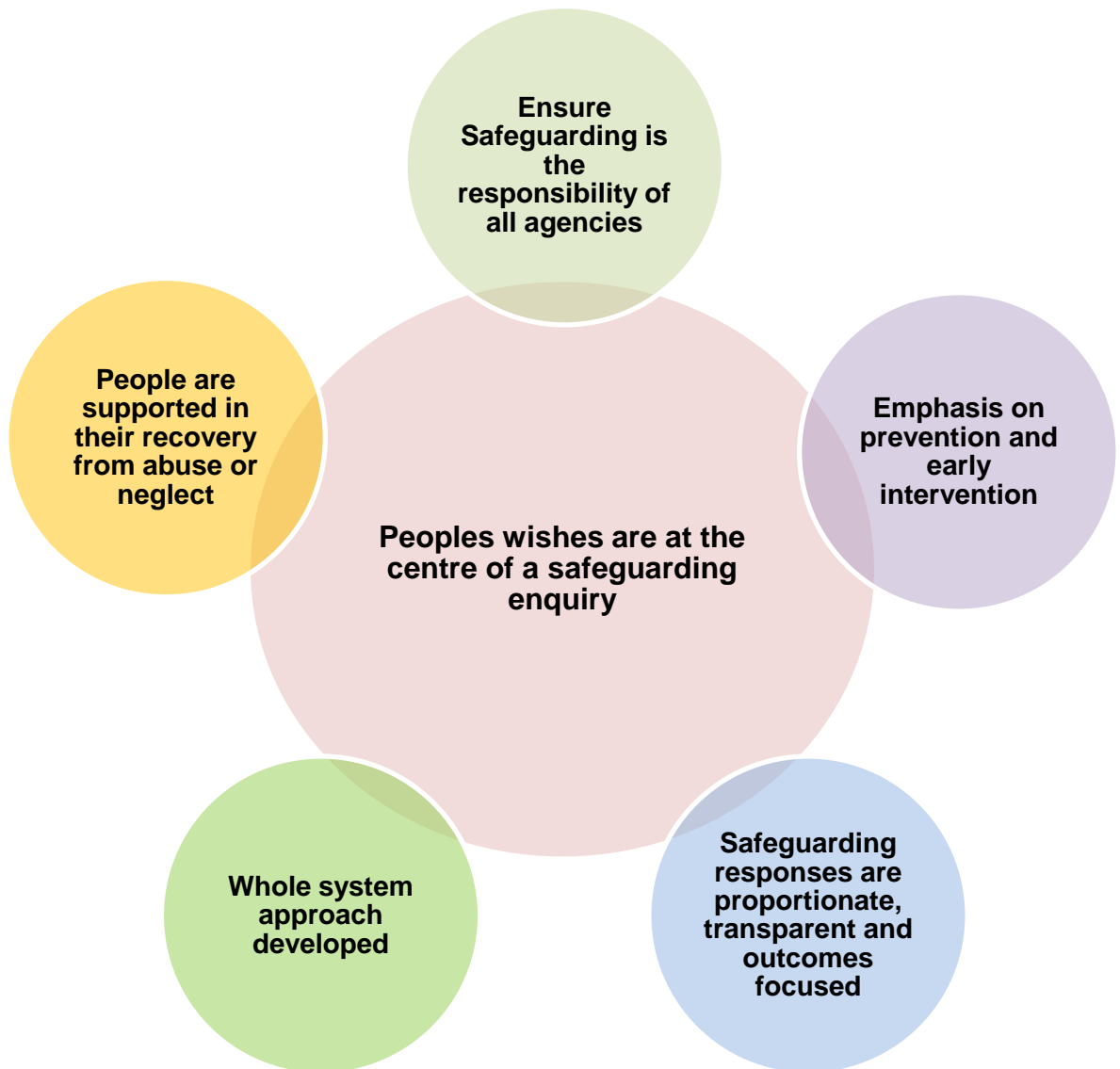


What we will do

Following on from the findings of the Peer Review, we are going to improve our systems, policies and practices to ensure that we consistently deliver an adult safeguarding service which is person centred and outcomes focused based on the **Six Principles of Adult Safeguarding**.

Empowerment	Adults are encouraged to make their own decisions and are provided with support and information	I am consulted about the outcomes I want from the safeguarding process and these directly inform what happens
Prevention	Strategies are developed to prevent abuse and neglect that promote resilience and self-determination	I am provided with easily understood information about what abuse is, how to recognise the signs and what I can do to seek help
Proportionate	A proportionate and least intrusive response is made balanced with the level of risk	I am confident that professionals will work in my interest and only get involved as much as is needed
Protection	Adults are offered ways to protect themselves and there is a co-ordinated response to safeguarding	I am provided with help and support to report abuse, to take part in the safeguarding process to the extent to which I want and to which I am able. I feel part of the safeguarding process. I am allowed to take risks
Partnerships	Local Solutions through services working together within their communities	I am confident that information will be appropriately shared in a way that takes into account its personal and sensitive nature. I am confident that agencies will work together to find the most effective responses to my own situation
Accountable	Accountability and transparency in delivering a safeguarding response	I am clear about the roles and responsibilities of all the people involved in the response.

How we will do it



Safeguarding Improvement Action Plan, what we will do.... UPDATED AUGUST 2018

Partnerships

The Role of the Adult Safeguarding Board is to ensure that both statutory and voluntary organisations are well led and working effectively together. The Board aspires to be an outstanding Board and leader in class. Gaining that recognition will depend on the culture of the Board and how we go about discharging our business. Key to this is effective partnership working where partners hold each other to account in a constructive way and take responsibility for their own organisation's role in safeguarding. We will only be as strong as the sum of our individual efforts. Whilst the Council is the lead agency it is everyone's responsibility to ensure that the Board is effective and becomes outstanding.

What we will do	By when	Who is responsible
Appoint a new Interim Independent Chair to the Adult Safeguarding Board	Sep 2017	Mark Palethorpe, Acting Executive Director for People
Update February 2018 Geoffrey Appleton has been appointed as the Interim Independent Chair. Geoffrey has chaired the Safeguarding Board in Cheshire West for several years and therefore brings many opportunities for not only joint working with CWAC Adult Board but also with the Children's Safeguarding Board		
Review the membership and priorities of the Board. How? By collating information from our Board Development Day, Annual Report and updating the Business Plan for 2017/18	Oct 2017	Independent Safeguarding Chair
Update February 2018 The Safeguarding Board reviewed its priorities in August 2018 and a new Business Plan has been produced.		

<ul style="list-style-type: none"> To note Cheshire East Adult Safeguarding Board will be 10 years old in April 2019. This landmark will be recognised and celebrated. 		
Extend Board Membership to include representatives from Children's Services How? The Independent Chair will liaise with the Chair of the Children's Board	Oct 2017	Independent Safeguarding Chair
Update February 2018 The Independent Chair has approached the Chair of the Children's Board		
Alignment of Safeguarding, Quality and Commissioning and Regulated Activities How? By redesigning the Board meeting to include Quality and Commissioning issues By developing a Multi Agency Risk Dashboard By monthly meetings with CQC and partners to share intelligence By establishing an Annual Award Event to celebrate Excellent Practice	Jan 2018	Independent Safeguarding Chair
Update August 2018 <ul style="list-style-type: none"> The Quality Assurance Team now produce monthly Dashboard Reports 		

<ul style="list-style-type: none"> • Monthly Quality Assurance Governance Meetings are now established and CQC are active members of the group. This is an effective forum for sharing information regarding Providers • An Annual Award Event is being hosted on 15th November 2018. This will celebrate the outstanding work of individuals or teams working in either Adults or Children's Safeguarding cases. • A Care Concern/Threshold Pilot with 10 care providers has been successful and will be rolled out across Cheshire East. • Following the publication of the LGA/ADASS Guide on MSP – What Good Looks Like for Commissioners and Providers – the Professional Leads have reviewed the response by CEC 		
<p>Establish firm funding arrangements to support the work of the Board</p> <p>How? Each Statutory Partner will make an annual financial contribution to the Board</p> <p>The Independent Chair and Board Manager will consider/implement national recommendations and guidance re Funding Formulas</p>	Mar 2018	Business Management Group
<p>Update August 2018</p> <p>The Safeguarding Adults Board has successfully established 12 months funding via the Education and Skills Funding Agency to recruit a Temporary Training Officer.</p>		

<p>Cheshire Police have contributed £10k to the SAB for 2017/18. Health and Social Care Funding comes from the Better Care Fund.</p> <p>It is to be noted that Contributions to the Children's Safeguarding Board are considerably higher.</p>		
<p>Fund a multi- agency trainer to deliver Adult Safeguarding , Mental Capacity and Deprivation of Liberty training to all stakeholders, including Care Providers</p>	Dec 2017	Business Management Group
<p>Update August 2018</p> <p>Twelve months funding has been provided by the Education and Skills Funding Agency to recruit a Trainer</p>		
<p>Maximise partnership activities within Cheshire East and across the Region</p> <p>How? By aligning relevant subgroups</p> <p>By developing joint training/campaign opportunities</p> <p>By adopting PAN Cheshire Policy and Procedures</p> <p>By undertaking joint Frontline visits with the LSCB</p>	Jan 2018	Independent Safeguarding Adults Board Chairperson/Children's Independent Chair
<p>Update February 2018</p> <ul style="list-style-type: none"> Cheshire East continues to work with Partners across the Region to adopt PAN Cheshire Policy and Procedures. For example – the PAN Cheshire Harmful Practice Strategy, the revised PIPOT framework and the Modern Slavery 		

<p>Framework</p> <ul style="list-style-type: none"> • Joint Frontline Visits will be arranged with Children's Services in March/April 2018 • CEC contributed to the North West Making Safeguarding Personal ADASS Conference in October 2017, attended LGA workshops in London promoting the work of our Service User Subgroup and sharing excellent practice, in addition to promoting the 10 year anniversary of the Mental Capacity Act in October 2017. • Work is underway to see if any subgroups can be aligned 		
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Prevention

In accordance with the Care Act, Cheshire East Council is committed to the Early Intervention and Prevention approach to Safeguarding. We need to be confident that everyone knows how to spot and report abuse, and that Professionals endorse their Duty of Candour.

What we will do	By when	Who is responsible
<p>Ensure that our websites are up to date, informative with links to all relevant sites including the LIVE WELL site www.cheshireeast.gov.uk.</p> <p>How? By sending monthly updates to the Digital Service Team</p>	On-going	Sandra Murphy, HoS Adults Safeguarding/Nikki Hughes, Online Services Manager
<p>Update February 2018</p> <p>The Safeguarding Board Manager and Administrator are responsible for updating the website. Moreover, they use social</p>		

media to promote events and campaigns – ie Dignity Action Day on 1st Feb 2018		
Promotion of the voice of our service users and the Spoken Word You Tube clip How? By sharing Best Practice/Experience at the NW ADASS Safeguarding Conference (October 17) By sharing with other Adult Safeguarding Boards and measuring the impact	On-going	Independent Safeguarding Adults Board Manager
Update February 2018 The Spoken Word UTUBE clip continues to have a powerful impact. The voice of CEC service users has been captured in Dr Adi Cooper's book about Making Safeguarding Personal and published in September 2017. ADASS and the LGA have referenced the Service User group in their recent Guide on Making Safeguarding Personal – working with Service Users – December 2017		
Cheshire East will work in partnership with other agencies and Boards to raise awareness of types of abuse: How?: By the Safeguarding Board Newsletter By – developing a calendar of events to highlight issues such as Domestic Abuse, Modern Slavery, SCAMS, Dignity in Care, World Mental Health Day, Children's Rights Month, Mental Capacity Day	On-going	Sandra Murphy, Head of Service Adults Safeguarding (HoS Adults Safeguarding) and chair of Prevention Subgroup

Update February 2018 The Adult Safeguarding Board Newsletter is produced every 5 – 8 weeks and circulated to Board Members and Frontline staff A Calendar of Events is being produced by the Prevention Subgroup		
What we will do	By when	Who is responsible
Adults at risk will be informed when a safeguarding concern is to be sent to Adult Safeguarding Services How? The Independent Safeguarding Chair will seek assurance from Partners that this practice is being endorsed.	Dec 2017	Independent Safeguarding Adults Board Chairperson/Sandra Murphy, HoS Adults Safeguarding
Update August 2018 All referrals go to the new First Point of Contact Teams. An automatic response is generated to confirm receipt of a referral. The impact of this is still being monitored via Making Safeguarding Personal audits		
Establish compliant Safeguarding Referral Processes into Adult Social Care. How? By Developing an Electronic First Account Form	Jan 2018	Sandra Murphy, HoS Adults Safeguarding/Nikki Hughes, Online Services Manager
Update August 2018 An Electronic First Account is now available and can be accessed via the LIVE WELL Website and the Safeguarding Adults Board		

Website.		
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Protection

Cheshire East wants to ensure that our workforce is equipped to protect people from harm and that Officers are confident in implementing our statutory duties.

What we will do	By when	Who is responsible
Staff will have access to Policies, Procedures and Guidance to support their work. How? All agencies will continue to use the NW Cheshire Adult Safeguarding Policy which brings consistency in practice Staff will have access to timely briefings relating to electronic system changes	From Apr 2017 From Sept 17	Jill Broomhall, Director of Adult Social Care Operations (Director ASCO)/Senior Management Team (SMT) Alison McCudden, Adult Social Care Business Manager
Update February 2018 All Partner Agencies are using the NW Cheshire Adult Safeguarding Policy Cheshire East Business Support Services send regular staff bulletins and briefings in addition to the Liquid Logic Board meetings.		
What we will do		
Staff will have access to regular, high quality supervision How? By revision of supervision arrangements for all staff including ASYE's	Dec 2017	Jill Broomhall, Director of Adult Social Care Operations

<p>Update August 2018</p> <p>The Principal Social Worker is working with RIPFA to develop a revised supervision policy. This should be available in the Autumn of 2018</p> <p>ASYE's continue to be supported by the Professional Leads</p>		
<p>Staff will be able to make the links between the Care Act, Making Safeguarding Personal, Mental Capacity Act, Risk and Well Being</p> <p>How? By accessing Safeguarding Training, including Domestic Abuse and Signs of Safety Training, Court Skills training</p> <p>Via regular supervision arrangements which are reflective – above</p> <p>Managers and staff to attend established Management meetings and Practitioner Forums</p>	<p>On going</p>	<p>Jill Broomhall, Director of Adult Social Care Operations</p>
<p>Update February 2018</p> <p>Staff training opportunities are on-going, however courses are publicised by Workforce, via the HOS and Professional Leads and Newsletters.</p> <p>Senior Managers, Practice Managers and Frontline Practitioners have access to updated information/presentations at monthly Safeguarding Governance Meetings, Bi-monthly Practice Manager meetings and quarterly Practitioner Forums</p> <p>The impact of training will be continued to be monitored via quarterly Making Safeguarding Personal audits</p>		

<p>Staff will be supported to manage High Risk cases</p> <p>How? A Legal Gateway meeting will be established to discuss High Risk Case including DOLS in a Domestic Setting</p> <p>The Risk Policy will be reviewed by Operational Service Managers</p>	<p>Started Aug 2017</p> <p>Dec 2017</p>	<p>Jill Broomhall, Director ASCO/Maureen Hills, Lawyer (Adults)</p> <p>Jill Broomhall, Director of Adult Social Care Operations</p>
<p>Update August 2018</p> <p>Monthly Legal Gateway meetings are now established with referral forms, pathways and decision making tools. This forum is used to triage Community DOLS applications to the Court of Protection.</p> <p>The Risk Assessment Tool is being revised and options to adopt a Signs of Safety model in Adult Services</p>		
<p>Promote consistent responses to safeguarding in specialist teams, particularly Community Mental Health Teams</p> <p>How? By offering opportunities for Staff to access each organisations training, including Root Cause Analysis Training</p> <p>By recruiting a permanent Head of Service for Mental Health and Learning Disability Services</p>	<p>Dec 2017</p>	<p>Jill Broomhall, Director of Adult Social Care Operations</p>
<p>Update February 2018</p> <p>A new Head of Service for Mental Health and Learning Disabilities has been appointed and started in February 2018</p> <p>There is an opportunity to share practice/training with specialist teams both formally and informally. EG All partners can send a Rep to attend SAR training for Chairs in June 2018. Peer supervision and support is offered by the Professional Lead and Safeguarding Performance</p>		

Officer to Practice Managers. The HOS meets quarterly with Safeguarding Leads working in Health settings.		
Reduce any delay between receipt of referral and commencing an enquiry How? By monitoring timeliness via Making Safeguarding Audits	Dec 2017	Jill Broomhall, Director of Adult Social Care Operations
Update August 2018 Timeliness continues to be monitored via MSP audits and analysed by the Safeguarding Performance Officer Upon receipt of a referral, the First Point of Contact Team and DOLS team will send an electronic notification to the referrer to acknowledge receipt and actions.		
What we will do	By when	Who is responsible
To maximise the skills and knowledge of Elected Members within their communities How? By offering Safeguarding Training to Elected Members	From July 2017	Sandra Murphy, HoS Adults Safeguarding/ Kate Rose, HoS Children's Safeguarding
Update February 2018 Four Training sessions for Elected Members has been arranged during 2017/18 Update 2018 E-learning Safeguarding is now available for Elected Members followed by Face to Face Training.		

To promote adult safeguarding to minority groups How? Via the Connected Leadership Programme, and links Community Safety Partnerships.	Dec 2017	Kirstie Hercules, Principal Manager - Local Area Working
Update February 2018 Community Partnerships are delivering some Adult and Children's training to informal groups. This training format is being overseen by the Learning and Development Sub-group of the SAB. Adult Safeguarding joined with Officers from the Fraud and Enforcement Team to deliver training the RBS Bank Staff in February 2018		

Proportionate

Cheshire East will ensure that responses to Adult Safeguarding concerns are timely appropriate and person centred.

What we will do	By when	Who is responsible
To ensure consistent screening and application of Section 42 criteria How? By facilitating a workshop for newly appointed Practice Managers By feeding back to Officers following quarterly Safeguarding Audits By Collating Making Safeguarding Personal Outcomes to measure whether personal outcomes have been achieved	On-going	Sandra Murphy, HoS Adults Safeguarding

<p>Update August 2018</p> <p>Data submitted to the DOH this year indicates that staff are more confident and consistent in applying Thresholds and commencing S42 Enquires. Practice Managers have benefitted from sharing their experience with each other at the Bi-Monthly Safeguarding Meetings with the HOS. We have also been able to capture Making Safeguarding Personal Outcomes which demonstrates how workers are putting service users at the centre of all Safeguarding Enquiries.</p>		
<p>To reconsider roles and responsibilities of Provider Organisations in responding to low level or quality issues, to ensure a proportionate response</p> <p>How? By revising the reporting and collation of low level safeguarding concerns, initially as a Pilot, prior to full implementation</p>	January 2018	Sandra Murphy, HoS Adults Safeguarding /Nichola Glover-Edge, Director of Commissioning
<p>Update August 2018</p> <p>The Guidance of reporting low level concerns has been updated</p> <p>A pilot project commenced in Crewe on 1st February 2018, with 3 Care Home Providers. By June 2018 10 Providers were part of the pilot which has evidenced a 50% reduction in referrals to Frontline Teams and has enabled them to concentrate on complex Safeguarding Enquiries.</p>		

Empowerment

Cheshire East endorses the principles of Choice, Control, Independence and Well Being, adhering to the principles of the Mental Capacity Act:

**Presumption of
mental
capacity**

**Individuals are
supports to make
their own
decisions**

**People can
make unwise
decisions**

**Anyone lacking mental
capacity is supported
using Best Interest
principles**

**Decisions made
have least
restrictions**

What we will do	By when	Who is responsible
Cheshire East to implement a process to review Deprivation of Liberty in domestic settings How? By adopting best practice models from other Local Authorities By establishing a legal Gateway meeting	Dec 2017	Jill Broomhall, Director ASCO/Maureen Hills, Lawyer (Adults)
Update February 2018 Legal Gateway Meetings have been established		
Consistent application of the Mental Capacity Act in Safeguarding cases	Dec 2017	Sandra Murphy, HoS Adult Safeguarding
Update August 2018 This is being monitored via Making Safeguarding Personal Audits and regular Performance Reports		

Accountability

Cheshire East will continue to improve existing Safeguarding Governance arrangements to ensure that there are links between the Adult at Risk to Senior Management and Partnership Boards.

What we will do	By when	Who is responsible
Appointment of Head of Adult Safeguarding	Sep 2017	Jill Broomhall, Director of Adult Social Care Operations
Update February 2018 The Head of Adult Safeguarding was appointed in September 2017		
Improve, monitor and improve outcome measures How? By developing a Safeguarding Score Card	Nov 2017	Sandra Murphy, HoS Adult Safeguarding
To continue to monitor professional social work practice How? By continuing to undertake quarterly Making Safeguarding Personal Audits By regular performance reports shared with the Senior Managers at monthly safeguarding governance meetings By improving feedback to First Alerters	Sep 2017	Sandra Murphy, HoS Adults Safeguarding /SMT

<p>Update August 2018</p> <ul style="list-style-type: none"> • Making Safeguarding Personal Audits are undertaken quarterly by 32 Auditors • Performance Reports are shared at Safeguarding Governance Meetings • Adult Safeguarding Performance is evidenced in the Dashboard framework • Feedback to First Alerters will be monitored by the MSP audit process and via informal feedback from Partner Agencies. This should improve once the Care Concern process and Threshold guidance is fully implemented with Care Home Providers 		
<p>To monitor Provider Compliance and Performance</p> <p>How? By establishing a Quality Assurance Dashboard Reporting to DMT</p> <p>By monthly information sharing meetings with the Council, NHS, CQC, NWAS, Trading Standards,</p> <p>By linking with the Quality Surveillance Group</p>	Oct 2017	Nichola Glover -Edge, Director of Commissioning
<p>Update August 2018</p> <p>The QA team are producing regular Dashboard reports to</p>		

DMT Cheshire East are represented and share information at the Regional Surveillance Groups More work is required to link with specialist agencies including NNAS, Fire and Rescue Services to share and triangulate safeguarding information.		
What we will do	By when	Who is responsible
For each Social Work/Patch Team to establish dedicated safeguarding links to the HoS and with Providers How? By identifying Team Safeguarding Champions Named Social Workers to link with Named QA Officers for specific Providers	Nov 2017	Sandra Murphy, HoS Adult Safeguarding/ Nichola Glover-Edge, Director of Commissioning
Update February 2018 Each new team now has a Safeguarding Rep/Champion Locality Managers have identified named social workers to link with QA Officers and work with specific care home providers		
To improve knowledge of Providers regarding safeguarding/criminal investigations How? By facilitating 2 workshops in October/November 17 By providing workshop information packs to support	Dec 2017	Sandra Murphy, HoS Adults Safeguarding /and Commissioning Manager

knowledge		
Update February 2018 Workshops with Providers were held in October and November 2017 and facilitated by Frontline social workers, Cheshire Police and CQC. The objective was to ensure Providers know how to preserve evidence, their reporting responsibilities and how to trigger the Herbert Protocol. Over 150 staff attended the workshops.		
To improve communication between Commissioning and Operational Staff How? Appointment of new QA/Contracts Manager Workshop to establish roles/responsibilities/pathways Monthly meetings with QA Manager and HoS Safeguarding	Jan 2018	Nichola Glover- Edge, Director of Commissioning
Update August 2018 <ul style="list-style-type: none"> • A new HOS for QA has been appointed together with a Senior QA and Contracts Manager • Regular meetings are now established with the HOS for Safeguarding • A pathway for recording Organisational/Large Scale Enquiries is being completed. 		

Safeguarding reports to be presented to Overview and Scrutiny, Health and Well-Being Boards	On-going	Jill Broomhall, Director ASCO/Linda Couchman, Interim Director of Adult Social Care and Health
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How will we know that we have made a difference?

Evaluating how well we did for adults at risk, staff and partners

Through:

Measuring results by:

**Quarterly MSP case audits
via supervision**

- Adults at risk - MSP outcomes achieved
- Staff - Supervision
- Partners - Safeguarding leads

Multi agency audits

- Adults at risk - compliments and complaints
- Staff - via Safeguarding team
- Partners - meetings

Annual Reports

- Adults at risk - quality assurance questionnaires /provider audits
- Staff - manager meetings
- Partners - via Safeguarding Board

MSP self assessment

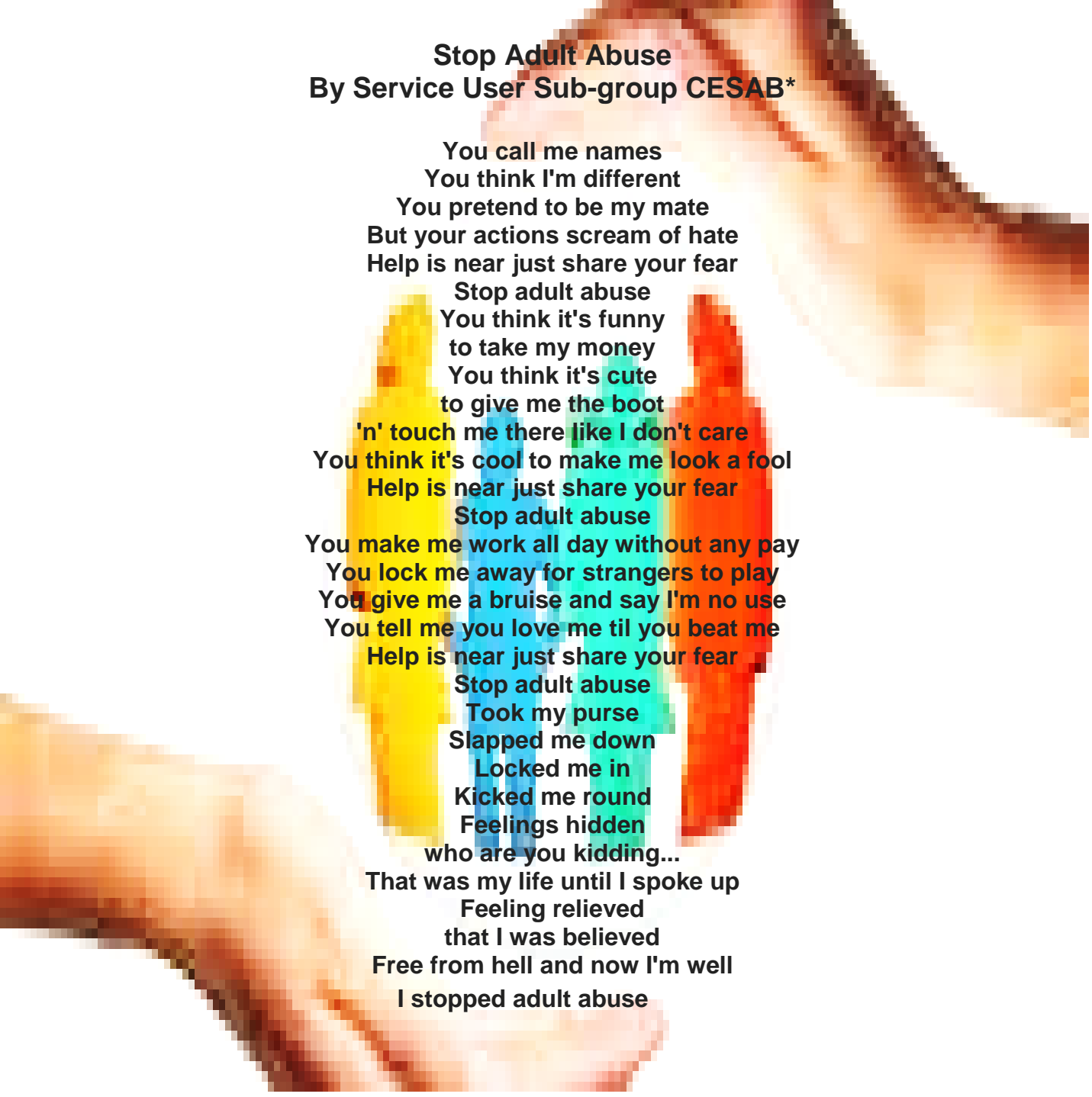
- Adults at risk - via Healthwatch
- Staff - via practioner forums
- Partners - via provider forums

ADASS risk assessment

- Aults at risk - via DoLs assessment process
- Staff - via Safeguarding governance meetings
- Partners - via reflective review



**Stop Adult Abuse
By Service User Sub-group CESAB***



You call me names
You think I'm different
You pretend to be my mate
But your actions scream of hate
Help is near just share your fear
Stop adult abuse
You think it's funny
to take my money
You think it's cute
to give me the boot
'n' touch me there like I don't care
You think it's cool to make me look a fool
Help is near just share your fear
Stop adult abuse
You make me work all day without any pay
You lock me away for strangers to play
You give me a bruise and say I'm no use
You tell me you love me til you beat me
Help is near just share your fear
Stop adult abuse
Took my purse
Slapped me down
Locked me in
Kicked me round
Feelings hidden
who are you kidding...
That was my life until I spoke up
Feeling relieved
that I was believed
Free from hell and now I'm well
I stopped adult abuse

*CESAB - Cheshire East Safeguarding Adults Board

Your thoughts matter

If you have any thoughts or views on the **Cheshire East Safeguarding Improvement Plan**, or would like to know how well we are progressing, please contact **Sandra Murphy, Head of Adult Safeguarding**:

Email: Sandra.murphy@cheshireeast.gov.uk



Contacting Us

How to report Safeguarding concerns

If you are worried about yourself or someone else, please do not ignore it. Listen carefully and make a note. Then phone us on:

0300 123 5010 (8:30am to 5pm Monday to Thursday and 8:30 am to 4:30pm Friday)

0300 123 5022 (at all other times including bank holidays)

If you are in doubt about whether it is abuse or not - please call.

If you are at immediate risk of harm **contact the emergency services by ringing 999**, or if it is not an emergency, call 101.

If you have a hearing or speech impairment you can use the national telephone relay service, just dial **18001** before the number or **18000** in an emergency.

If you feel unable to give information about yourself you can report abuse anonymously. All calls will be treated with respect and in confidence.

Contacting your local adult social care team

During normal office hours you can contact the team in your area by calling: **0300 123 5010**

You can also write to Adult Social Care or visit our offices at:

- **Congleton** – Ground Floor, Westfields, Middlewich Road, Sandbach, CW11 1HZ
- **Crewe** – 2nd Floor Delamere House, Delamere Street, Crewe, CW1 2LL
- **Macclesfield** – Macclesfield Town Hall Market Place, Macclesfield, SK10 1EA
- **Wilmslow** – 1st Floor Dean Row Centre, Ringstead Drive, Wilmslow, SK9 2HA

Emergency Out of Hours Social Care

Phone **0300 123 5022** for emergency social services (for both Adults and Children) outside normal office hours.

The emergency out of hours service operates between 17:00 and 08:30, and 24 hours at the weekends and bank holidays.

For information about adult social care and finding services

You can find information about getting help from adult social care and services available by visiting our website at http://www.cheshireeast.gov.uk/social_care_and_health.aspx

Here you will find information and factsheets about getting help. You can also search our directory of care services.

How to make a complaint or compliment

The Complaints Manager can be contacted by telephone on **0300 123 5038** by completing the form on the Cheshire East website:

Link: http://www.cheshireeast.gov.uk/council_and_democracy/customer_services/complaints_and_feedback/complaints_and_feedback.aspx

You can also write to us at:

Compliance & Customer Relations Team
Cheshire East Council
Westfields - 1st Floor
c/o Municipal Building
Earle Street
Crewe
CW1 2BJ

To find out about and get involved in shaping our services

Please visit our website for information on current and forthcoming consultations at

http://www.cheshireeast.gov.uk/council_and_democracy/council_information/consultations/consultations.aspx

You can also contact **Healthwatch Cheshire East**, an independent organisation that exists to use the experiences and feedback of the public to help improve health and social care services.

Web: <http://healthwatchcheshireeast.co.uk/>

Phone: 03300 882 843

Online form:

<http://healthwatchcheshireeast.co.uk/your-story>

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Cheshire East Safeguarding Adults Board



Strategic Plan 2018- 2021

The strategic Plan 2018-21 sets out the overall general direction of the Board for the next three years. The detail of how the Board will achieve this will be included in the Annual Business Plan and the effectiveness of the Board's work each year will be reported and reviewed in the Annual Report.

Vision and Principles

The work of the Board is based on the following vision:

People in Cheshire East have the right to live a life free from harm, where communities:

- *have a culture that does not tolerate abuse*
- *work together to prevent abuse*
- *know what to do when abuse happens*

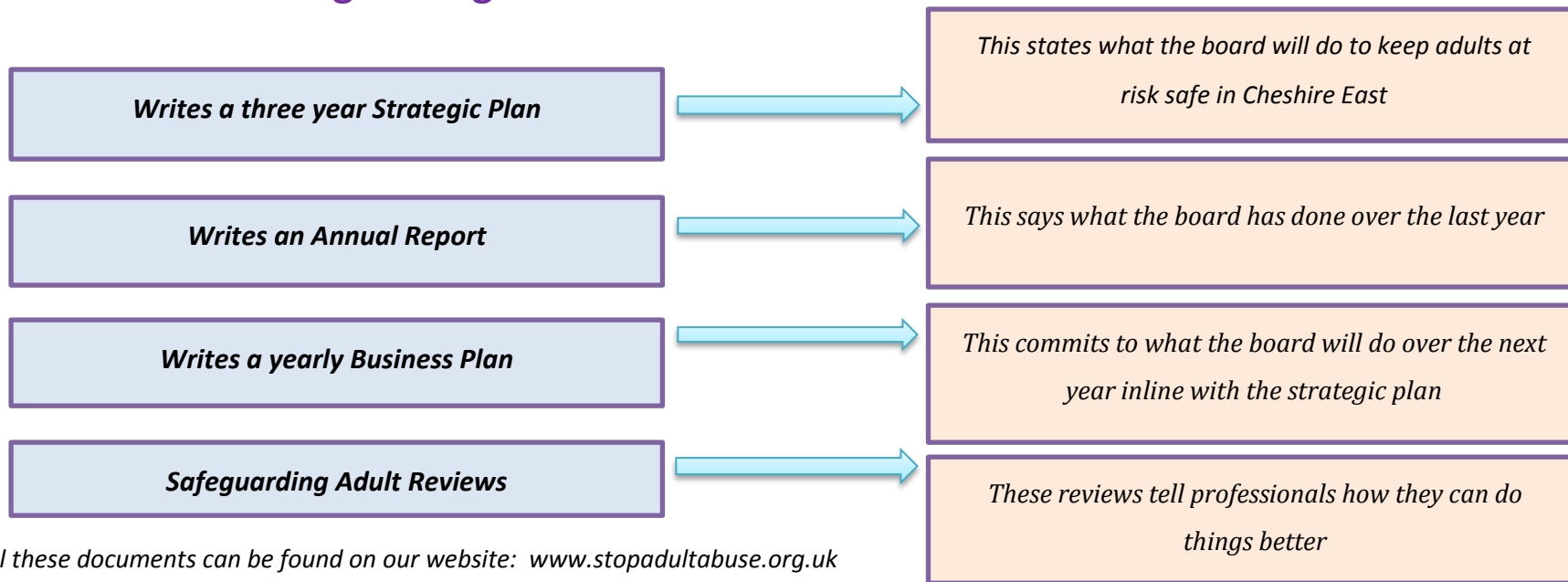
Values

The values of this plan are based on understanding and promoting peoples' right to make decisions, the importance of maintaining dignity and respect and the and celebration of diversity.

Cheshire East Safeguarding Adults Board believes that:

- *People have the right to live their lives free from neglect and abuse*
- *Safeguarding adults is a shared responsibility of all organisations and agencies commit to holding each other to account*
- *The individual, family and community should be at the heart of safeguarding practice*
- *High quality multi-agency working is essential to good safeguarding*
- *We respect that adults have a right to take risks and that this will sometimes restrict our ability to act*
- *There must be a commitment to continuous improvement and learning across the partnership*

What does a Safeguarding Adults Board do?



Principles

Adults at risk of harm or abuse should be at the centre of safeguarding adults' enquiries; the work of the Board is underpinned by the following principles:



Statutory objective

The Care Act 2014 sets out that the overarching objective of a SAB is to assure itself that local safeguarding arrangements and partners act to help and protect adults in its area who:

- *have needs for care and support (whether or not the local authority is meeting any of those needs) and;*
- *are experiencing, or at risk of, abuse or neglect; and*
- *as a result of those care and support needs are unable to protect themselves from either the risk of, or the experience of abuse or neglect.*

Our strategic objectives: CESAB has identified the following **five** strategic objectives following reviews of local data and consultation with service users:

- 1) To seek assurance from partner agencies that there is effective leadership, partnership working and governance for safeguarding adults at risk
- 2) To listen to people who have been subject to abuse or neglect, and to seek assurance that people are able to be supported in the way that they want, are empowered to make decisions, and can achieve the best outcomes
- 3) To promote safeguarding adults among the general public, by raising awareness and promoting well-being with the aim of preventing abuse and neglect.
- 4) To be assured of the safety and wellbeing of anyone who has been subject to abuse or neglect, and that appropriate action has been taken against those responsible
- 5) To identify, and monitor the implementation of changes, that prevent similar abuse or neglect happening to other people

Priority areas of work: the Board will prioritise the following four areas as part of achieving its strategic objectives:

Safe services

Services, whether in the community or in a supported, residential or nursing home setting are provided for people who are generally the most vulnerable in our community. The Board will make sure that people can confidently expect to be safe and to have the support they need delivered in the way they want

Transition

Young people who have care and support needs will have been supported by Children's Safeguarding Services. As they move into adulthood, there are changes that can be challenging and unfamiliar for them and their families. It is important to ensure that young people and their families are supported through this transition period.

Informing

CESAB will make sure that all Cheshire East communities are aware of adult abuse; what it is and how to recognise it. Individuals will know who to contact if they have concerns about someone who may be harmed.

Listening and engaging

The Board will ensure partners listen to the views of people and their families, so that we were sure that people are being treated with dignity and respect. Making Safeguarding Personal will underpin all adult safeguarding work in Cheshire East.

Partnerships:

The partner organisations of Cheshire East are committed to working together at every level to safeguard our communities and improve their health and wellbeing. CESAB will work hard to achieve improved outcomes for all our residents by working closely with other local boards such as the Local Safeguarding Children's Board, the Community Safety Partnership, the Health and Wellbeing Board and Cheshire East Domestic Abuse Partnership. It will also work with Pan Cheshire and regional partnerships. This will ensure a transparent, efficient and clear process for the sharing of knowledge, skills, information and resources; as a result we will avoid duplication and secure effective co-ordination and coherence over shared priorities and common ground.

Any queries about this Strategic Plan can be directed to the Cheshire East Safeguarding Adults Board Business Manager by emailing: LSAB@cheshireeast.gov.uk for more information about the work of the Cheshire East Safeguarding Adults Board, and to view the Annual Business Plan, please visit www.stopadultabuse.org.uk

Cheshire East Safeguarding Adults Board Strategy 2018 to 2021



This strategy plan sets out the difference we want to make by 2021.

Our Vision: People in Cheshire East have the right to live a life free from harm			
Our purpose: To stop Adult Abuse			
Our Aims		Goals by 2021	
1. Proportionate Protection - Support and representation for those in greatest need, with the least intrusive response appropriate to the risk presented.			
Ensure the safety and wellbeing of people at risk of abuse and neglect in Cheshire East		<ul style="list-style-type: none">• All professionals will follow best interest and making safeguarding personal guidance/processes.• People at risk of abuse and neglect get help and support to report abuse.• People at risk of abuse and neglect are supported to take part in the safeguarding process.	
2. Empowerment - Personalisation and the presumption of person-led decisions and informed consent.			
Ensure the voice of people at risk of abuse and neglect, influence safeguarding practices across Cheshire East		<ul style="list-style-type: none">• People at risk of abuse and neglect are asked for their outcomes from the safeguarding process and these directly inform what happens.	
3. Prevention - It is better to take action before harm occurs.			
Provide information and support in accessible ways to help residents and communities of Cheshire East understand adult abuse and neglect.		<ul style="list-style-type: none">• Produce clear and simple guidance about what abuse and neglect is, how to recognise the signs and how to seek help.• Identify local solutions through services working within diverse communities across Cheshire East.	
What we will do			
Governance: Ensure our governance is of the highest possible standard & open to challenge, to support the achievement of our strategy and ensure accountability and transparency in delivering safeguarding adults at risk of abuse and neglect.		Partnership: Work as a multi-agency board to ensure there is effective partnership working and leadership across all agencies for safeguarding adults at risk of abuse and neglect.	Impact: Continually measure and test the effect of our work, improve quality and monitor the implementation of changes, that prevent similar abuse or neglect happening to other people.
Person Centred Engagement: Ensure that people are supported in the way that they want, are empowered to make decisions, and can achieve the best outcomes.			



FORWARD PLAN FOR THE PERIOD ENDING 31ST DECEMBER 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 17/18-62 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.	Portfolio Holder for Environment	August 2018		Ralph Kemp	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>	Portfolio Holder for Housing, Planning and Regeneration	Not before 31st Aug 2018	Each of the Plans listed in the Local Development Scheme will be subject to informal and formal consultation, plus independent Examination.	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 18/19-8 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.	Portfolio Holder for Housing, Planning and Regeneration	Not before 31st Aug 2018	The draft Statement of Community Involvement will be subject to six weeks consultation to run concurrently with the consultation on the second stage of the Local Plan – the Site Allocations & Development Policies Document. Following this, all comments will be considered and revisions made as appropriate before a final version of the Statement of Community Involvement is prepared for approval.	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.	Portfolio Holder for Housing, Planning and Regeneration	Not before 31st Aug 2018	Approval is being sought to carry out public consultation, building on the significant consultation and engagement that has already taken place in developing the draft Site Aallocations and Development Policies Document.	Jeremy Owens	N/A

Key Decision	Decisions to be Taken	Decision Maker	Expected Date of Decision	Proposed Consultation	How to make representation to the decision made	Private/ Confidential and paragraph number
CE 18/19 -12 North Cheshire Growth Village	To seek agreement to publish a Draft Supplementary Planning Document for North Cheshire Growth Village (known as The Garden Village at Handforth) and to undertake public consultation.	Portfolio Holder for Housing, Planning and Regeneration	Not before 31st Aug 2018	The draft Supplementary Planning Document will be subject to six weeks consultation to run concurrently with the consultation on the second stage of the Local Plan – the Site Allocations & Development Policies Document. Following this, all comments will be considered and revisions made as appropriate before a final version of the Supplementary Planning Document is prepared for approval.	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 18/19-13 Supply of household recycling and waste bins	To authorise officers to take all necessary actions to implement the proposal to charge for the supply of new and replacement household waste and recycling bins and containers, following consultation as part of the MTFS, acceptance at February Council and borough-wide consultation.	Portfolio Holder for Environment	September 2018		Ralph Kemp	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

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 18/19-14 European Social Fund Sub Regional Bid for Intensive Supported Employment Provision	To support the sub regional proposal for a bid submission to the Cheshire and Warrington Local Enterprise Partnership via a direct call under Lots 1.2 and 1.4 in line with the proposed timeline outlined in the report and authorise officers to take all necessary actions to implement the proposal.	Cabinet	11 Sep 2018		Sonia Bassey	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 18/19-16 Crewe HS2 Hub Station and Hub Station Area	To authorise officers to progress project development of an enhanced Crewe hub station and to take all necessary actions to prepare and submit all necessary planning applications. To authorise the preparation and submission of listed building application and the making of a compulsory purchase order to acquire the necessary land and interests to deliver the Crewe Hub. To authorise officers to take all necessary actions to develop and adopt an Area Action Plan for the Crewe Hub Station area.	Cabinet	6 Nov 2018			N/A
CE 18/19-17 Approval to Commission Universal Information and Advice Service	This is a contract for providing impartial information and advice services. The current contract expires on 31 st March 2019. Authority will be sought to commission a new service with effect from 1 st April 2019.	Cabinet	6 Nov 2018		Liz Rimmer	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 18/19-15 Mental Health Strategy	To seek approval from Cabinet for the adoption of the Cheshire East Mental Health Strategy.	Cabinet	4 Dec 2018		Lucy Cooper	N/A
CE 18/19-11 Adoption of Community Infrastructure Levy	To seek agreement to adopt the Community Infrastructure Levy (CIL) Charging Schedule following public examination on 12/13 September 2018.	Council	13 Dec 2018		Adrian Fisher, Head of Planning and Policy	
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

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Future Meetings

Formal Meeting	Formal (Special) Meeting	Formal Meeting	Formal Meeting	Formal Meeting	Formal Meeting	Formal Meeting	Formal Meeting	Formal Meeting
Date: 13th September 2018 Time: 10:00am Venue: Committee Suites, Westfields	Date: 27th September 2018 (TBD) Time: TBD Venue: TBD	Date: 11th October 2018 Time: 10:00am Venue: Committee Suites, Westfields	Date: 8th November 2018 Time: 10:00am Venue: Committee Suites, Westfields	Date: 6th December 2018 Time: 10:00am Venue: Committee Suites, Westfields	Date: 17th January 2019 Time: 10:00am Venue: Committee Suites, Westfields	Date: 7th February 2019 Time: 10:00am Venue: Committee Suite, Westfields	Date: 7th March 2019 Time: 10:00am Venue: Committee Suite, Westfields	Date: 11th April 2019 Time: 10:00am Venue: Committee Suite, 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>
Eastern Cheshire CCG – Dermatology Services	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

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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
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	Kath Senior (East Cheshire Trust)	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
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 with Chairman and Vice-Chairman	11 October 2018
North West Ambulance Service (NWAS)	Impact assessment on patient care in light of the changes to Ambulance target measures	People live well and for longer	NWAS	Committee	Follow up from presentation by Jerry Hawker	11 October 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,	People live well and for longer	CWP	Committee	Subject came via Quality Account 2016/17.	8 th November 2018

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	or suspected of having, a condition on the Autistic Spectrum.					
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		8 November 2018
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		8 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	Our Local Communities are Strong and Supportive	Kirstie Hercules	Fiona Reynolds		8 November 2018

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	the borough.					
Recruitment of Domiciliary Care Staff		People live well and for longer		Committee	Committee Report	6 December 2018
Recommissioning of assistive technology		Our Local Communities are Strong and Supportive People live well and for longer	Nichola Glover-Edge	Committee	Committee Report	7 February 2019
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 Annual Report 2018	An briefing to the Committee on the most recent Public Health Annual Report	People live well and for longer	Fiona Reynolds	Fiona Reynolds		June 2019

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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- 11 Oct Q2- 17 January 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	8 November 2018

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Possible Future/ desirable 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>
Update on NHS Dental Services in Cheshire East	To provide the Committee with an overview of the provision of NHS dental services across the borough, highlighting areas where there is lesser provision or a risk of lesser provision.	People live well and for longer	Jean Rogers (NHS England) Yvonne Dailey (Public Health)	Chairman		6 th December 2018
Potential impacts on services following decision on mental health services	To provide the Committee with an update on the potential impacts to service provision following the potential decision on mental health service provision by Eastern Cheshire CCG.	People live well and for longer	Linda Couchman/Jill Broomhall/Fiona Reynolds	Linda Couchman	Awaiting feedback on the consultation results	11 th October 2018