

Health and Adult Social Care and Communities Overview and Scrutiny Committee

Agenda

Date: Thursday, 11th October, 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 Meetings** (Pages 3 - 14)

To approve the minutes of the meetings held on 13 September and 27 September 2018.

3. **Declarations of Interest**

To provide an opportunity for Members and Officers to declare any disclosable pecuniary and non-pecuniary interests in any item on the agenda.

4. **Declaration of Party Whip**

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

For requests for further information

Contact: Joel.Hammond-Gant

Tel: 01270 686468

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

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

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

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

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

6. **Cheshire East Place Partnership Board** (Pages 15 - 18)

To consider a report from NHS Eastern Cheshire Clinical Commissioning Group on the remit and progress of the new Cheshire East Place Partnership Board.

7. **Health and Adult Social Care Performance Scorecard** (Pages 19 - 24)

To consider the health and adult social care performance scorecard for quarter one of the 2018/19 municipal year.

8. **Mental Health Spotlight Review** (Pages 25 - 60)

To consider the report of the Health and Adult Social Care and Communities Overview and Scrutiny Committee following its spotlight review on mental health service provision in Cheshire East.

9. **Work Programme** (Pages 61 - 68)

To review the work programme.

10. **Forward Plan** (Pages 69 - 76)

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

CHESHIRE EAST COUNCIL

Minutes of a meeting of the **Health and Adult Social Care and Communities Overview and Scrutiny Committee**
held on Thursday, 13th September, 2018 at Committee Suite 1,2 & 3,
Westfields, Middlewich Road, Sandbach CW11 1HZ

PRESENT

Councillor B Dooley (Chairman)

Councillors Rhoda Bailey, G Baxendale, S Brookfield, S Edgar, D Flude (substitute), C Green, G Hayes, L Jeuda, D Mahon, A Moran and J Rhodes

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

Neil Evans, Commissioning Director (NHS Eastern Cheshire CCG)
Alex Jones, Better Care Fund Manager
Katie Jones, Business Manager for Cheshire East Safeguarding Adults Board
Alex Mitchell, Interim Chief Accountable Officer (NHS Eastern Cheshire CCG)
Sandra Murphy, Head of Adult Safeguarding
Steven Redfern, Deputy Director of Operations (East Cheshire NHS Trust)
Fiona Reynolds, Director of Public Health
Clare Watson, Chief Accountable Officer (NHS South Cheshire CCG)

24 APOLOGIES FOR ABSENCE

Apologies were received from Councillors L Durham, I Faseyi (substituted for by Councillor D Flude) and S Gardiner.

25 MINUTES OF PREVIOUS MEETING**RESOLVED:**

That, subject to noting an apology for absence from Councillor D Mahon, the Minutes of the meeting of the Health and Adult Social Care and Communities Overview and Scrutiny Committee held on 5 July, 2018 be approved as a correct record and signed by the Chairman.

26 DECLARATIONS OF INTEREST

There were no declarations of interest.

27 DECLARATION OF PARTY WHIP

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

28 PUBLIC SPEAKING TIME/OPEN SESSION

There were no members of the public present.

29 FUTURE ARRANGEMENTS OF CCGS IN CHESHIRE EAST

The Chief Accountable Officer for the NHS South Cheshire Clinical Commissioning Group (CCG) delivered a presentation on the potential future arrangements for health commissioning in Cheshire.

Members were informed that the four CCGs in Cheshire had worked closely to consider different joined-up working arrangements that would help to secure improved outcomes for residents, accelerated development of new integrated models of care, and help to address the growing financial and operational pressures faced by the CCGs.

It was noted that, subject to the approval of a business case submission to NHS England, the four CCGs planned to merge and create a singular pan-Cheshire CCG by April 2020 that would consist of a single Executive Team and Accountable Officer.

It had been agreed by the CCGs that the new Accountable Officer post would be recruited for, and filled by, April 2019 to ensure coordinated leadership during the merge.

Members made comments and asked questions in respect of:

- the potential impacts to present CCG commissioning arrangements during the merge;
- the financial benefits;
- the implications of the potential organisational restructure on current staff;
- consultation and engagement with stakeholders and the public;
- the undertaking of risk assessments and maintaining a risk register; and
- the potential for joined-up meetings between the CCGs and Cheshire West and Chester Council.

RESOLVED:

That the committee be kept informed of progress on this matter through updates at future meetings.

30 **THE IMPACT OF TRANSFORMATION AND THE CAPPED EXPENDITURE PROGRAMME**

(a) Capped Expenditure Programme

The Interim Chief Accountable Officer for the NHS Eastern Cheshire CCG delivered a presentation on the Capped Expenditure Programme and the Home First approach to care.

The presentation provided context as to why the Capped Expenditure Programme was introduced, as well as detail on the savings achieved as a result of the programme during the financial year 2017/18.

Members also received information on how the Home First approach had been used to deliver improved levels of care, and the key targets and planned work to be undertaken.

Members raised concerns regarding the deficit budget and resultant pressure on the CCG and the impacts that this has had, and may continue to have, on service provision.

Mr Mitchell advised the committee that the CCG had ensured that robust plans were produced and put in place each year to make certain that the overall deficit could be reduced in a sustainable way that did not significantly impact on service provision or delivery.

RESOLVED:

That the update be noted.

(b) Elective Care Model

The committee considered a report on the work carried out to improve access and outcomes in relation to elective care for residents of NHS Eastern Cheshire CCG.

The report updated Members on NHS Right Care, the Referral Assistance Scheme, access to physiotherapy services, and the revised commissioning policy for procedures of limited clinical value.

In response to questions from Members, the Commissioning Director for NHS Eastern Cheshire CCG advised that the policy relating to procedures of limited clinical value had been revised to ensure that the wording was robust and clear, and that best practice was being followed to deliver resource efficiencies and the best outcomes for residents.

RESOLVED:

That the committee receive further updates and information with regard to improved access to care for residents of NHS Eastern Cheshire CCG.

(c) Working Arrangements at the Congleton Minor Injuries Unit

The committee considered a report from East Cheshire NHS Trust updating on the temporary closures at weekends at the Minor Injuries Unit at Congleton Hospital.

In response to questions from the committee, it was advised that patients would be able to access any of the sites across eastern Cheshire during the periods of extended hours.

Members raised comments and questions in respect of:

- how the Minor Injuries Unit could be better used to offset staffing pressures;
- how the broader challenge of recruitment and retention of staff is being dealt with;
- how effective and beneficial extending the hours of GP surgeries would be for members of the public. (Members referenced concerns raised on this matter at previous meetings.)

RESOLVED:

That the report be noted.

(The meeting adjourned for a short break.)

31 DERMATOLOGY SERVICES

The committee considered a report from NHS Eastern Cheshire CCG on work that had been undertaken to identify alternative options for commissioning and providing dermatology care services.

Pursuant to a previous report considered by the committee on this matter (Minute No. 111, 2017/18), Members were advised that Vernova Community Interest Company had continued to provide dermatology care services in this area.

Members were advised that, despite engagement with the NHS market for provision of dermatology care, no potential alternative providers had been identified to date.

In response to Members' questions and concerns, the Portfolio Holder for Adult Social Care and Integration advised that Cheshire East Council is one of many authorities across the country working hard with local commissioning bodies and providers to meet the growing demand for dermatology treatments, and ensure the provision of a good and effective service through the NHS.

RESOLVED:

That the committee be kept informed of progress on this matter through updates at future meetings.

32 BETTER CARE FUND AND IMPROVED BETTER CARE FUND

The committee considered the year-end report on the performance of the Better Care Fund in Cheshire East during the financial year 2017/18.

Information on the different schemes supported through the Better Care Fund and how many people were helped through these, was set out at paragraph 5.7 of the officer's report.

Members were informed that the Council's current Better Care Fund plan covered the two year period through 2018/19. The report provided comparative information that outlined how the Council's performance compared to national metrics during the last year, as well as the work that remained outstanding to be completed in 2018/19.

RESOLVED:

That the committee monitor performance against the Council's Better Care Fund plan in the financial year 2018/19.

33 UPDATE ON THE IMPLEMENTATION OF THE LOCAL SAFEGUARDING ADULTS BOARD IMPROVEMENT PLAN

The committee considered a report that updated Members on progress made against the Adult Safeguarding Improvement Plan since its adoption in October 2017.

The Adult Safeguarding Improvement Plan, which was attached at Appendix 1 to the officer's report, had been reviewed twice since its implementation and updated with Red/Amber/Green (RAG) ratings and supporting narratives to evidence progress made to date.

It was reported that Cheshire East had adopted PAN Cheshire Adult Safeguarding Policies, including the North West Adult Safeguarding and Person in Position of Trust policies, to enable a more consistent approach towards safeguarding across the wider geographical area.

RESOLVED:

That further updates on progress made against the Adult Safeguarding Improvement Plan be received in due course.

34 LOCAL SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2017/18

The committee considered the 2017/18 annual report from the Cheshire East Safeguarding Adults Board.

The report informed Members about the key statistics relating to adult safeguarding in 2017/18, the work carried out and completed by the Board during the year, and the priorities for the Board in 2018/19.

RESOLVED:

That the committee monitor the work of the Cheshire East Safeguarding Adults Board in 2018/19.

35 FORWARD PLAN

The committee considered the key decisions listed on the Forward Plan for the four month period ending 31 December 2018.

It was suggested that the committee receive an update on key decision 'CE 18/19 – 15' relating to the proposed Mental Health Strategy, prior to consideration by Cabinet.

RESOLVED:

That the Mental Health Strategy be added to the work programme of the committee to be considered at the earliest possible meeting date.

36 WORK PROGRAMME

The committee considered the updated work programme for 2018/19.

RESOLVED

The committee resolved that:

- 1 the work programme be updated to reflect the committee's preferred option to receive written reports with presentations to be delivered as a supplement;
- 2 the update on NHS Dental Services in Cheshire East be added to the meeting on 6 December 2018;
- 3 the update on the potential impacts to adult social care services following the recently concluded consultation on mental health service provision in Eastern Cheshire be added to a specific meeting once timescales for completion had been confirmed; and

- 4 further updates with respect to Future Arrangements of CCGs in Cheshire East and Dermatology Services be added to the work programme with dates to be confirmed.

The meeting commenced at 10.00 am and concluded at 1.13 pm

Councillor B Dooley (Chairman)

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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, 27th September, 2018 at Mclroy Suite, Macclesfield Town Football Club, Moss Ross Ground, London Road, Macclesfield SK11 7SP

PRESENT

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

Councillors Rhoda Bailey, L Durham, S Edgar, D Flude (substitute), C Green, L Jeuda, J Nicholas (substitute), A Moran and J Rhodes

PORTFOLIO HOLDERS IN ATTENDANCE

Councillor J Clowes – Portfolio Holder for Adult Social Care and Integration

OFFICERS IN ATTENDANCE

Jill Broomhall, Director of Adult Social Care (Cheshire East Council)
Tracey Cole, Director of Commissioning (NHS South Cheshire and Vale Royal CCG)
Nichola Glover-Edge, Director of Commissioning (Cheshire East Council)
Alex Mitchell, Interim Chief Accountable Officer (NHS Eastern Cheshire CCG)
Fiona Reynolds, Director of Public Health (Cheshire East Council)
Anushta Sivananthan, Medical Director (Cheshire and Wirral Partnership)
Dr. Teresa Strefford, Mental Health Clinical Lead (NHS South Cheshire and Vale Royal CCG)
Jacki Wilkes, Associate Director of Commissioning (NHS Eastern Cheshire CCG)
Dr. Stephen Williams, Head of Engagement, Involvement and Insight (Midlands and Lancashire Commissioning Support Unit)
Katherine Wright, Associate Director of Communications, Marketing and Public Engagement (Cheshire and Wirral Partnership)

37 APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors G Baxendale, S Brookfield, E Brooks, I Faseyi (substituted for by Councillor D Flude), G Hayes and D Mahon (substituted for by Councillor J Nicholas).

38 DECLARATIONS OF INTEREST

There were no declarations of interest.

39 DECLARATION OF PARTY WHIP

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

40 PUBLIC SPEAKING TIME/OPEN SESSION

Ted Wall spoke to need for mental health service provision to change in Eastern Cheshire, in order that it could better support the public, and argued that the continued resource pressure on the NHS and shortfall in service was directly linked to reduced funding from central government.

Mr Wall also referred to two petitions that had been submitted; one signed by over 4000 members of the public that wanted to keep mental health services within Macclesfield, and a second signed by 2800 members of the public who asked for the shortfall in local mental health service provision within Eastern Cheshire be addressed.

41 FEEDBACK ON THE FINDINGS OF THE PUBLIC CONSULTATION ON THE REDESIGN OF ADULT AND OLDER PEOPLE'S SPECIALIST MENTAL HEALTH SERVICES

Jacki Wilkes and Stephen Williams delivered a presentation to the committee that summarised how the consultation process and engagement with the public had been carried out, and how the widely accepted Gunning principles – a set of principles confirmed in 2001 that are applicable to all public consultations that are undertaken in the UK – were adhered to throughout the process.

The committee was advised that, upon conclusion of the consultation period, a two month period of 'conscientious consideration' had begun, to allow for the views, comments and concerns of the public and other stakeholders to be taken into account or addressed prior to the development of the formal business cases.

It was reported that the Governing Body for NHS Eastern Cheshire CCG would meet at the end of November to consider the business cases for the three consulted proposals, and make a decision as to which proposal would be selected and taken forward. It was planned for the final business case for the chosen option to be presented to the committee in January 2019. single, more detailed business case on the chosen proposal

(The meeting adjourned for a short break.)

Members put questions and comments in relation to the consultation and engagement process that had been undertaken, which included;

- concern regarding the increased travel times that would be imposed upon people having to travel to Bowmere, Chester;
- a lack of clarity with regard to how the proposed community care services would operate and benefit the public;

- that the finances and cost analyses presented during the consultation were not clear enough to properly inform the public of the financial impacts of each proposed option, nor to allow for informed scrutiny;
- apprehension that the growing and potentially lasting impacts of reduced government funding would lead to further reductions in spending on mental health services, regardless of which proposal was taken forward, and despite Cheshire East having had the lowest reported per capita spend on mental health services in the country;
- what the potential knock-on impacts would be to Cheshire East Council services, and disquiet that this had not been considered in enough detail throughout the consultation process;
- that there was a relatively low rate of return on the consultation, having been informed that the proposed changes to service provision would impact on approximately half a million members of the public;
- concern that some members of the public may not receive adequate support or services during a period of transition and change to mental health service provision;
- that there had been a lack of information on, or feedback from, the emergency services and how the proposed options would impact on their ability to deliver their services effectively and sustainably; and
- whether the engagement work undertaken to engage with different groups and communities within the local public had been considerable or effective enough, given that there had been considerably lower response rates to the consultation from certain community groups.

The Portfolio Holder for Adult Social Care and Integration reiterated the position of the Cheshire East Health and Wellbeing Board (Minute No. 15, Health and Wellbeing Board, 2018/19) that the clinical senate assessment should be carried out by an impartial body further afield to Merseyside.

The committee considered whether the consultation process had been out in an effective manner, and that all possible efforts had been made to engage with as many members of the public as possible and encourage them to take part in the consultation.

RESOLVED

- 1 That the committee's view be placed on record that the consultation in respect of the redesign of adult's and older peoples specialist mental health services in eastern Cheshire, as presented to the committee, had been carried out effectively; but that NHS Eastern Cheshire CCG and CWP be informed that the final, full business case should clearly state the intention for the future use of the Millbrook Mental Health Unit, offer greater clarity on the transportation impacts to the public, and provide assurances with regard to the impacts on emergency services and Cheshire East Council services.
- 2 That NHS Eastern Cheshire CCG and CWP endeavour to attend the meeting of the Health and Adult Social Care and Communities

Overview and Scrutiny Committee on 8 November 2018, to address members' concerns raised at this meeting, and provide assurances that these had been, or would be addressed within the final business cases.

- 3 That the NHS Eastern Cheshire CCG and CWP attend the meeting of the Health and Adult Social Care and Communities Overview and Scrutiny Committee on 6 December 2018, to report the final decision made by the NHS Eastern Cheshire CCG Governing Body and present the adopted business case.

The meeting commenced at 2.00 pm and concluded at 4.20 pm

Councillor S Gardiner (Chairman)

BRIEFING REPORT

Date of Meeting: 11 October 2018

Report Title: Cheshire East Partnership Board Overview

Author: Alex Mitchell, Interim Chief Accountable Officer at NHS Eastern Cheshire Clinical Commissioning Group

1. Introduction

- 1.1. This briefing paper is for information only and is intended to provide the committee with an insight into the role of the Cheshire East Partnership Board, along with the progress it has made since its inception.

2. Background

- 2.1. Since February 2018, the Caring Together Programme, covering the Eastern Cheshire CCG footprint, and the Connecting Care Programme, covering both South Cheshire and Vale Royal CCG footprints, were brought together to create a programme for the Central & Eastern Cheshire East Place. Both of these former programmes aimed to transform care for patients by bringing health and social care together to improve quality of care and outcomes. Both programmes were working on plans to bring care closer to home by delivering services in local communities and reducing demand on acute services.
- 2.2. In April 2018, it was agreed that the Central Cheshire CCGs would formally align with the Place Programmes and therefore, South Cheshire CCG would be a formal member of the Cheshire East Place programme and Vale Royal CCG would be a formal member of the Cheshire West & Chester Place Programme.
- 2.3. The Cheshire East Partnership Board membership consists of the following organisations:
- East Cheshire NHS Trust
 - Mid Cheshire Foundation Trust
 - Cheshire East Council
 - Cheshire & Wirral Partnership NHS Foundation Trust
 - NHS Eastern Cheshire CCG
 - NHS South Cheshire CCG

- Vernova Healthcare
- South Cheshire & Vale Royal GP Alliance

2.4. The Cheshire East Partnership Board is the inter-organisational forum that acts as the top tier of leadership for the health and care system. The partnership board is led by an independent Chair and includes a wide variety of external stakeholders as attendees. The partnership board does not have delegated powers; its decisions are subject to ratification by the boards of the partner organisations.

2.5. Its ambition is to develop a single Integrated Care Partnership, operating:

- At the whole population level; aiming to address the wider determinants of health and wellbeing and to tackle inequalities.
- As a place-based response to the development of sustainable services for the local populations.
- For people with episodic conditions; it will help build and form part of a more coherent and effective local network of urgent care.
- For people with ongoing care needs; it will provide a broader range of services in the community that are more joined up between primary, physical, mental health and social care and services will be better tailored to meeting their needs including integrated personal commissioning and personal health budgets.

3. Briefing Information

3.1. Since February 2018, the Cheshire East Partnership Board has been meeting monthly and has been working to deliver its ambitions. The following points provide the committee with a snapshot of the key progress / areas of work being discussed over the previous seven months.

3.2. Governance: To support the partnership board the following documents have been developed:

- Terms of Reference (Cheshire East Partnership Board and Cheshire East Partnership Executive Group, Care Professionals Assurance Group)
- Governance & Decision Making Framework (including Memorandum of Understanding¹).

3.3. Acute Sustainability: Work progresses to develop an outline business case for the Regulators (NHS Improvement and NHS England) and Health Care

¹ Note: Whilst the MOU has been developed, not all partners have signed the document.

Partnership for Cheshire & Merseyside (HCP) detailing the development of a sustainable (clinical, workforce, finance) acute health care system. The draft document is scheduled to be completed in November 2018 for consideration by the Regulators.

3.4. Cheshire East Together Estates Plan: A submission was made in May 2018 to the HCP outlining the future estates strategy for the Cheshire East place.

3.5. Integrated Care Providers / Partnership: A number of workshops have been held / planned to progress the vision and shape of what an Integrated Care system (ICS) would look like across Cheshire East. A key attribute of the ICS is the development of 8 care communities which serve a population of up to circa 50,000. The aim of the care communities is to bring wider health and social care teams together to deliver a wide range of services that not only treat illness but promote wellness, self-care and behavioural change.

3.5.1 The care communities all have an identified clinical lead and are now working to progress the delivery of care. The eight care communities are:

- Sandbach, Middlewich, Alsager, Scholar Green, Haslington
- Nantwich & Rural
- Crewe
- Macclesfield
- Bollington, Disley, Poynton
- Chelford, Handforth, Alderley Edge, Wilmslow
- Congleton, Holmes Chapel
- Knutsford

3.5.2 Each of the care communities are at differing levels of maturity and to help facilitate their development, the Partnership Board has supported:

- Successful bid to the HCP of £486k to support the care communities in securing clinical leadership; supporting a change programme targeted at system leadership, culture and behaviour; and accelerating best practice initiatives locally.
- Agreement to proceed with the recruitment of a Managing Director / Senior Responsible Officer for the ICP/O to support the development towards an Integrated Care system across Cheshire East.

3.6. Independent Chair: Due to the current chairs contract ending in October 2018, a recruitment process has commenced in September 2018 to recruit a replacement chair on a fixed term contract.
















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Adult's Services Scorecard - Quarter 1 2018

PI Ref	Measure	Polarity	NW stat	Av	National Av	18-19 Target	Year end 2017-18	Quarter 1	18-19 yr to date	RAG	Qtly dir of travel	Comments	PMF Link
Benchmarking/ ASCOF Indicators													
	Residential Admissions for 18-64 age band (Total Admissions YTD)					28	45	5	5		↓	See below for rate per 100k of population	
	Residential Admissions for 65+ age band (Total Admissions YTD)					536	611	133	133		↓	See below for rate per 100k of population	
	Residential Admissions for 18-64 age band per 100k population (ASCOF 2A1) ytd fig	Low is good	13.7		13.3	13	20.2	2.3	2.3		↓	There is a pleasing reduction in the rate of residential admissions in Q1 this year compared to the same period last year where the rate was 3.7	
	Residential Admissions for 65+ age band per 100k population (ASCOF 2A2) ytd fig	Low is good	715.0		628.2	628.2	728.0	155.8	155.8		↓	There is a substantial reduction in the rate of residential admissions in Q1 this year compared to the same period last year where the rate was 212.8. Given that the year end position for 17/18 was adrift from national and NW neighbours this is a positive stance and may reflect the success of re-ablement services in avoiding admissions	
	Delayed transfers of care from hospital - days per quarter total						14,118	2822	2882		↓	This is the raw monthly figure of total bed days lost for individuals resident in CE taken from the CE LA table produced by NHS Digital. Compared with the previous quarter (Q4 2017) there has been a reduction of 200 delayed days (7.1%). When comparing Q1 2017 with Q1 2018 there has been a significant reduction in total delays from 4435 days to 2822 days - a reduction of around 36% and is a reflection of the significant amount of work that has been done in partnership with health colleagues to ensure timely and appropriate discharge from hospital. Work on developing further a 'Discharge to Assess' model will continue with a view to further improvements in performance in this area in line with agreed targets.	
	Delayed transfers of care from hospital - days per quarter attributable to CE Social care						4,752	892	892		↓	This is the raw monthly figure of days lost which are attributable to Social Care for individuals resident in CE taken from the CE LA table produced by NHS Digital. Compared with the previous quarter (Q4 2017) there has been a small increase of 38 days (4.4%). When comparing Q1 2017 with Q1 2018 there has been a significant reduction in delays attributable to SC from 1538 days to 892 days - a reduction of around 42% and is a reflection of the significant amount of work that has been done in partnership with health colleagues to ensure timely and appropriate discharge from hospital. Work on developing further a 'Discharge to Assess' model will continue with a view to further improvements in performance in this area in line with agreed targets.	
	Delayed transfers of care from days delayed per 100,000 population (ASCOF 2C1) (average mthly fig)	Low is good			N/A	475	390.5	310.4	310.4		↓	See commentary on two indicators above	
	Delayed transfers of care from hospital days delayed which are attributable to adult social care per 100,000 population (ASCOF 2C2) (average mthly fig)	Low is good			N/A	160	132.7	104.4	104.4		↓	There is no national comparator data as the published indicator set has changed for this year. Locally we have retrospectively completed the calculation which shows a much improved position from the year end figure. The main reason for delays attributable to social care remains people awaiting care packages in own home. Addressing market issues (both capacity and financial pressures) remain an ongoing priority.	
	Proportion of adults with a learning disability in paid employment (ASCOF 1E)	High is good	3.7%		5.8%	10%	11.6%	5.9%	5.9%		→	This figure purely relates to those individuals with an employment status loaded in the case management system. There will be additional individuals supported via the supported employment service that will be included in a year end calculation	Inclusion 3.3
	Proportion of adults with a learning disability living in their own home or with their family (ASCOF 1F)	High is good	85.7%		75.4%	87%	87.3%	86.9%	86.9%		→	We continue to work closely with providers and families to ensure that individuals with the highest needs are supported to live as independently as possible in a family/ safe environment. Ongoing commissioning activity together with transition planning ensures that sufficient provision is available.	Inclusion 3.3
	Proportion of adults receiving self-directed support	High is good	83.4%		86.90%	92%	92.1%	91.9%	91.9%		→	All individuals are provided with details of their personal budget entitlement so they can chose to take a direct payment and arrange their own care should they wish. This approach will be strengthened in 2018/19 with the introduction of the Resource Allocation System.	

PI Ref	Measure	Polarity	NW stat	Av	National Av	18-19 Target	Year end 2017-18	Quarter 1	18-19 yr to date	RAG	Qtly dir of travel	Comments	PMF Link
	Proportion of adults receiving direct payments	High is good			28.1%	23%	21.1%	21.0%	21.0%		➡	All individuals are provided with details of their personal budget entitlement so they can chose to take a direct payment and arrange their own care should they wish. The take up of Direct Payments is lower than we would like.	
Core Service Activity													
	Number of New case Contacts in period (target is a monthly fig)	n/a			N/A	15,719	3,423	3,423			⬇	This is the number of contacts with outcome of either progress to new referral, info and advice given and signpost to other agency. Because there has been inconsistency in this area, work has been undertaken this year to ensure that 'contacts' is only used for new people asking for assistance. Q1 would suggest a significant reduction in contacts which could indicate that use of the Live Well site is increasing as the first option to access information and advice (rather than contacting us directly).	
	Number of Contacts resulting in a New Referral	n/a			N/A	9,391	1,976	1,976			⬇	Comparing quarter 1 18/19 to quarter 4 17/18 we are seeing a reduction in the no. of contacts progressing to a New referral. This is largely due to improvements in signposting at point of contact	
	Number of Assessments completed in period	n/a			N/A	3,329	919	919			⬇	Whilst we continue to do assessments where necessary and appropriate, the introduction of the 'three conversation model' places emphasis on resolving the presenting issue rather than insisting on the completion of an assessment (in order to resolve an issue). The timely completion of assessments where required remains a priority.	
	Proportion of service users in receipt of a community based service.	High is good				80%	81.9%	79.0%	79.0%		⬇	Quarter 1 represents the current picture in terms of the individuals in receipt of community based service compared to all individuals in receipt of a service. Our focus continues to be on supporting as many people at home as possible (whilst recognising that some people will require care home placements).	Empowering people to live independent, healthier and more fulfilled lives (5.1)
	External Care Costs						£98,992,000	£20,852,672	£20,852,672		⬇	This represents the externals costs currently paid out or accrued for in 2018/19. There is always likely to be costs not yet in the system for the most recent quarter and as there are 13 periods the final quarter will usually be substantially higher. There are particular budget pressures in relation to the availability of placements at the local authority contract rate and CHC processes. The current indicative position suggests a tentative reduction in expenditure.	
	Total Debt											Don't appear to have received the debt figs - will chase when back in	
Primary Client Type													
	Learning Disability Support (18-64)					828	830				➡	This is a snap shot position as the quarter end in terms of the number of individual's with an active case	
	Learning Disability Support (65+)					112	117				➡	This is a snap shot position as the quarter end in terms of the number of individual's with an active case	
	Learning Disability Support total cost - shown as a weekly and cumulative 13 weeks based on snap shot					£3,489,427	£905,926				⬆	Due to the way services are billed and the changes throughout the quarter it is very difficult to accurately show the quarterly cost until a number of months after the quarter end. In order to therefore give a comparable figure quarter on quarter we have provided what the 13 week costs would have been based on the weekly costs of the cases open at the quarter end	
						£45,362,551	£11,777,038						
	Mental Health Support (18-64)					268	261				⬇	This is a snap shot position as the quarter end in terms of the number of individual's with an active case	
	Mental Health Support (65+)					330	321				⬇	This is a snap shot position as the quarter end in terms of the number of individual's with an active case	
	Mental Health Support total cost - shown as a weekly and cumulative 13 weeks based on snap shot					£743,509	£174,342				⬇	Due to the way services are billed and the changes throughout the quarter it is very difficult to accurately show the quarterly cost until a number of months after the quarter end. In order to therefore give a comparable figure quarter on quarter we have provided what the 13 week costs would have been based on the weekly costs of the cases open at the quarter end	
						£9,665,617	£2,266,446						
	Physical Support - Access and Mobility Only (18-64)					95	99				⬆	This is a snap shot position as the quarter end in terms of the number of individual's with an active case	
	Physical Support - Access and Mobility Only (65+)					899	918				⬆	This is a snap shot position as the quarter end in terms of the number of individual's with an active case	
	Physical Support - Access and Mobility Only total cost - shown as a weekly and cumulative 13 weeks based on snap shot					£317,024	£80,616				⬆	Due to the way services are billed and the changes throughout the quarter it is very difficult to accurately show the quarterly cost until a number of months after the quarter end. In order to therefore give a comparable figure quarter on quarter we have provided what the 13 week costs would have been based on the weekly costs of the cases open at the quarter end	
						£4,121,312	£1,048,008						

PI Ref	Measure	Polarity	NW stat	Av	National Av	18-19 Target	Year end 2017-18	Quarter 1	18-19 yr to date	RAG	Qtly dir of travel	Comments	PMF Link
	Physical Support - Personal Care Support (18-64)						317	313			➡	This is a snap shot position as the quarter end in terms of the number of individual's with an active case	
	Physical Support - Personal Care Support (65+)						1,986	2,018			⬆	This is a snap shot position as the quarter end in terms of the number of individual's with an active case	
	Physical Support - Personal Care Support total cost - shown as a weekly and cumulative 13 weeks based on snap shot						£2,433,566	£605,959			⬆	Due to the way services are billed and the changes throughout the quarter it is very difficult to accurately show the quarterly cost until a number of months after the quarter end. In order to therefore give a comparable figure quarter on quarter we have provided what the 13 week costs would have been based on the weekly costs of the cases open at the quarter end	
							£31,636,358	£7,877,467					
	Sensory Support - Support for Dual Impairment (18-64)						14	14			➡	This is a snap shot position as the quarter end in terms of the number of individual's with an active case	
	Sensory Support - Support for Dual Impairment (65+)						26	26			➡	This is a snap shot position as the quarter end in terms of the number of individual's with an active case	
	Sensory Support - Support for Dual Impairment - shown as a weekly and cumulative 13 weeks based on snap shot						£53,538	£11,926			⬇	Due to the way services are billed and the changes throughout the quarter it is very difficult to accurately show the quarterly cost until a number of months after the quarter end. In order to therefore give a comparable figure quarter on quarter we have provided what the 13 week costs would have been based on the weekly costs of the cases open at the quarter end	
							£695,994	£155,038					
	Sensory Support - Support for Hearing Impairment (18-64)						8	8			➡	This is a snap shot position as the quarter end in terms of the number of individual's with an active case	
	Sensory Support - Support for Hearing Impairment (65+)						21	19			➡	This is a snap shot position as the quarter end in terms of the number of individual's with an active case	
	Sensory Support - Support for Hearing impairment - shown as a weekly and cumulative 13 weeks based on snap shot						£25,341	£5,294			⬇	Due to the way services are billed and the changes throughout the quarter it is very difficult to accurately show the quarterly cost until a number of months after the quarter end. In order to therefore give a comparable figure quarter on quarter we have provided what the 13 week costs would have been based on the weekly costs of the cases open at the quarter end	
							£25,354	£68,822					
	Sensory Support - Support for Visual Impairment (18-64)						26	27			➡	This is a snap shot position as the quarter end in terms of the number of individual's with an active case	
	Sensory Support - Support for Visual Impairment (65+)						98	93			⬇	This is a snap shot position as the quarter end in terms of the number of individual's with an active case	
	Sensory Support - Support for Visual Impairment - shown as a weekly and cumulative 13 weeks based on snap shot						£429,924	£30,059			⬇	Due to the way services are billed and the changes throughout the quarter it is very difficult to accurately show the quarterly cost until a number of months after the quarter end. In order to therefore give a comparable figure quarter on quarter we have provided what the 13 week costs would have been based on the weekly costs of the cases open at the quarter end	
							£5,589,012	£390,767					
	Social Support - Substance Misuse Support (18-64)						2	2			➡	This is a snap shot position as the quarter end in terms of the number of individual's with an active case	
	Social Support - Substance Misuse Support (65+)						11	11			➡	This is a snap shot position as the quarter end in terms of the number of individual's with an active case	
	Social Support - Substance Misuse Support - shown as a weekly and cumulative 13 weeks based on snap shot						£12,616	£3,018			⬆	Due to the way services are billed and the changes throughout the quarter it is very difficult to accurately show the quarterly cost until a number of months after the quarter end. In order to therefore give a comparable figure quarter on quarter we have provided what the 13 week costs would have been based on the weekly costs of the cases open at the quarter end	
							£164,008	£39,234					
	Social Support - Support for Social Isolation / Other (18-64)						25	25			➡	This is a snap shot position as the quarter end in terms of the number of individual's with an active case	
	Social Support - Support for Social Isolation / Other (65+)						99	97			➡	This is a snap shot position as the quarter end in terms of the number of individual's with an active case	
	Social Support - Support for Social Isolation / Other - shown as a weekly and cumulative 13 weeks based on snap shot						£54,754	£13,564			⬇	Due to the way services are billed and the changes throughout the quarter it is very difficult to accurately show the quarterly cost until a number of months after the quarter end. In order to therefore give a comparable figure quarter on quarter we have provided what the 13 week costs would have been based on the weekly costs of the cases open at the quarter end	
							£711,802	£176,332					
	Social Support - Support to Carer (18-64)						23	25			⬇	This is a snap shot position as the quarter end in terms of the number of individual's with an active case	
	Social Support - Support to Carer (65+)						60	55			⬇	This is a snap shot position as the quarter end in terms of the number of individual's with an active case	

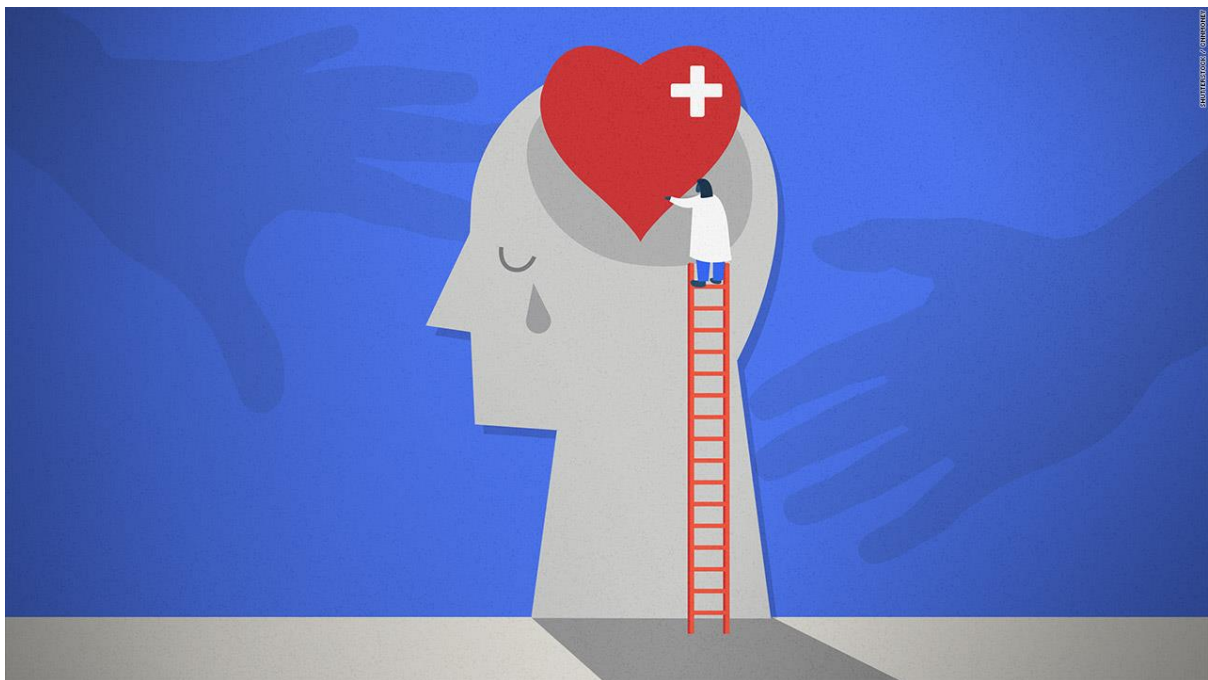
PI Ref	Measure	Polarity	NW stat	Av	National Av	18-19 Target	Year end 2017-18	Quarter 1	18-19 yr to date	RAG	Qty dir of travel	Comments	PMF Link
	Social Support - Support to Carer - shown as a weekly and cumulative 13 weeks based on snap shot						£7,944	£1,572				Due to the way services are billed and the changes throughout the quarter it is very difficult to accurately show the quarterly cost until a number of months after the quarter end. In order to therefore give a comparable figure quarter on quarter we have provided what the 13 week costs would have been based on the weekly costs of the cases open at the quarter end	
							£103,272	£20,436					
	Support with Memory and Cognition (18-64)						36	36				This is a snap shot position as the quarter end in terms of the number of individual's with an active case	
	Support with Memory and Cognition (65+)						672	678				This is a snap shot position as the quarter end in terms of the number of individual's with an active case	
	Support with Memory and Cognition - shown as a weekly and cumulative 13 weeks based on snap shot						£1,039,156	£270,650				Due to the way services are billed and the changes throughout the quarter it is very difficult to accurately show the quarterly cost until a number of months after the quarter end. In order to therefore give a comparable figure quarter on quarter we have provided what the 13 week costs would have been based on the weekly costs of the cases open at the quarter end	
							£13,509,028	£3,518,450					
	Social Support - Asylum Seeker Support (18-64)						0	0				This is a snap shot position as the quarter end in terms of the number of individual's with an active case	
	Social Support - Asylum Seeker Support (65+)						0	0				This is a snap shot position as the quarter end in terms of the number of individual's with an active case	
	Social Support - Asylum Seeker Support - shown as a weekly and cumulative 13 weeks based on snap shot						£0	£24				Due to the way services are billed and the changes throughout the quarter it is very difficult to accurately show the quarterly cost until a number of months after the quarter end. In order to therefore give a comparable figure quarter on quarter we have provided what the 13 week costs would have been based on the weekly costs of the cases open at the quarter end	
							£0	£312					
	Total number (18-64)						1,642	1,588					
	Total number (65+)						4,312	4,190					
	Total weekly cost						£8,606,799	£2,102,950				Please note that this based on the committed costs as per active care plans and will represent GROSS costs. Whilst an indicative snap shot figure the overall weekly cost has risen from £2,062,062 to £2,102,920	
	Total indicative13 week cost (based on snap shot)						£111,888,387	£27,338,350				Please note that this based on the committed costs as per active care plans and x by 13 to get an indicative 13 week costing. This will represent GROSS costs. Whilst indicative the overall 13 week period cost has risen from £26,780,806 to £27,338,350 which is an increase of £557,544 per 13 week period or £2.23 million for the year	
	Total number of cases open at point in time	Low is good				9000-9600	9125	8,921				This figure represents all active cases on the case management system at a point in time where as the figure above purely represents those with a committed care plan.	
	Number of Cases closed in period	n/a				N/A	9,282	2,199				Ideally we want to see a rise in the number of cases closing and an overall reduction in cases open at a point in time - the biggest impact however is reducing the volume of high cost packages	
Risk Enablement													
	New DOLS Requests	n/a				<500 per quarter	2,446	654				The 1st quarter has seen an average of 218 DOLS applications (each month). This is to be expected given there is a cohort on people now requiring a 12 month renewal, plus new referrals. This could also be linked to the increased number of care homes under scrutiny, with a focus on their understanding of MCA and DOLS.	
	New DOLS Requests per 100,000	n/a				433	454	833.8	215.8			The number of DOLS applications in the quarter has increased with a rate of 215.8 per 100,000 of the adult population (303,012) when compared to Q1 in the previous year (208.6 per 100,000 population). It should be noted that CEC has a robust system for triaging and prioritising requests against the ADASS screening tool. Continued increase in demand is placing pressure on the allocated budget.	
	Timeliness of DOLS Application processing (Average days)	Low is good					35.8	46				There appears to be a small increase in the average number of days being taken to complete an application which likely reflects the increasing demand. Figures are not yet finalised for all cases commencing in March.	
	Number of new Safeguarding Investigations Commenced in period					N/A	1,135	314				This is up on Quarter 4 17/18 by 100 new investigations in the quarter. This is flagged red as whilst it is positive investigations commence where appropriate the increase would suggest that individuals could be at danger/ in vulnerable positions.	
	Number of safeguarding investigations completed in period	High is good				N/A	997	212				The number of safeguarding Enquiries completed within a period will be dependent on the level of complexity, the issues raised and involvement of other Agencies as part of a Section 42 Enquiry. Whilst timeliness is important the quality and personal outcomes for individual victims is the most important factor to consider	

PI Ref	Measure	Polarity	NW stat Av	National Av	18-19 Target	Year end 2017-18	Quarter 1	18-19 yr to date	RAG	Qtly dir of travel	Comments	PMF Link
	Number completed within 8 weeks	High is good			N/A	658	140				There is a small increase in the % completed within 8 weeks.	

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Health and Adult Social Care and Communities Overview and Scrutiny Committee



Mental Health Spotlight Review

Final Report

April 2018

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1. Chairman's Foreword

- 1.1 Concern over the issue of mental health has been far more to the forefront of people's minds over the last decade or so, with the public not only better understanding what constitutes poor mental health, but also having far greater expectations in how it is treated.
- 1.2 An ever-increasing understanding of what constitutes good mental health and more significantly a greater willingness to accept the importance of the treatment of poor mental health, have had an inevitable impact upon the provision of mental health services across the United Kingdom and Cheshire is no exception.
- 1.3 The provision of mental health services, just like those provided for physical wellbeing, has been subject to review by service providers across the sector; not least of all within the NHS. As with physical health provision, there is now a greater emphasis upon providing more care within a domestic setting; with treatments being offered in out-patients settings, which itself is positive. However, this has meant that officials within the local NHS have sought to review both how and where inpatient services are provided. These proposals would potentially have a significant impact for those accessing acute mental health services; particularly in the east of the county
- 1.4 It was for this reason the Health and Adult Social Care and Communities Overview and Scrutiny Committee decided to conduct a spotlight review into the mental health services that are currently provided to patients, to better understand the changes proposed to the delivery of those services.
- 1.5 It is clear from the information shared with the review by providers, that most people receiving treatment for mental health issues are being treated as outpatients, or via their GP surgeries. It is only those patients with the most acute conditions who require to be hospitalised and the majority of these only require short-term inpatient interventions.
- 1.6 Not only was it clear from the information provided that there was a concentration on outpatient provision, but that practitioners were looking to adopt an approach focused on early intervention to further reduce the necessity for acute interventions. However, there remained a need to ensure that a quality back-stop service was readily available to those patients who required it.
- 1.7 There also seemed to be an underlying issue about timing and how important it was that patients were seen, diagnosed and received the most effective treatment as soon as possible, to reduce the requirement for more acute interventions. It is also clear that when a patient does need to be in hospital,

appropriate treatment should be available whenever required, including in the middle of the night and at weekends.

1.8 The purpose of this review was not to make recommendations but to enable members of the committee to have a more complete picture of what constitutes mental health service provision in Cheshire East. I believe that this has been achieved and that it will better able this Council to understand the issues associated with the delivery of local services and make more informed recommendations when considering any future changes in service delivery.

1.9 I would like to thank the stakeholders who have contributed to this valuable exercise and Helen Davies, who facilitated this whole process and contributed enormously to this report.



Councillor Stewart Gardiner
Chairman of the Health and Adult Social Care and Communities Overview and Scrutiny Committee

Committee Membership



(Left to right): Councillors Beverley Dooley (Vice Chair), Rhoda Bailey, Gordon Baxendale, Suzanne Brookfield, Ellie Brooks



Councillors Steven Edgar, Irene Faysei, Olivia Hunter, Laura Jeuda



Councillors Sarah Pochin, Jill Rhodes, Lesley Smetham, Amanda Stott, Mick Warren

Substitutes



Councillors Joy Bratherton, Mo Grant

What is Mental Health?

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

Mental health problems affect thinking, mood, and behaviour. Many factors contribute to mental health problems, including:

- Biological factors, such as genes or brain chemistry
- Life experiences, such as trauma or abuse
- Family history of mental health problems

Positive mental health allows people to:

- Realise their full potential
- Cope with the stresses of life
- Work productively
- Make meaningful contributions to their communities

Why are we scrutinising Mental Health?

In January 2017, Eastern Cheshire Clinical Commissioning Group (ECCCG) announced potential changes to the delivery of mental health inpatient services within Cheshire East.

Representatives from the ECCCG and other key partners and providers were invited to meet with the HASCCOSC in April 2018, to partake in this review and present information in order to better inform the Committee ahead of any decision in respect of the potential future delivery changes to the provision of inpatient mental health services.

Provision of Mental Health Services in Cheshire East

Linda Couchman, Acting Strategic Director of Adult Social Care and Health at Cheshire East Council opened the day and gave the Committee a summary of the purpose for this review.

Given the difficult financial climate, organisations across Cheshire have been forced to look at service delivery and ask themselves how to deliver differently. This spotlight review is the starting point for relevant organisations and Elected Members to review current provision, share best practice and work towards a more joined up, holistic partnership.

Fiona Reynolds, Director of Public Health at Cheshire East Council added that over the last ten years, mental health and well being have seen an increase in public awareness through a number of high impact campaigns. Across Cheshire East 10.5% of those 18+ have a mental health diagnosis (compared to the national average of 14.5%).

It is known that factors such as employment and housing are factors in good mental health. The Joint Strategic Needs Assessment (JSNA) has a number of strands relating the mental health: Children and Young People's mental health, Self injury, mental health and employment and Lesbian, Gay, Bisexual and Transgender mental health. Cheshire East Council is currently working towards a Suicide-Safer Community Status to achieve effective suicide prevention plans in place that involve local organisations.

Cheshire East Council

Key Speakers

Keith Evans- Head of People Service

Shelley Brough- Head of Integrated Commissioning

Peter Kelleher- Care 4CE Service Manager

Mental Health Services Commissioned by Cheshire East Council

Cheshire East Council commission services that support people with mental health and wellbeing issues that include:

- Individual care placements
- In house services and provision
- Commissioned Services with External Providers who support people (including those with mental health issues)
- Early Intervention and Prevention Services (Adults and Children)
- Emotionally Healthy Schools Programme
- Support to Employment Services

The Council is currently supporting 679 individuals (adults) with a mental health need. Forecasted spend for 2017/18 was £9 million and this does not include Dementia care.

The Key principles for the council look for are evidence, a focus on the strengths and assets, value for money, best value and working in partnership with external colleagues.

The In-House Services and Provision that the Council deliver can be split into four categories:

- 1) **Adult and Older People Community Mental Health Teams-** provides assessment, diagnosis, treatment and follow up to people with severe and complex mental health conditions in a community setting.
- 2) **Shared Lives Service-** supports individuals with Mental Health needs in a family setting, a short break or in their own home.
- 3) **Mental Health Reablement (for North and South of the borough)-** provides 6 weeks support which includes advice to appropriate support services, debt management, housing issues, education, employment, leisure activities etc. (more about this on page 12)
- 4) **Dementia Reablement (North and South of the borough) -** provides advice and support for those with dementia and their carers.

The Council also commissions a number of services with external providers which provide support to adults with a wide range of needs and their carers including those with mental health:

- **Cheshire Advocacy Hub-** Provides statutory advocacy services in relation to the Mental Health and Mental Capacity Acts i.e. Independent Mental Capacity Advocate (IMCA) Independent Mental Health Advocacy (IMHA) and Care Act Advocacy.
- **Carers Hub-** Integrated support for all carers in Cheshire East, supporting emotional health and wellbeing needs of carers, and specifically supporting carers of people with mental health needs (launched April 2018)

There are a number of Early Help Contracts for Children and Young People that provide support for children with a wide range of needs including those with mental health:

- **South Cheshire CLASP (Crewe) *-** Family support and Emotional Health & Wellbeing service (1 to 1 counselling to young people and parents).
- **Just Drop In (Macclesfield)*** – Group and 1 to 1 counselling sessions. Also working directly with Child and Adolescent Mental Health Services (CAMHS)
- **Visyon (Congleton) *-** group and 1 to 1 counselling sessions, some service offered within schools.
- **Xenzone (Kooth) *-** Online counselling and peer support service for children aged 11 years to 19 years

*These services are currently funded for 6 months (April-Sept 2018) and are subject to review. The new Early Help Framework will be in place from July 2018.

The Emotionally Healthy Schools (EHS) Programme is a partnership between the Council and the Clinical Commissioning Groups (CCGs). The focus of the EHS Programme is to support the emotional wellbeing of pupils through prevention, early

intervention and physical and mental wellbeing, by December 2018, all schools and colleges will be required to engage with the EHS Programme.

Phase 1 of the pilot showed it had been very successful, Phase 2 is underway and comprises of a Schools Leadership Programme, LINK Programme and Tools for Schools Programme. Phase 3 is under development.

Cheshire East offers the following support into Employment Services;

- **Occupational Opportunities Service-** As part of the Care4CE provider service, Occupational Opportunities operates intensive work-based support for around 50 people with severe and enduring mental ill health.
- **Cheshire East Supported Employment Service-** Provide support to people with disabilities and complex needs to find and retain employment.
- **Cheshire East Welfare to Work Partnership-** A provider partnership of all services that support disadvantaged people into work (including people with mental ill health).
- **Cheshire East Housing-** The Housing Related Support service commissioned by Cheshire East Housing provide supported accommodation and floating support services to clients who are either homeless or at risk of homelessness and need support.

There are no official frameworks or service specifications for Adult Mental Health Services; the current approach is to spot purchase (purchase from an independent supplier who provides a service following a needs assessment) this will be an area of development over the next 12 months.

All Cheshire East contracts for Early Intervention and Prevention Services are due to expire in September 2018; service-user and market consultation has been undertaken. Emotionally Healthy Schools is in the second phase and a number of services will be recommissioned.

There are a number of commissioning developments across Cheshire East at present, they include:

- All Age Mental Health Strategy;
- All Age Autism Strategy;
- A Dynamic Purchasing System (DPS) for the future procurement of care and support services for individuals with Learning Disabilities and Mental Health needs;
- Early Intervention and Prevention Services are being reviewed and recommissioned via the Early Help Framework to achieve improved outcomes and to prevent and delay people from needing health and social care services.

Cheshire East Council Community Mental Health Teams

Cheshire East Council operates two Community Mental Health Teams (CMHTs) one in Macclesfield (Jocelyn Solly) and one in Crewe (Delamere Resource Centre). Both centres are managed by CWP staff with social workers and supervised and managed by the Council and both have facilities for Older People. The CMHTs have three functions:

- 1) **Single point of access-** provides assessment and short term interventions for people experiencing severe and enduring mental illness, managed by Cheshire East Council (CEC) + Cheshire and Wirral NHS Partnership trust (CWP)
- 2) **Recovery and Review-** provides ongoing treatment, care planning and care coordination under Care Programme approach (CPA) for patients with severe, complex mental health problems, provides standard care to patients, managed by CEC + CWP.

There are specialist, secondary care community mental health services for both Adults of Working Age and Older People.

For Adults of Working Age the services offers assessment, diagnosis and treatment to individuals with severe and enduring mental health problems aged 18 and above who are eligible for services under the Care Programme Approach and the Care Act. This includes service-users with:

- Schizophrenia
- Bi-Polar Disorder
- Severe Depression
- Personality Disorders

For Older People, the service offers assessment, diagnosis and treatment to individuals with severe and enduring mental health problems aged 65 years and above, who are eligible for services under Care Programme Approach* and the Care Act. This includes:

- Patients with suspected Dementia regardless of age
- Patients with Functional illness e.g. Depression, Bipolar, Schizophrenia and associated physical frailty (usually over 65 years old)

*The Care Programme Approach (CPA) is a package of care that is used by secondary mental health services. CPA aims to support mental health recovery by helping the service user to understand their strengths, goals, support needs and difficulties. All care plans under the CPA must include a crisis plan.

The Mental Health Act 1983 is the most significant piece of legislation for Councils, the Act was extended in 2007, but within Cheshire East it only relates to Social Workers, which is typical practice.

The Care Act 2014 placed a duty on local authorities to promote the integration of care and support services with health services (and health-related services like housing) where this will benefit patients and quality of care.

Significant Current Issues

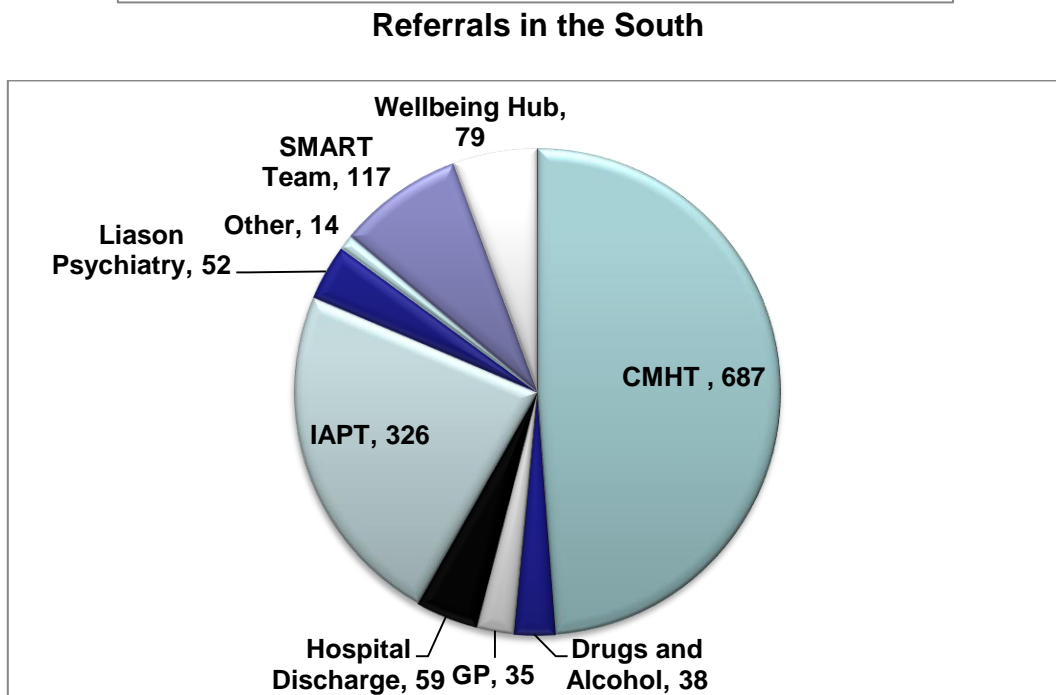
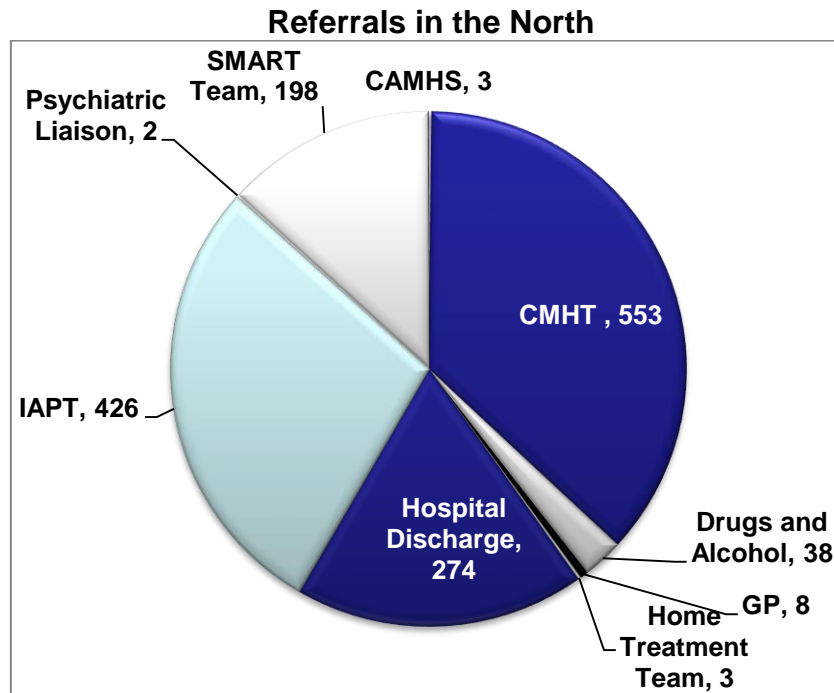
- The social and health elements within the CMHTs are under strain
- Not just a local issue and in a number of areas, teams have split – Warrington, Somerset
- Care Act is designed to promote integration, but in mental health is having the opposite effect
- Eligibility under the Care Act and CPA are not aligned. The Care Act turns on need, the CPA turns on diagnosis
- Assessments under the Care Act are prescribed in statute. Assessments under the CPA are set out in guidance.
- Social care staff are obliged to undertake functions under the Care Act which compete with functions under the CPA e.g. Care Act assessments and care management vs. care co-ordination.
- Single electronic patient record is no longer working: CWP use CareNotes but Council staff must use LiquidLogic for the recording of Care Act compliant assessments
- CPA assessments do not support personal budgets. Care Act assessments support personal budgets
- CareNotes does not easily support the Council in reporting on its wider performance e.g. numbers of assessments, reviews and numbers of people in touch with secondary services in settled accommodation and employment
- The east division of CWP includes Vale Royal which is in Cheshire West and Chester
- MHA assessments are now recorded on LiquidLogic and cut and pasted into CareNotes.
- Care Act makes it explicit that safeguarding is a social care statutory function.

In January 2018, the Care Quality Commission queried the number of hospital detentions for Mental Health Patients. This related to patients having early discharge from hospital whilst still being very poorly. Safeguarding is an area that cannot be delegated.

Cheshire East Council: Mental Health Reablement

As part of the In-House Services and Provision that the Council deliver Mental Health Reablement for North and South of the borough. Experienced mental health workers provide 6 weeks personalised support (following a reablement model) which includes advice to appropriate support services, debt management, housing issues, education, employment, leisure activities etc. The Support focuses on coping techniques and a self-help approach promoting social inclusion and goal setting. There are strong links with CMHTs, GPs, A&E Teams & partner agencies. Social Care support is delivered by workers trained to NVQ Level 3, there are 31 members whole time equivalent members of staff across the team.

During 2017, 1506 referrals were made to the North and 1406 to the South, which came from a variety of sources. The largest referrer was the Community Mental Health Team, with 37% in the North and 49% in the South. The North tends to receive more referrals because many come through Macclesfield District General Hospital.

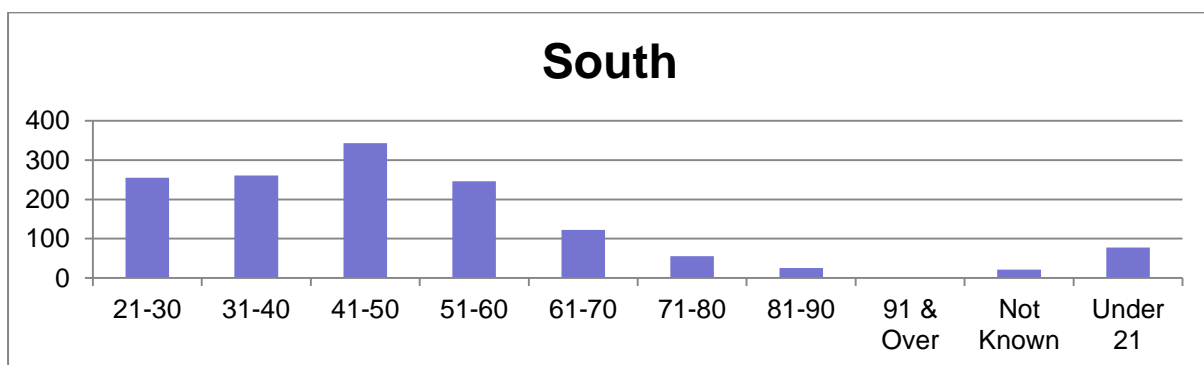
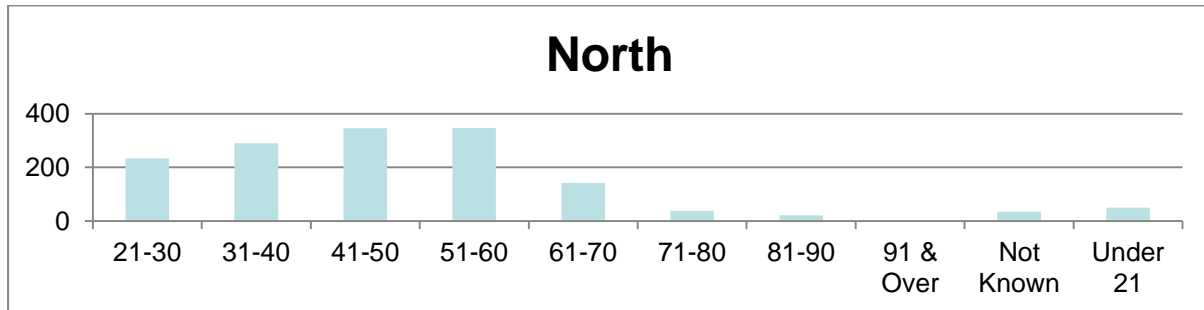


There are a number of outcome indicators, but for both areas, the top outcomes were:

- Community Access/Inclusion
- Improving Mental Health

- Self Esteem/Confidence
- Self Help Materials

The following charts indicate the ages of those receiving services:



Next steps

There are a variety of outcomes for people accessing Mental Health Reablement:

- Support to access emergency food parcels
- Carers support
- Domestic Violence support/MARAC
- Support to access services/support in the community
- Support to access benefit/debt advice
- Support to access Voluntary work & Employment opportunities
- Leisure Centre and Social Groups
- Support to improve mental wellbeing reducing GP & A&E Attendance
- Recovery college- deliver self esteem and Wellness Recovery Action Programme (WRAP)
- Support to prevent homelessness
- College

Some people will be re-referred, instances of repeat referrals can happen because the person has a high level of need, there could be relapses with Drug and Alcohol or Mental Health or they might be difficult to engage or needing a different goal. There is a 75% engagement range with repeat referrals, 1% require a commissioned service.

Cheshire East Council: Dementia Reablement Service

Pre-2015, there was very little post diagnostic support for individuals living with Dementia and their carers. The Dementia Reablement Service was commissioned in April 2015 to provide this support and has been evaluated by Liverpool John Moore's University.

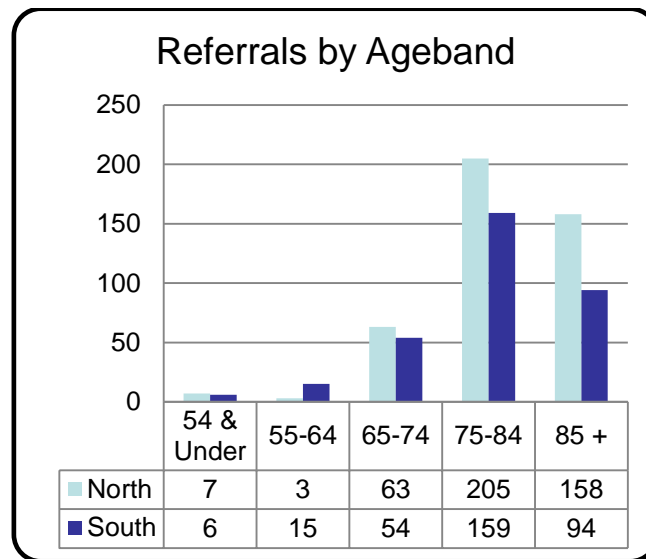
The Dementia Reablement team work to the same footprint as the Mental Health Reablement with a base in the North and one in the South made up of trained and experienced Dementia Support workers and Outcomes Coordinators, there are 12 whole time equivalents within the Dementia team. Currently, there are over 5000 people living with Dementia in Cheshire East.

The Service provides around 12 week's personalised support following a reablement model. Support focuses on continuing to enjoy a good quality of life, feeling confident to remain independent at home and experiencing new and exciting things within your community. The service operates strong links with Age UK, Alzheimer's Society, and Memory Clinic Consultants & Dementia Coordinators.

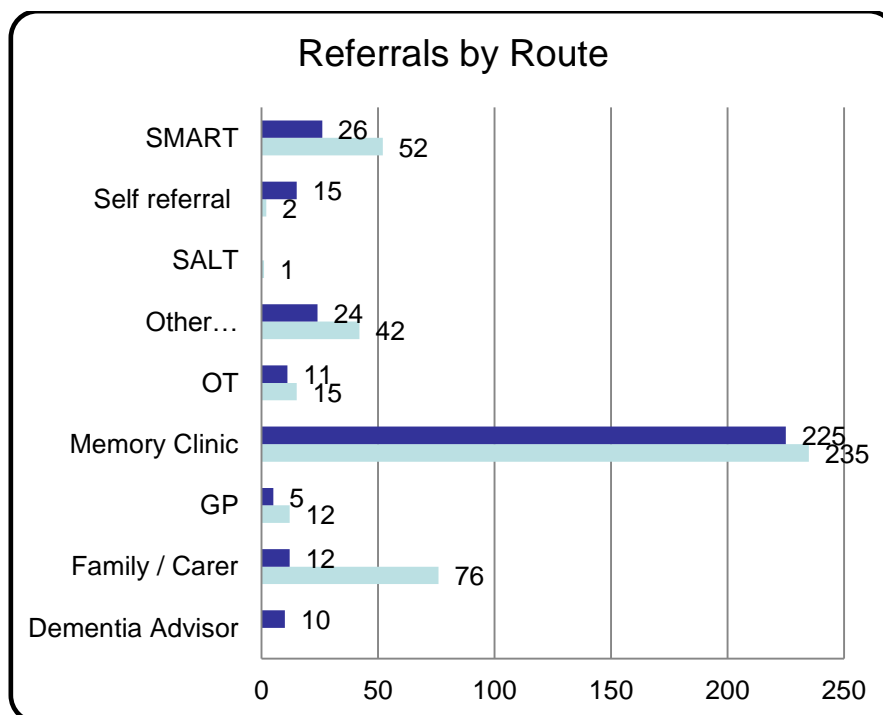
What the service does:



The following charts indicate the age of those receiving services:



Whilst the majority of service-users are 75+, there are a proportion of people under 54 who are accessing the service.



When the service was set up referrals were made to the service from the Memory Clinic (still the largest referrer), however an explicit diagnosis of Dementia was needed to best support the individual.

The Outcomes from the service include:

- Reduced feeling of social isolation
- Being able to lead full and active lives

- Improved emotional well-being
- Remain in their own home for longer
- Increased confidence and self esteem
- Legal and financial arrangements being in place
- Skills to manage the challenges of living with Dementia

Eastern Cheshire Clinical Commissioning Group (CCG)

Key Speakers

Fleur Blakeman- Strategy and Transformation Director

Jacki Wilkes- Associate Director of Commissioning

The NHS Mental Health Five Year Forward View includes a strategy for improvement that includes:

- a focus on early intervention and prevention
- person centred care which puts mental health and well being on the same footing as physical health
- increased access to all age services including perinatal mental health across a range of need
- improved response to crisis support for all ages 24/7
- a stepped increase in funding

The Mental Health Five-Year Forward View contains several priorities for 2020/21:

70,000 more children will access evidence based mental health care interventions.	Intensive home treatment will be available in every part of England as an alternative to hospital. Older People	No acute hospital is without all-age mental health liaison services, and at least 50% are meeting the 'core 24' service standard. Older People
At least 30,000 more women each year can access evidence-based specialist perinatal mental health care.	10% reduction in suicide and all areas to have multi-agency suicide prevention plans in place by 2017. Older People	Increase access to evidence-based psychological therapies to reach 25% of need, helping 600,000 more people per year. Older People
The number of people with SMI who can access evidence based Individual Placement and Support (IPS) will have doubled.	280,000 people with SMI will have access to evidence based physical health checks and interventions. Older People	60% people experiencing a first episode of psychosis will access NICE concordant care within 2 weeks including children .
Inappropriate out of area placements (OAPs) will have been eliminated for adult acute mental health care.	New models of care for tertiary MH will deliver quality care close to home reduced inpatient spend, increased community provision including for children and young people.	There will be the right number of CAMHS T4 beds in the right place reducing the number of inappropriate out of area placements for children and young people.

Eastern Cheshire CCG Commission a range of services for those aged between 0-19:

- General practice – tier 1
- Children and Adolescent Mental Health (CAMHs) tiers 2 and 3

- CAMHS 16-19 years
- Learning Disability (LD) CAMHS
- Autism and ADHD assessment service (AAT)
- Children's Eating Disorder (CHEDs)
- Individual Funded Packages

The achievements by Eastern Cheshire CCG to date:

- additional contracts with Visyon and Just drop in
- better monitoring of services
- improved performance
- redesigned pathways for AAT services
- significant investment in Children and Young People's services

In terms of current performance, the access rate for Eastern Cheshire CCG so far this year was **38.6%** against a standard of 30%. The standard is set to rise to 35% by 2020/21.

Chart 1. Referral to Treatment 18 weeks Parity of Esteem – Performance improved from 16/17.

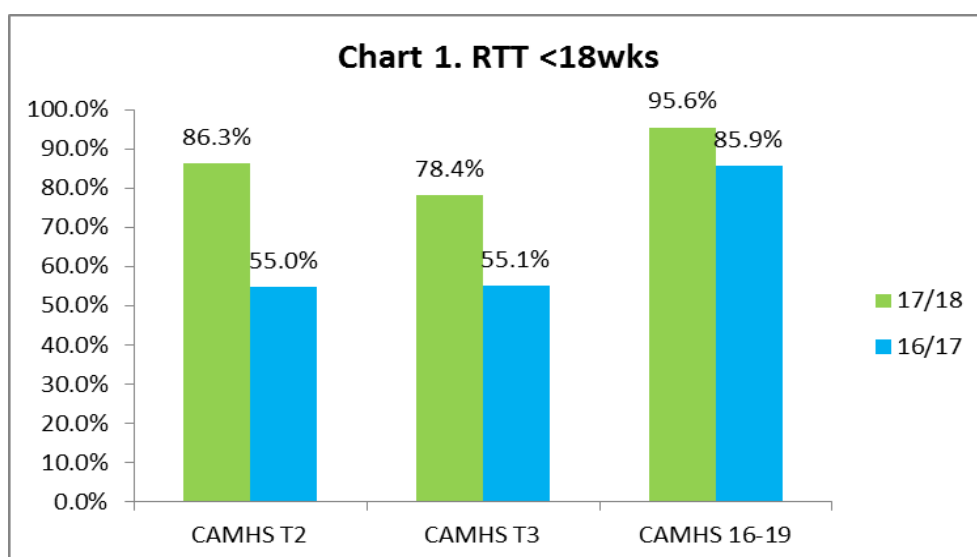
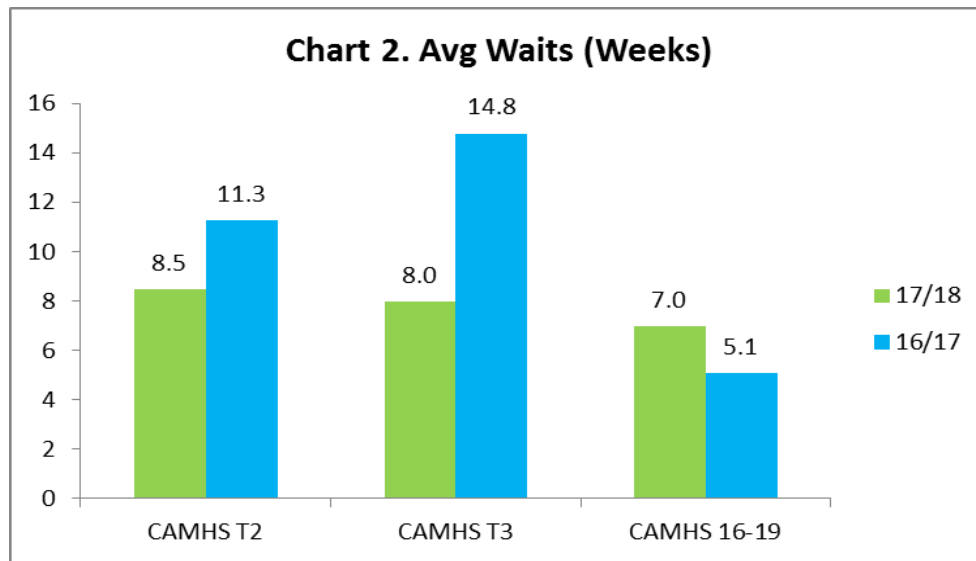
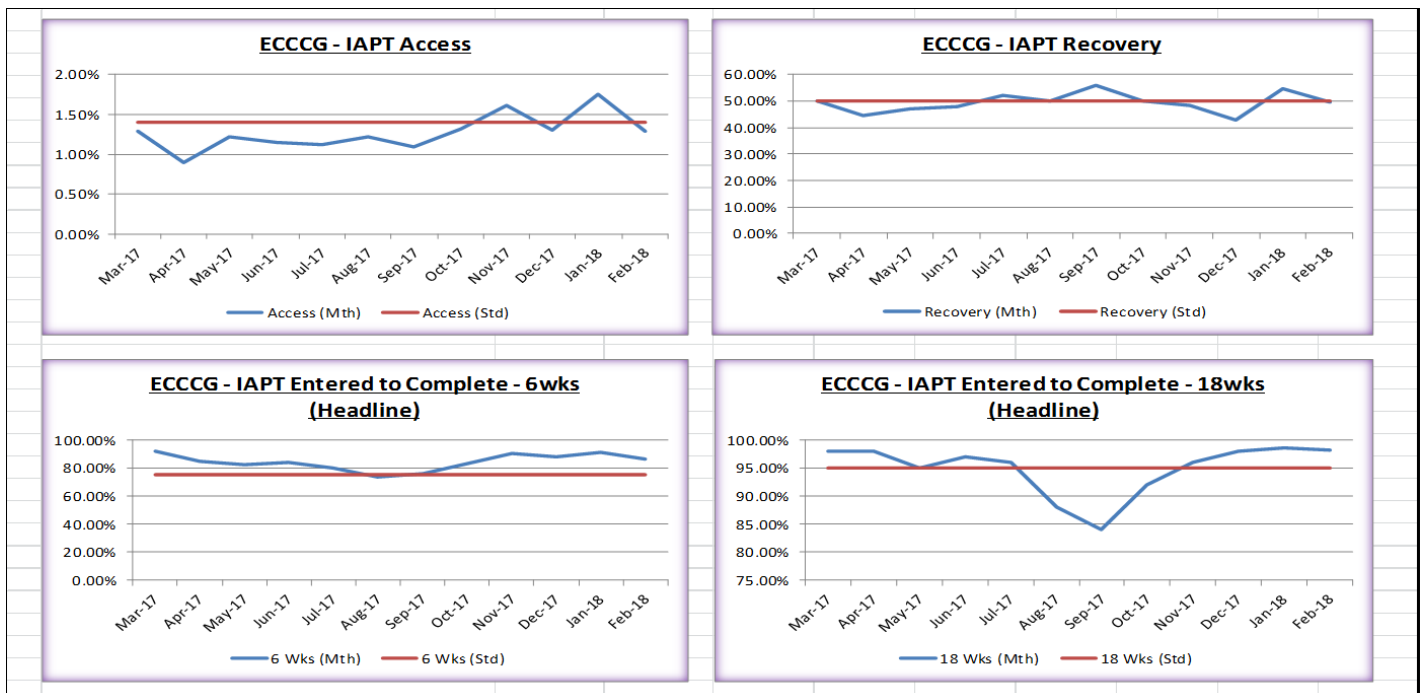


Chart 2. Average waiting times (weeks) – T2 & T3 performance improved from 16/17.



Eastern Cheshire CCG commissions the following Primary Mental Health services:

- primary mental health service in place from 2017
- community specialist adult and older peoples mental health service
- adult and older peoples specialist in patient and outpatient services
- In patient and community rehabilitation
- Adult autism assessment service
- Continuing health care
- Funded nursing care
- Veterans mental health



Perinatal Mental Health

- PMH affects 1:5 women with 3-4% of women experiencing a serious psychiatric disorder
- Target locally is to provide 5% of women giving birth with a specialist service
- Cheshire and Merseyside successfully attracted £3.3m in 17/18 and awaiting notification on another £950K
- So far since the specialist service was launched in October 2017 over 500 women have received specialist care
- The additional funding will support achievement of local access and support targets

Adult Mental Health Redesign

- public Consultation underway complete 29 May 2018
- aims of the proposal: to deliver the best care possible for the 7000 people who need the specialist service within the resources available
- proposed new services: Dementia Outreach and Crisis service
- undertake stocktake of services against the Five Year Forward View

Adult Mental Health Performance

Chart 1: Adult MH RTT < 18 weeks (slight drop in 17/18 performance)

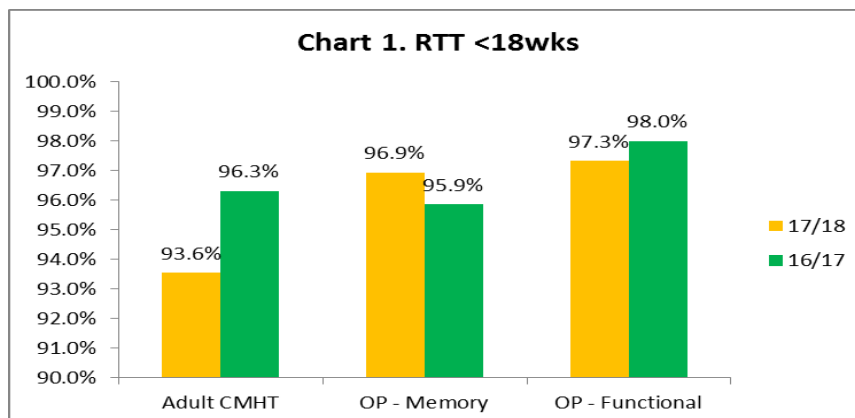


Chart 2: Adult MH Average waits in weeks (improvement for Older People Memory)

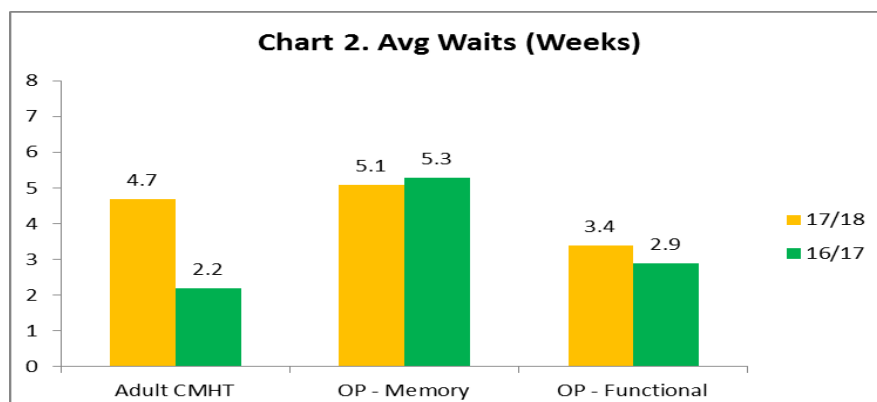


Chart 3: Early Intervention Psychiatry (national standard is 50% - achieved both years)

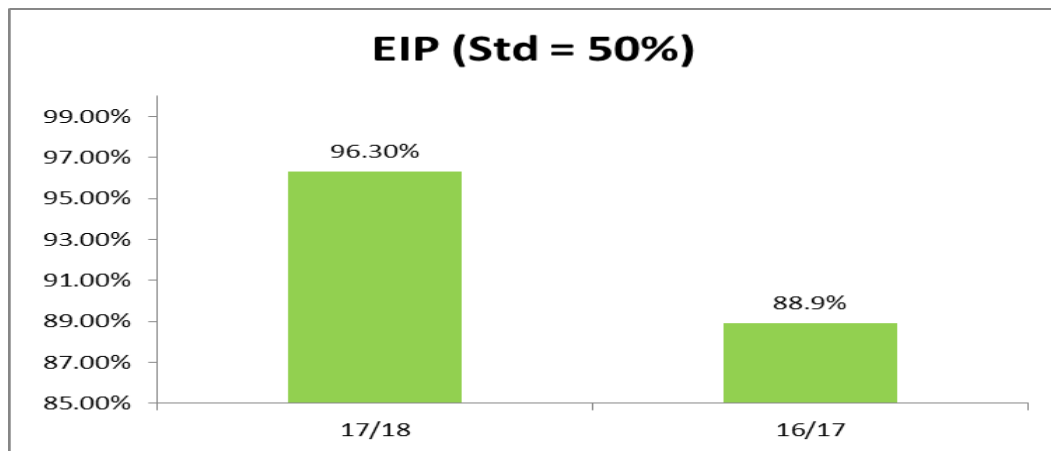
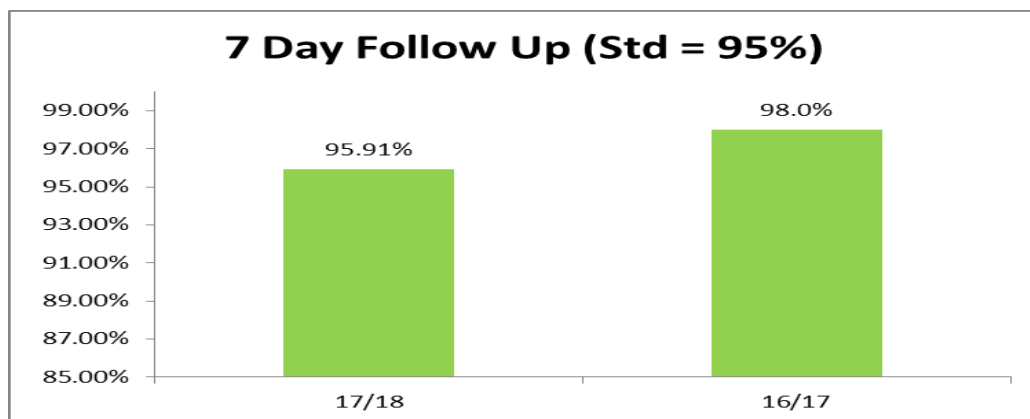


Chart 4: Inpatient discharge – 7 day follow up (standard is 95% - achieved both years)



The Five Year Forward View: Looking ahead

0-19 years
2017/18 forecast
 spend **£2.4m**
5YFV £250k planned
 investment in
2018/19
 plus **£156k** of **eating**
disorder funding

IAPT spend forecast
 at **£1.6m in 2017/18**
 including first year of
 service retendered in
 2016/17. Primary
 Care spend not
 separately
 identifiable.

Monthly report
 using 5YFV headings
 has lead to **unpicking**
CWP block contract
 to understand costs
 allocated to each
 service.

2017/18 forecast
 spend on **Mental**
Health is **£38m** or
£183 per head.
 Planned spend for
2018/19 is **£39m** or
£188 per head.

National **5YFV Perinatal**
Mental Health project
 takes effect driven by
 C&M. Non-recurrent
 national funding
 expected & funding in
 CCG baseline from April
 19

2017/18
GP prescribing costs
 forecast **c. £1.7m**
 no growth planned for
 2018/19. Annual
 programme to **reduce rise in**
medicine costs successfully
 contained budget growth.
Prices unpredictable after
stock shortages in 2017/18

CHC is the largest area of
 Mental Health & LD spend at an
annual cost of £6.2m. Work to
 secure best value packages
 locally and has **reduced cost by**
c.£800k in 2017/18 containing
 the impact of rising demand.
 Focus on high cost packages and
 out of area placements in
 2018/19

Cheshire & Wirral Partnership (CWP)**Key Speakers:****Anushta Sivananthan- Consultant Psychiatrist****Suzanne Edwards- Associate Director of Operations**

Cheshire and Wirral Partnership (CWP) welcomed the opportunity to discuss and debate the provision of Mental Health services across Cheshire East, as opposed to the focus being solely on physical health. Year on year, more patients have been accessing mental health services but whilst the rise in demand is the trend, the services have remained static. Mental Health services must be delivered in a different way in order to work effectively.

CWP provide a range of services across its footprint:

- CAMHs
- Learning Disability
- Adult Mental health
- Memory services
- Criminal Justice Liaison and Diversion
- Liaison
- Substance Misuse
- Improving Access to Psychological Therapies (IAPT) (South CCG)
- Low secure services (NHS England)

The number of people accessing services across East Cheshire:

	2017/18	2016/17	2015/16
Adult Mental Health	49,196	47,941	48,960
CAMHS	16,141	15,162	14,701
Substance Misuse Services	22,292	23,027	17,231
IAPT	20,457	41,656	42,272
Learning Disability Services	9,047	8,342	6,798
Older People Mental Health	21,644	20,607	21,400
Total	138,777	156,735	151,362

The challenges across the Community include:

- 35% increase in referrals to Adult MH services
- 60% increase in referrals to Older people MH services
- 15% increase in referrals to CAMHs in year

Inpatient Activity for CWP:

	National average	CWP
Beds/100,000	19.5	12.6
Admission rates/100,000	216.9	153.9
No fixed abode	2.5%	2.6%
Adult LoS	36.2	30
MHA admission rate	69.4	53.9
Crisis contact rates	3,984	2,689

The in-patient bed stock is used flexibly, there are an increasing number of patients who have no fixed abode, and this makes it difficult to wrap a community package of care around them.

CWP do not operate a 24/7 crisis service, a practitioner can give a response but there is no service.

Current inpatient challenges for CWP include:

- 92% bed occupancy
- 30% fewer home treatment staff
- No 24/7 Home treatment
- No 24/7 Liaison MH services
- Avoiding “turnaways”- when no beds are available, people are turned away, however in the last 2 years across Cheshire and Merseyside, if a bed has been needed, a patient has been accommodated.
- Stopping acute out of area admissions

Child and Adolescent Mental Health:

Waiting times:

- South T2&3 currently 4 weeks
- East T2 currently 2-3 weeks
- East Tier 3 currently 8-10 weeks
- LD CAMHS 3 weeks

Urgent presentations:

- 20% for risk assessment- usually self harm.

Challenges for CAMHs:

- Team size 20-25% smaller than recommended
- Capacity consumed by increase in risk assessments
- No all age Liaison services- impact on acute hospital
- Significant variation in urban poor vs affluent rural communities.
- External changes in 3rd sector organisations.

CWP Workforce:

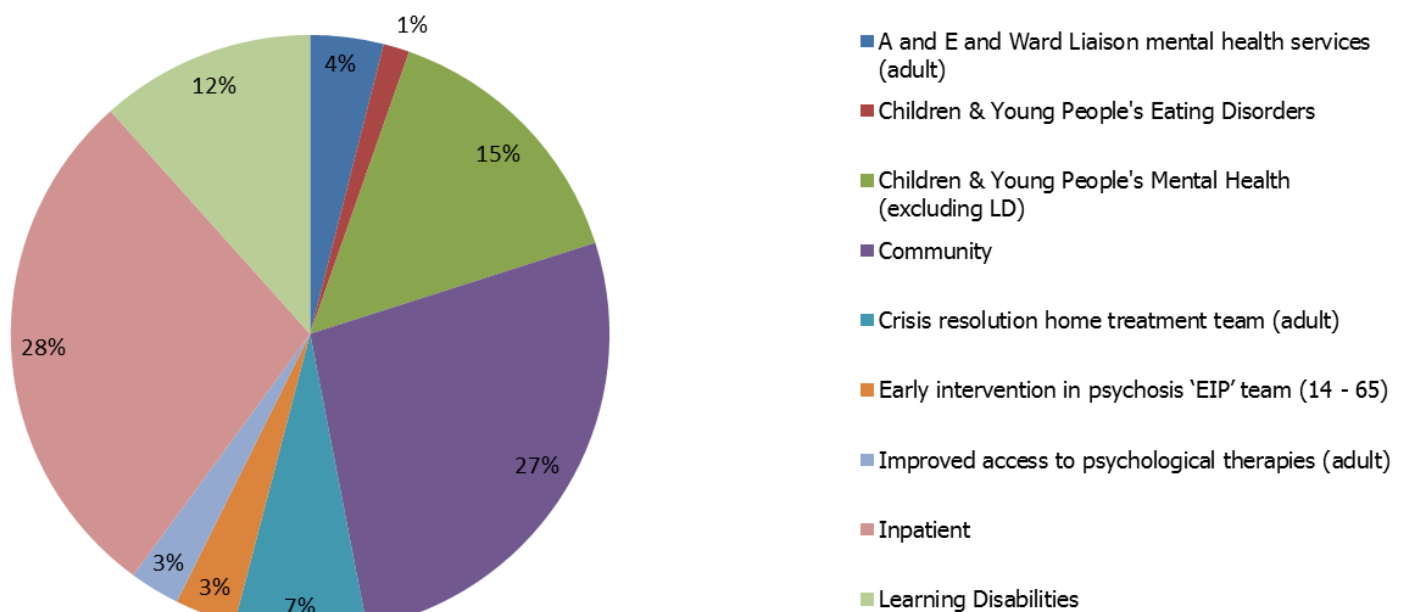
	National average	CWP
Sickness	6%	6%
Turnover	12%	5%
Bank and Agency	22%	9%

Workforce Challenges:

- National shortages of key MH professionals such as psychiatrist & nursing roles
- Strong competition between providers therefore the need to develop new innovative roles
- Ageing workforce with high number of retirements anticipated over next 5 years
- Lack of certainty around funding for future workforce leads to fewer permanent contracts
- Making traditional Health and Adult Social Care roles more attractive for those seeking a career pathway.

Financial spend: Eastern Cheshire CCG

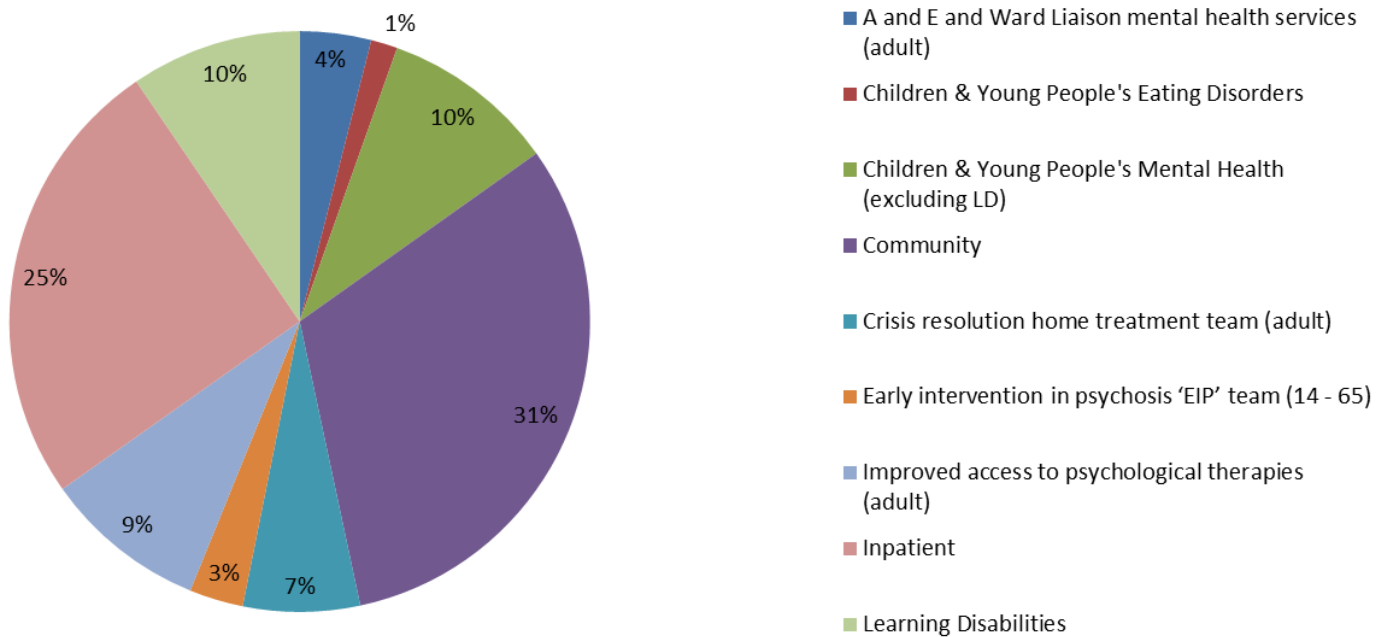
	16/17	17/18	18/19
Baseline	15,227	15,669	14,787
CYP	276	68	80
EIP	25		

Eastern Cheshire CCG Planned spend by Mental Health Category with CWP 2018/19:

Financial Spend: South Cheshire CCG

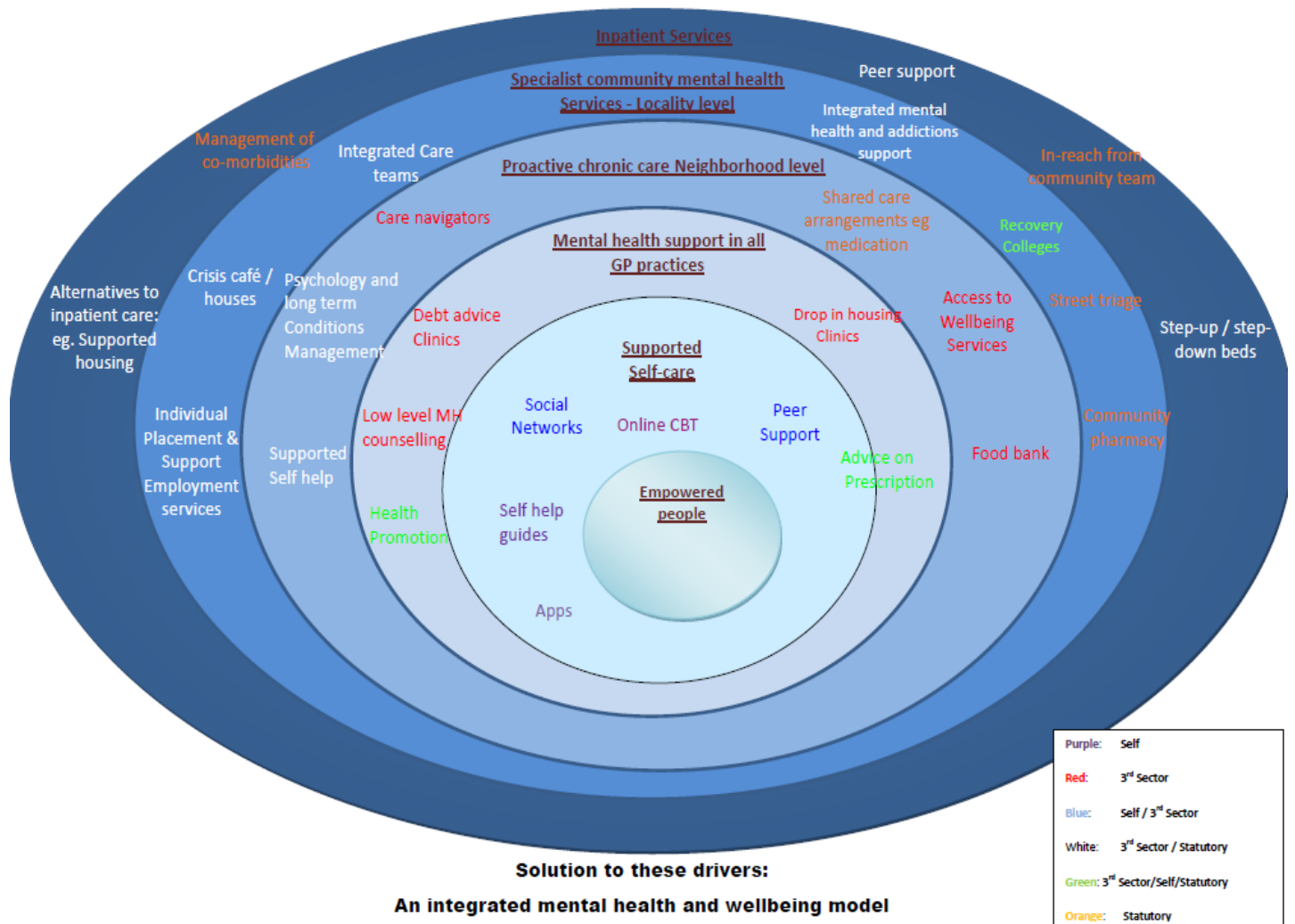
	16/17	17/18	18/19
Baseline	12,674	13,119	13,254
Children and Young People	90	95	25
Early Intervention Programmes	16		

South Cheshire CCG Planned spend by Mental Health Category with CWP 2018/19



New developments for CWP:

- Perinatal service- the second largest cause of maternal death is suicide.
- Expansion CYP IAPT
- CYP Eating disorders
- CAMHs crisis line
- Criminal justice liaison



Vale Royal & South Cheshire Clinical Commissioning Group (CCG)**Key Speakers:****Tracy Cole- Director of Commissioning****Jamaila Tausif- Associate Director of Commissioning**

Vale Royal and South Cheshire Clinical Commissioning Group (CCG) have seen an increase in investment for both Children and Young People and Adults Mental Health services. Service delivery must change as there is too much reliance on bed-based care. The current service does not meet the 5 Year Forward View.

The 5 Year Forward View for Mental Health clarifies the ambition for NHS mental health care for the next 4 years up to 2020/21.

Locally, the priority areas identified for the CCG are:

- Children and Young People's Mental Health
- Adult Mental Health, Common Mental Health Problems
- Adult Mental Health, Community Acute and Crisis Care

The Integrated Assessment Framework Targets are:

- Out of area placements for acute mental health inpatient care
- Implementation of Mental Health crisis care and liaison psychiatry services
- Transformation of Mental Health services for children and young people
- People with first episode of psychosis treated within 2 weeks of referral
- Improving Access to Physiological Therapies (IAPT) access
- Psychological Therapies recovery rate
- Dementia post-diagnostic support
- Estimated diagnosis rate for people with dementia

Finance:

Overall spend for Children and Young People (CYP)-	£2,87m
Overall spend for Adults-	£43m

The CCGs are to enhance spend in both areas in 2018-19 to enable further enhancement and development of the Mental Health Five Year Forward View aspirations and community support.

The CCG are to increase spend by:

CYP-	Further 6% increase
Adults-	Further 6% increase

Integrated Assessment Framework:

- NHS services are measured through an Improvement Assessment Framework (IAF) this rates the service delivery, quality as well as patient satisfaction around specific areas of commissioning.

- One area is Mental Health the IAF covers all three areas these areas are:
- Children and Young People's Mental Health
- Adult Mental Health, Common Mental Health Problems
- Adult Mental Health, Community Acute and Crisis Care

IAF Rating:

Mental Health	
SCCCG CPA Rating-	Good
VRCCG CPA-	Good
Dementia	
SCCCG CPA Rating-	Requires Improvement
VRCCG CPA-	Good

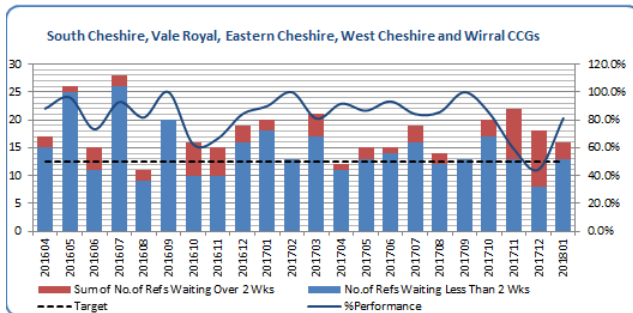
Current Challenges:

- Current model is disjointed in terms of pathways, eligibility and organisational response
- Segregated in terms of age ranges
- Different entry points for specific MH conditions
- Reliance on bed based services and inpatient care
- Challenges around follow up and community outreach provision for patients
- Challenge around transitions between services especially for 14-25 years
- No Core 24 crisis response/liaison service
- Current service delivery does not meet all the 5YFV requirements.
- Services disjointed across Cheshire

The proposed model below outlines the move to positioning crisis services in the community instead of investing in bed-based services:



Early Intervention Psychosis

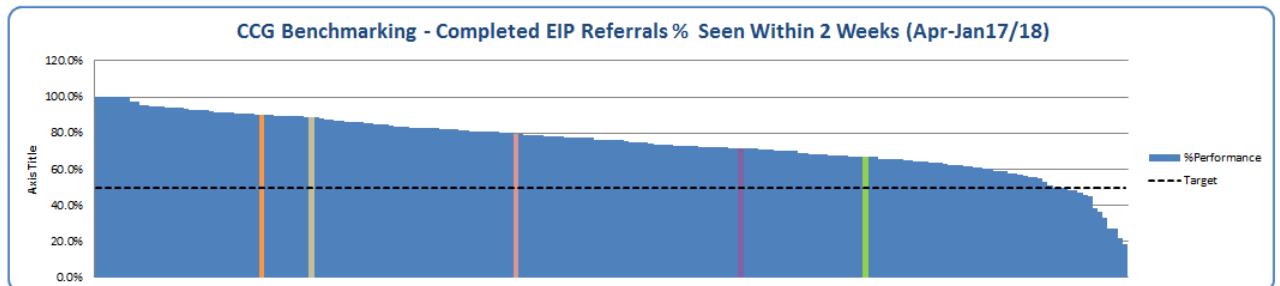


EIP % Seen Within 2 wks	2017/18												
Target 50%	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	
South Cheshire CCG	-	100.0%	100.0%	0.0%	100.0%	100.0%	100.0%	75.0%	-	100.0%	-	-	
Vale Royal CCG	100.0%	100.0%	-	-	100.0%	-	-	0.0%	0.0%	100.0%	-	-	
West Cheshire CCG	100.0%	50.0%	100.0%	33.3%	75.0%	100.0%	66.7%	60.0%	44.4%	100.0%	-	-	
Eastern Cheshire CCG	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	50.0%	-	100.0%	-	-	
Wirral CCG	75.0%	85.7%	80.0%	100.0%	66.7%	100.0%	80.0%	66.7%	57.1%	71.4%	-	-	

EIP Referrals Seen Within 2 Weeks: Performance Commentary

- Collaboratively across the 5 CCGs the 2 week target was achieved from April 2016 through to November 2017, however the 50% target was not achieved in December 2017 (44.4%)
- Vale Royal, West Cheshire and Wirral CCGs all contributed to the under performance in December 2017
- Where the performance states 0% for South Cheshire and Vale Royal CCGs this relates to 1 patient (for each CCG)
- Numbers involved tend to be very small, so performance fluctuates – a quarter with a very small increase in breaches tends to push performance below target

Eastern Cheshire CCG
Wirral CCG
Vale Royal CCG
South Cheshire CCG
West Cheshire CCG



EIP Data Availability

- * MLCSU Aristotle Tool
- * Public Domain via NHSE
- * Local CCG Mental Health Dashboard
- * Local CWP Contract Report
- * Available monthly

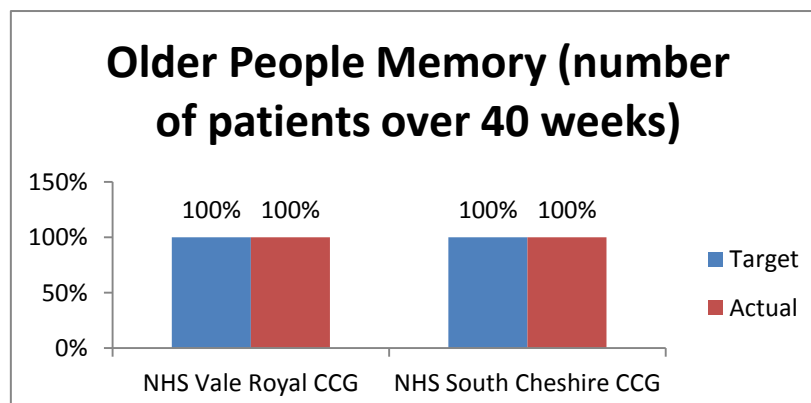
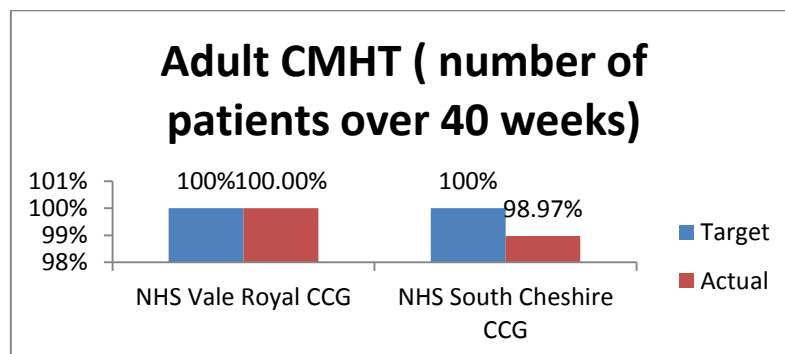
Additional EIP Data Available

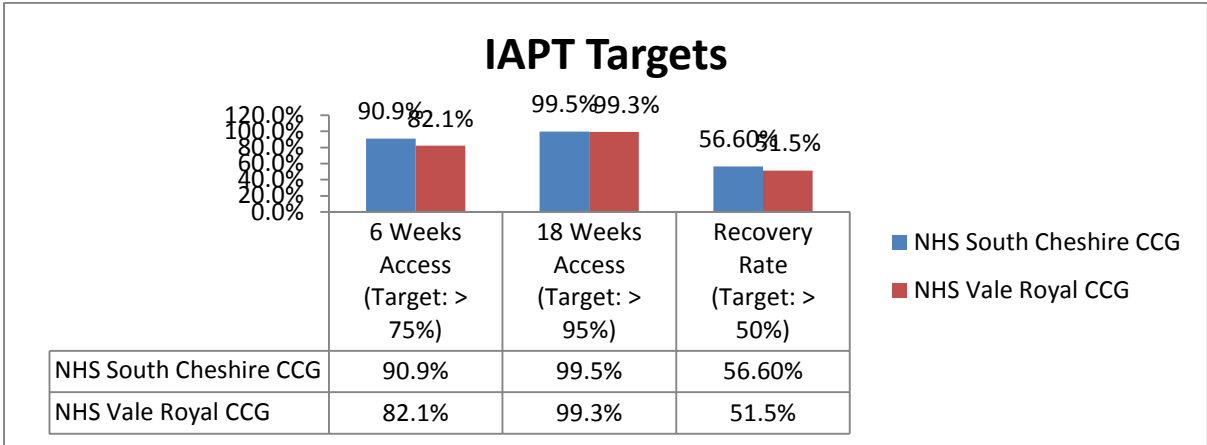
- * The number of incomplete pathways at reporting month end
- * Data at provider level

Indicator Information

The metric measures the number and percentage of patients who have a completed EIP pathway at the end of the reporting month.

Adult Mental Health- Other Areas:



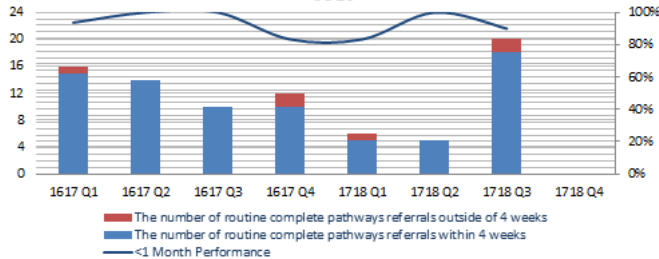


Children & Young People:



CYP Eating Disorder Waiting Times

South Cheshire, Vale Royal, Eastern Cheshire and West Cheshire CCGs

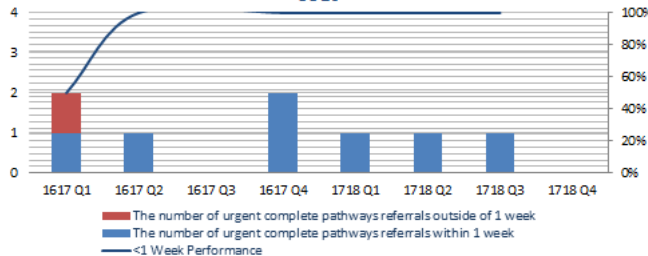


<1 Month Performance	2016/17				2017/18			
	1617 Q1	1617 Q2	1617 Q3	1617 Q4	1718 Q1	1718 Q2	1718 Q3	1718 Q4
South Cheshire CCG	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	#N/A
Vale Royal CCG	100.0%	100.0%	100.0%	100.0%	#N/A	100.0%	100.0%	#N/A
West Cheshire CCG	100.0%	100.0%	100.0%	50.0%	100.0%	100.0%	100.0%	#N/A
Eastern Cheshire CCG	85.7%	100.0%	100.0%	75.0%	50.0%	100.0%	66.7%	#N/A

Routine refs seen within 4 wks: Performance Commentary

- Warral CCG data is suppressed due to small numbers and therefore excluded from the analysis
- Eastern Cheshire and West Cheshire CCGs contributed to the performance failure in Q4 2016/17
- The failure in performance during Q3 2017/18 is attributed to Eastern Cheshire CCG
- Numbers involved tend to be very small, so performance fluctuates – a quarter with a very small increase in breach tends to push performance below target

South Cheshire, Vale Royal, Eastern Cheshire and West Cheshire CCGs



<1 Week Performance	2016/17				2017/18			
	1617 Q1	1617 Q2	1617 Q3	1617 Q4	1718 Q1	1718 Q2	1718 Q3	1718 Q4
South Cheshire CCG	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
Vale Royal CCG	50.0%	#N/A	#N/A	100.0%	100.0%	#N/A	#N/A	#N/A
West Cheshire CCG	#N/A	100.0%	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
Eastern Cheshire CCG	#N/A	#N/A	#N/A	100.0%	#N/A	100.0%	100.0%	#N/A

Urgent refs seen within 1 wk: Performance Commentary

- Warral CCG data is suppressed due to small numbers and therefore excluded from the analysis
- All 4 Cheshire CCGs met the 1 week target from Q1 2015/17 to Q2 2017/18
- Numbers involved tend to be very small, so performance fluctuates – a quarter with a very small increase in breach tends to push performance below target

EDS Data Availability

- MLCSU Aristotle Tool
- Public Domain via NHSE
- Local CCG Mental Health Dashboard
- Local CWP Contract Report
- Available quarterly

Additional EDS Data Available

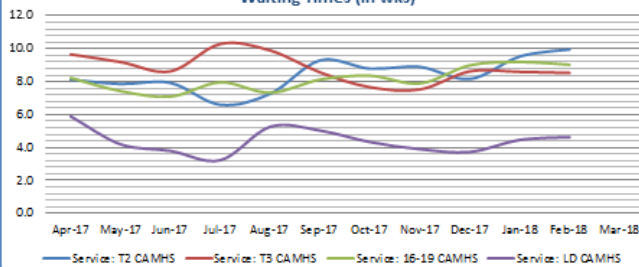
- 7 day FU EDS split OPMH and AMH (via CWP Contract Report)
- The number of incomplete pathways (routine and urgent) for CYP ED

Indicator Information

These metrics track those referrals to the Eating Disorder service at CWP that are seen within 1 week for urgent referrals and 1 month for routine referrals (complete referrals)

Child and Adolescent Mental Health Services

South Cheshire, Vale Royal and Eastern Cheshire CCGs -Average Waiting Times (in wks)



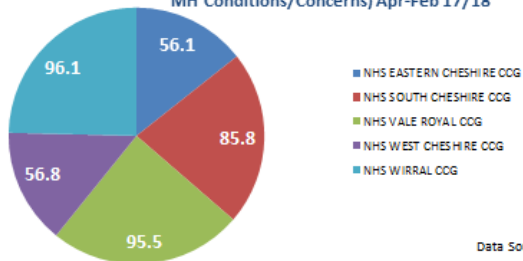
CAHMS Average Waiting Times: Performance Commentary

- Collaboratively across the 3 CCGs the average waiting time for Tier 2 CAHMS has increased from Jan 2018 onwards. February 2018 sees the longest average waiting time this financial year.
- Collaboratively across the 3 CCGs the average waiting time for Tier 3 CAHMS has decreased from July onwards with a slight increase from December 2017 onwards
- Collaboratively across the 3 CCGs the average waiting time for 16-19 CAHMS has increased.
- Collaboratively across the 3 CCGs the average waiting time for LD CAHMS is static from October 2017 to date.

Current Max Waiting Time

Child and Adolescent Mental Health Services

Under 19's - Non Elective Admission Rate per 10k Population (for MH Conditions/Concerns) Apr-Feb 17/18



CAHMS Under 19 NEL Admission rate (due to MH Condition/Concern): Performance Commentary

- 2017/18 year to date Wirral CCG has the highest rate of admissions due to MH condition/concern, closely followed by Vale Royal CCG
- Collaboratively across the 5 CCGs the overall rate of admissions is decreasing between October 2017 and February 2018

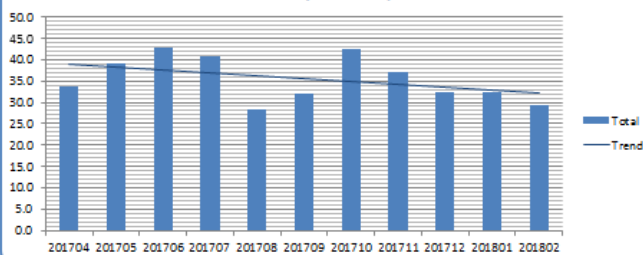
CAHMS Data Availability

- * Local CCG Mental Health Dashboard
- * Local CWP Contract Report
- * SUS Data
- * Available monthly
- * CWP Community Episodes dataset

Additional CAHMS Data Available

- * The number of incomplete pathways at reporting month end

Under 19's - Non Elective Admission Rate per 10k Population (for MH Conditions/Concerns) All CCGs



Information

- * The CAHMS average waiting data is sourced from the CWP monthly Contract Report
- * The non elective admission rate for MH condition/concern contains activity for all secondary care providers and all routes to admission i.e. A&E, GP, Transfers
- * CYP referrals, accepted and rejected data contains IAPT pathways

Plans/Next Steps:

- Work with partners to develop the proposed model
- Further co-production with service users
- Enhancement of services to be in place no later than Q3
- Monitor and review Q4
- Support the further development of Mental Health across the Health Care Partnership in terms of:
 - Perinatal Mental Health
 - Medical Unexplained Symptoms
 - Veterans
 - Suicide Prevention
 - EIP
- Reduction in Out of Area MH placements

Three Key Changes:

- Single Point of Access
- Enhanced early intervention and prevention services
- Joined up Complex Care
- Collaborative Working with partners

The Third Sector: Community and Voluntary Services (CVS)

Key Speaker:

Caroline O'Brien- Community and Voluntary Services

The CVS fulfil the role of early intervention and prevention. The sector is interested in exploring how the voluntary sector commissioned services and self/trust funded services can work together.

CVS has a membership of 300 members, and 30% have indicated that they would support a person with a Mental Health need.

In terms of getting people into mental health services, the Community Transport resource could deliver this service, however some investment would be needed as some areas of the borough are well covered, but others are less so. Some areas have different conditions and a more fragmented approach; some do medical procedures where some only do appointments.

The Third Sector: Healthwatch Cheshire (West and East)

Key Speaker:

Louise Barry- Chief Executive Officer

Whilst Healthwatch are not a provider of Mental Health services, the organisation has a role to play both in gathering residents views and registering the views of the organisation with partners who do deliver or commission services. Healthwatch have not directly undertaken any reviews on Mental Health services, however it has factored into other reviews such as care homes or reviews around A&E. There are 31 volunteers for Healthwatch across Cheshire East.

Glossary of Health Terms

Acute Care	Provision of short-term emergency services, general medical and surgical treatment for acute disorders, usually in a hospital, for patients with an acute illness or injury or recovering from surgery.
Advocacy	Any action or service which supports, encourages or helps to represent individuals; helps them to understand and communicate their views, needs or rights.
Assessment	A process whereby the needs of an individual are identified and their impact on daily living and quality of life is evaluated.
Broker / Brokerage	An organisation or person that helps a customer to arrange the support they need. Brokerage can be done by the Council, a voluntary organisation/charity, a private company, or an individual such as a family member or friend.
CAMHS	Children and Adolescent Mental Health Services.
Care Coordination	A process through which a particular professional assumes responsibility for ensuring that any referral made are acted upon appropriately assessments are completed in a timely fashion.
Care Management	A process where by an individual needs are assess and evaluate, eligibility for services determined , care plans are drafted and implemented ,and needs are monitored and reassessed
Care Package	A combination of services designed to meet an individual's assessed needs.
Care Pathway	An agreed and explicit route and individual takes through health and social services. Agreements between the various professionals involved will typically cover the type of support to meet those needs, and the objectives and potential outcomes that can be achieved.
Care Planning	Care planning is a process based on an assessment of an individual's assessed need that involves determining the level and type of support to meet those needs, and the objectives and potential outcome that can be achieved.
Care Programme Approach (CPA)	Providing people with serious mental health problems an individual agreed care plan.
Community Care	Services and support which help people to continue to live independently at home.
Continuing Health Care	Continuing health care is a package of care arranged and funded solely by the NHS. It is awarded depending on whether a person's primary need is a health need. It can be provided in a range of settings, including an NHS hospital, a care home or someone's own home.
CYP	Children and Young People.
Discretionary Services	These are services which local authorities are not required to provide by law. They are also sometimes referred to as Non-

	statutory services.
Domiciliary Care (also known as Home Care)	Personal, practical household domestic tasks, or nursing care provided for people at home rather than in an institution enabling them to stay at home and be as independent as possible.
EIP	Education Improvement Partnerships.
Emotionally Healthy Schools Programme (EHSP)	A Partnership between the Council and the CCGs.
IAPT	Improving Access Psychological Therapies
Intermediate Care (IMC)	Intermediate Care is a generic term that covers a wide range of services that help prevent unnecessary admission to hospital, or help facilitate early discharge. The term refers to a very important range of services that can help reduce delayed discharges. These services will also improve the patient experience, either by assisting them to remain at home in situations that might previously have led to admission to hospital or care, or by enabling a supported transition back into the community following a stay in hospital. They are normally time limited services up to 6 weeks.
KPIs	Key Performance Indicators KPI Measures, usually statistical, which are used to assess performance against
Mental Health	The emotional, psychological and social well-being of a person.
NHS 5 Year Forward View	The NHS five year forward view, published in October 2014 by NHS England, set out a positive vision for the future based around seven new models of care. Here we highlight our research, analysis, events and other content relevant to the main themes in the report.
Non-Acute Care	Care in which the primary clinical purpose or treatment goal is support for a patient with impairment, activity limitation or participation restriction due to a health condition often over an indefinite period.
Primary Care	The first stage of treatment when you are ill and usually provided by your GP or at a community clinic - see also secondary care and tertiary care.
Review	This refers to re-assessment of people's problems and issues, and consideration of the extent to which services are meeting the stated objectives and helping to achieve the desirable outcomes.
Secondary Care	The second stage of treatment when you are ill and usually provided by a hospital. See also primary care and tertiary care.

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Future Meetings

Formal Meeting	Formal Meeting	Formal Meeting	Formal Meeting	Formal Meeting	Formal Meeting	Formal Meeting
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>
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 (ECCCG)	11 October 2018
Community Services	A briefing to the Committee in respect of the new Place Partnership Board	People live well and for longer	Alex Mitchell (Eastern Cheshire CCG)	Eastern Cheshire CCG		11 October 2018
Patient Passport-Delivering Access to Health and Care Records	TBA	People live well and for longer	Fiona Reynolds	Committee	TBA	8 November 2018

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Cheshire & Wirral Partnership	Review of Autism screening at Cheshire's custody suites. A campaign to identify suspects with, or suspected of having, a condition on the Autistic Spectrum.	People live well and for longer	CWP	Committee	Subject came via Quality Account 2016/17.	8 November 2018
Cheshire East Council Adult Social Care Local Account 2017/18	The Cheshire East Council Local Account for Adult Social Care is a Summary published annually, and is a statutory requirement. It details our Vision, corporate plan linked to outcomes, explains what is adult social care and the terms used in ASC, Think local act personal aims and service developments, Early intervention and prevention and Living Well in Cheshire, partnership links and supporting communities, Supporting services and risk prevention, adult safeguarding principles, Finance, how to make a complaint or compliment and Adult Social Care into the Future and how to contact us.	People live well and for longer	Jill Broomhall	Jill Broomhall		8 November 2018
Connected Communities	To consider a report on the 'Connected Communities Strategy', 'Connected Communities Strategy' and 'Diversity and Inclusion Strategy'.	Our local communities are strong and supportive	Kirstie Hercules	Fiona Reynolds		8 November 2018
Recruitment of Domiciliary Care Staff		People live well and for longer		Committee	Committee Report	6 December 2018

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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 December 2018
Congleton Minor Injuries Unit	Impact of national review of urgent care services with a required specification of service standards for the provision of facilities. Findings of the review and its impact on the unit to be considered	People live well and for longer	Kath Senior (NHS East Cheshire Trust)	Committee		Late 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
Improved Access – Eastern Cheshire CCG	At its September meeting, the Committee were made aware of 'improved access' work to be implemented by the ECCCG from 1 st October 2018. It was agreed that a report should be brought to the Committee to outline the effectiveness / impact of this work after 6 months.	People live well and for longer	Neil Evans (Eastern Cheshire CCG)	Committee / Neil Evans	Improved Access implementation from 1 st October 2018.	11 April 2019
Early Help Framework	Performance review following implementation October 2018.	People live well and for	Nichola Glover-Edge	Committee	Implementation- October 2018.	June 2019

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		longer				
Public Health Annual Report 2018	A 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	To keep the committee informed of progress made within the health and adult social care sections, against key performance indicators.	People live well and for longer	Linda Couchman	CLT		Every Quarter: Q1- 11 Oct Q2- 17 January Q3- 7 March 2019 Q4- Mid July 2019
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>
Sexual Health Recommissioning	Report being taken to Cabinet on 9 October 2018 to seek approval to recommission sexual health services across Cheshire East.	People live well and for longer	Nichola Glover-Edge	Chairman	Report to be considered by Cabinet on 9 October 2018	8 November 2018
Potential Impacts on Cheshire East Adult Social Care Services Following Decision on Millbrook Unit	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	6 December 2018
Mental Health Strategy	Report being taken to Cabinet on 4 December 2018 to seek approval for the adoption of the Cheshire East Mental Health Strategy	People live well and for longer	Nichola Glover-Edge / Guy Kilminster	Chairman	Report to be considered by Cabinet on 4 December 2018	6 December 2018
Future of East Cheshire CCG Arrangements	A further update report on the progress made on plans to integrate the four CCGs across Cheshire to create a single, commissioning body.	People live well and for longer	Clare Watson (South Cheshire CCG)	Committee	Update brought to the Committee on 13 th September 2018. A further update was requested to keep members informed of progress.	17 January 2019
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	People live well and for longer	Neil Evans (Eastern Cheshire CCG)	Eastern Cheshire CCG	No change reported at September meeting. Neil to keep the Committee	6 December 2018

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	being monitored. The Committee will undertake either a 3 or 6 month review depending on the speed of progress.				informed on this matter by returning with a further update report at a later date.	
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FORWARD PLAN FOR THE PERIOD ENDING 31ST JANUARY 2019

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

"an executive decision which is likely –

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

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

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

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

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

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

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

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

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

1. Information relating to an individual
2. Information which is likely to reveal the identity of an individual
3. Information relating to the financial or business affairs of any particular person (including to authority holding that information)
4. Information relating to any consultations or negotiations, or contemplated consultations or negotiations, in connection with any labour relations matter arising between the authority or a Minister of the Crown and employees of, or office holders under the authority
5. Information in respect of which a claim to legal and professional privilege could be maintained in legal proceedings
6. Information which reveals that the authority proposes (a) to give under any enactment a notice under or by virtue of which requirements are imposed on a person; or (b) to make an order or direction under any enactment
7. Information relating to any action taken or to be taken in connection with the prevention, investigation 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
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.	Leader of the Council	Not before 13th Sep 2018	Consultation has been carried out for the proposal and a summary is included at Appendix 1 to the Report.	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 18/19-18 Sexual Health Recommissioning	To seek approval to recommission sexual health services across Cheshire East.	Cabinet	9 Oct 2018		Nichola Glover-Edge	N/A
CE 18/19-19 Emotionally Healthy Children and Young People	To seek approval for the recommissioning and combining of the Emotionally Healthy Schools Programme with the Early Help Emotional Health and Wellbeing contracts, and subsequently commissioning an Emotionally Healthy Children and Young People Programme.	Cabinet	9 Oct 2018		Nichola Glover-Edge	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	6 Nov 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 18/19-17 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
CE 18/19-22 Extra Care Housing: Care Provision	To authorise the officers to take all necessary actions to implement the proposal to re-commission care provision in five Extra Care Housing schemes, review the viability of commissioning care in other such schemes, and consult on Care Banding and Care Charges within the Extra Care Housing schemes.	Cabinet	6 Nov 2018		Nichola Glover-Edge	N/A
CE 18/19-23 Community Centres	Partnerships and Communities team to cease their management and operation of 3 community centres within Cheshire East.	Cabinet	6 Nov 2018		Fiona Reynolds, Director of Public Health	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 18/19-24 Acquisition of Parcels of Land in North Congleton for Future Employment Uses	To seek authority to enter into conditional contracts and/or option agreements for the purchase of parcels of land in north Congleton for future employment uses.	Cabinet	6 Nov 2018		Kathryn Carr	Part 2 appendix - exemption para 3
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 18/19-20 My Life, My Choice: A Strategy for People with Learning Disabilities	To consider and approve the draft Learning Disabilities Strategy and authorise the officers to take all necessary actions to implement the strategy.	Cabinet	4 Dec 2018			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 18/19-21 Hollins View. Macclesfield - Development Options	To authorise officers to undertake a compliant tendering exercise to bring forward the development of the Hollins View site for the provision of affordable housing.	Cabinet	4 Dec 2018		Karen Carsberg	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 18/19-25 Supplementary Planning Document - The Garden Village at Handforth - Final Approval	To seek approval to publish a Supplementary Planning Document for the Garden Village at Handforth.	Portfolio Holder for Housing, Planning and Regeneration	21 Dec 2018		Adrian Fisher, Head of Planning and Policy	N/A

Key Decision	Decisions to be Taken	Decision Maker	Expected Date of Decision	Proposed Consultation	How to make representation to the decision made	Private/ Confidential and paragraph number
CE 18/19-26 Statement of Community Involvement - Final Approval	To seek approval to publish a revised Statement of Community Involvement which 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. The preparation of the Statement is a legal requirement.	Portfolio Holder for Housing, Planning and Regeneration	21 Dec 2018		Adrian Fisher, Head of Planning and Policy	N/A
CE 17/18-51 Medium Term Financial Strategy 2019-2022	To approve the Medium Term Financial Strategy for 2019-2022, incorporating the Council's priorities, budget, policy proposals and capital programme.	Council	21 Feb 2019		Alex Thompson	N/A