

Health and Adult Social Care and Communities Overview and Scrutiny Committee

Agenda

Date:	Thursday, 6th February, 2020
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 in the report.

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

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

1. **Apologies for Absence**
2. **Minutes of Previous Meeting** (Pages 3 - 6)

To approve the minutes of the meeting held on 16 January 2020

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.

For requests for further information

Contact: Joel Hammond-Gant

Tel: 01270 686468

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

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

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. **Update on the Re-design of Adults and Older People's Mental Health Services in Cheshire East** (Pages 7 - 16)

To consider the progress made to date by health partners.

7. **Update on the Context within which the Cheshire East Health and Care Partnership is Operating** (Pages 17 - 26)

To consider an update on the strategic context across Cheshire and Merseyside and the wider Cheshire footprint, and the implications of this on the Cheshire East Health and Care Partnership strategic planning for health service provision over the next five years.

8. **Falls Prevention Strategy** (Pages 27 - 44)

To consider an update on the performance related to the Council's Falls Prevention Strategy.

9. **Supported Employment** (Pages 45 - 56)

To review how the Council is supporting residents to find, and remain in, secure employment.

10. **Forward Plan** (Pages 57 - 70)

11. **Work Programme** (Pages 71 - 80)

To review the current work programme.

Membership: Councillors S Brookfield, J Clowes, A Critchley, D Edwardes, S Gardiner, M Goldsmith, M Houston, A Moran (Vice-Chairman), D Murphy, J Parry, P Redstone, R Vernon, L Wardlaw (Chairman), J Weatherill and N Wylie

This page is intentionally left blank

CHESHIRE EAST COUNCIL

Minutes of a meeting of the **Health and Adult Social Care and Communities Overview and Scrutiny Committee**
held on Thursday, 16th January, 2020 at Committee Suite 1,2 & 3, Westfields,
Middlewich Road, Sandbach CW11 1HZ

PRESENT

Councillor L Wardlaw (Chairman)
Councillor A Moran (Vice-Chairman)

Councillors S Brookfield, J Clowes, A Critchley, D Edwardes, S Gardiner,
M Goldsmith, M Houston, D Murphy, P Redstone, R Vernon, J Weatherill and
N Wylie

PORTFOLIO HOLDERS IN ATTENDANCE

Councillor J Rhodes, Portfolio Holder for Public Health and Corporate
Services

OFFICERS IN ATTENDANCE

Jill Broomhall, Director of Adult Social Care
Linda Couchman, Acting Strategic Director of Adult Social Care and Health
Tom Knight, Head of Primary Care (NHS England and NHS Improvement
North West)*
Nichola Thompson, Director of Commissioning
Matt Tyrer, Interim Director of Public Health

* Attended for Minute No. 66 only

61 APOLOGIES FOR ABSENCE

An apology for absence was received from Councillor J Parry.

62 MINUTES OF PREVIOUS MEETING**RESOLVED –**

That the minutes of the meeting held on the 5 December 2019 be
approved as a correct record and signed by the Chairman.

63 DECLARATIONS OF INTEREST

There were no declarations of interest.

64 DECLARATION OF PARTY WHIP

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

65 PUBLIC SPEAKING TIME/OPEN SESSION

The Chairman invited members of the public present to speak to the committee.

Congleton resident, Mr. Richard Walton addressed the committee in respect of the Congleton War Memorial Hospital, and raised the following concerns;

- That since this committee last discussed the matter on 10 October 2019, service provision had worsened due to issues with the building's heating, the discovery of asbestos and other infrastructural difficulties;
- The X-ray machine was no longer in operation due to a drain on the electrical supply; and
- That the intermittency and unpredictability of the hours of operation at the Minor Injuries Unit was still a concern and issue for residents.

Mr. Walton noted that he had approached Fiona Bruce, the Member of Parliament for Congleton, to assist and support with this matter.

Congleton Town Councillor Suzi Firkin also addressed the committee in respect of the Congleton War Memorial Hospital. Town Councillor Firkin raised concerns that related to;

- The weekend closure of the Minor Injuries Unit (MIU) and the total closure of the X-ray department for the foreseeable future;
- Electrical failures that had been cited to residents of Congleton as the reason for service closure;
- The lack of formal updates on both the upgrade and repair of infrastructural work, and a date that services were expected to resume at the hospital.

RESOLVED –

The committee thanked Mr Richard Walton and Ms Suzi Firkin for taking the time to attend the meeting and address the committee.

66 PROVISION OF ORTHODONTIC AND ORAL SURGERY SERVICES IN CHESHIRE EAST (NHS ENGLAND)

Consideration was given to a report on the future provision of orthodontic and oral surgery services in Cheshire East.

Members were advised that two appropriately skilled interim clinicians had been procured who had worked with a cohort of patients who had been treated at Macclesfield District General Hospital prior to the cessation of services in 2019. Findings showed that less patients went into an acute setting and more patients were treated in the community.

Members of the committee were advised that the next steps would finally evaluate the interim service in April with a view that this model should be rolled out more widely into the south of Cheshire to minimise patient journeys and also adhere to national guidance on treating more patients in a primary care setting.

The committee raised concerns about workforce recruitment and retention issues, and also discussed some of the potential ways of working that could be introduced such as within GP surgeries, in pharmacies or across borders as a travelling team.

RESOLVED –

- 1 That the updated be noted.
- 2 That a further update in relation to this be scheduled, either for April 2020 or another suitable date soon after

67 PERFORMANCE SCORECARD - QUARTER 2, 2019/20

Consideration was given to the key performance indicators relating to services within the committee's remit from the second quarter of the 2019/20 financial year.

Members were advised that the major fire incident at Beechmere Retirement Home, Crewe, had occurred during this period; council staff and resources had not operated as usual in the wake of this incident, which was reflected in the data.

Members raised questions and comments in relation to;

- Delayed transfers of care performance, and the overall spend by the NHS into adult social care;
- The National Health Check (NHC), specifically how different cohorts and groups of people of different ages, ethnic backgrounds and from areas of greater socioeconomic deprivation were engaged with, and encouraged to partake in the NHC.

The Acting Director of Public Health agreed to answers to the committee's questions relating to the NHC and that these would be circulated to the committee outside of the meeting once received.

RESOLVED –

- 1 That the performance for the second quarter of 2019/20 be noted.
- 2 That the Scrutiny Officer circulate the answers provided by the Acting Director of Public Health to committee members outside of the meeting.

68 FORWARD PLAN

The committee considered the items on the forward plan which fell within its remit.

RESOLVED –

That the forward plan be received.

69 WORK PROGRAMME

The committee reviewed its work programme and noted that there were more scheduled items for the meeting in February than March, and considered the possibility of rescheduling some items. The committee referred back to the points raised earlier in the meeting by members of the public in respect of the Congleton War Memorial Hospital.

RESOLVED –

- 1 That the work programme be noted.
- 2 That the Chairman discuss the work programme with officers and portfolio holders at the next liaison meeting.
- 3 That the senior officers responsible for the operation and financing of the Congleton War Memorial Hospital be contacted and asked to provide an interim report at the next meeting on 6 February 2020, ahead of the scheduled update due on 9 April 2020.

The meeting commenced at 10.00 am and concluded at 11.20 am

Councillor L Wardlaw (Chairman)



Working for a brighter future together

Version Number:

Health and Adult Social Care Overview and Scrutiny Committee

Date of Meeting: 06 February 2020

Report Title: Report on the redesign of Adults and Older People's Specialist Mental Health Services

Senior Officer: Suzanne Edwards, Acting Director of Operations, Cheshire and Wirral Partnership NHS Foundation Trust

Jamaila Tausif, Deputy Director of Strategy and Partnerships,
NHS Eastern Cheshire CCG, NHS South Cheshire CCG, NHS
Vale Royal CCG, NHS West Cheshire CCG

1. Report Summary

Introduction and background: the case for change

- 1.1. This report provides assurance on the implementation of the new model of care for Adults and Older People's Specialist Mental Health Services for the c. 480,000 combined populations of Eastern Cheshire, South Cheshire and Vale Royal Clinical Commissioning Groups (CCGs).
- 1.2. From this 480,000 population total, 7000 adults and older people access specialist mental health services in Eastern Cheshire, South Cheshire and Vale Royal, with 95% accessing support in the community and approximately 350 service users per year requiring inpatient (hospital) support.
- 1.3. Cheshire and Wirral Partnership NHS Foundation Trust (CWP) and the CCGs presented the following case for change to this Committee in December 2017¹, as part of a Pre-Consultation Business Case and support from the Committee was received to proceed to public consultation:
 - rising demand for care with increased activity of 35% for people with moderate to severe mental health needs and 60% for dementia since 2010;
 - the existing model of care was not able to respond to new developments with national policy, best practice and emerging local transformation plans;

¹ <https://moderngov.cheshireeast.gov.uk/ecminutes/ieListDocuments.aspx?CId=777&MId=6696>

- engagement with service users showed limited choice and access to care in crisis, with only A&E departments offering 24/7 support and an overreliance on inpatient beds;
- the deteriorating financial position required action with local funding for mental health in the lower quartile nationally and the cost of services exceeding the funding available.

1.4. The public consultation ran from 6th March to 29th May 2018 and included 10,000 hard copies of the consultation document and questionnaire being distributed, seven public meetings, 26 additional meetings and events, and a wide variety of media channels utilised to publicise the consultation and encourage people to provide feedback.

This included focused engagement with mental health user interest groups and a range of other community groups where consultation partners explained the proposed new model of care and encouraged people to attend public meetings and complete the formal questionnaire. Copies of the consultation document and questionnaire were sent to all of the 7,000 people already receiving support from specialist mental health services, with easy read versions available, distributed to case workers and placed in clinical areas.

Aims and objectives

- 1.5. The stated aim of the redesign was to improve services for adults and older people severely affected by mental health problems, including to:
- provide timely access to a range of high quality services with a focus on early intervention and prevention;
 - develop services which are clinically safe and effective;
 - take account of service user expectations;
 - adhere to clinical guidelines and standards for health care facilities;
 - make the best use of the resources we have, including our estate;
 - ensure safe and timely implementation of plans and improvements.
- 1.6. Based on service user and carer feedback, the ambition of the project was to:
- focus on early intervention and prevention;
 - improve outcomes for people with serious and complex mental health needs;
 - meet people's health and well-being needs;
 - ensure people live longer, healthier lives;
 - support people at home or as close to home as possible in the most appropriate environment;
 - empower people who access services and their carers through choice and involvement.

Methodology and engagement

- 1.7. Within the pre-consultation business case a range of areas are detailed in respect of the process followed to establish the new model of care:
- desk top review of national policy and best practice guidance;
 - site visits with service users to explore alternative models and services;
 - detailed needs analysis using public health, business intelligence data and NICE guidance;

- extensive user engagement to co-produce both the clinical and service delivery model including mental health forum engagement.

- 1.8 Stakeholders have been involved throughout the redesign, including the pre-consultation, consultation and implementation phases, including:
- a communications and engagement plan included a range of listening events, engagement with mental health forums, healthwatch, local health scrutiny, local authority colleagues, wider NHS and emergency service colleagues, service users and carers within services and recovery colleges, formal consultation meetings and a wide range of print and online media;
 - a project team including people with lived experience worked together throughout the pre-consultation and consultation period to co-produce solutions;
 - the options appraisal was clinically led, with a strong focus on staff engagement throughout - including workshops, online hubs and links to the wider Trust People plan;
 - the options appraisal incorporated the feedback from pre-consultation listening events with service users and carers;
 - NHS England provided assurance for the process of redesign and an independent clinical senate reviewed the proposals and endorsed the new model of care;
 - a full Equality Impact Assessment was conducted as part of the Pre-Consultation Business Case;
 - a Building User Group comprised of service users, carers and staff collaborated on the design of the new inpatient facilities – with state of the art features such as communal hubs and ‘touch down’ staff bases, including en-suite accommodation for all patients.

Consultation and approval process

- 1.8. Following the end of the three month consultation and a period of conscientious consideration, in line with the ‘Gunning Principles’ for effective consultation practice, feedback influenced a revised preferred option being proposed called Option 2 Plus.

Option 2 Plus was presented to this Committee in November 2018² as part of the Decision Making Business Case. A further one month period of consultation was advised to take place in December 2018, covering those areas of the revised preferred option that had not been consulted upon as part of the original consultation process.

The CCGs Governing Bodies Meeting in Common met on the 22 November 2018 and supported the implementation of Option 2 Plus, subject to the outcome of the additional period of consultation advised by this Committee. Upon conclusion of the additional period of consultation, a representative panel of Governing Body members of the CCGs met on 28 December 2018 to consider the findings of the additional consultation and confirmed the decision to progress with the implementation of Option 2 Plus.

This Committee received a report on the additional period of consultation at its January 2019³ meeting and endorsed the revised preferred option (Option 2 Plus).

² <http://moderngov.cheshireeast.gov.uk/ecminutes/ieListDocuments.aspx?CId=777&MId=7435>

³ <https://www.easterncheshireccg.nhs.uk/Your-Views/ccg-consultations.htm>

New model of care

- 1.12 The redesign has delivered the following, with funding released from dated inpatient services and redirected into community services and modern inpatient settings:
- enhanced community mental health teams;
 - enhanced 24/7 crisis home treatment teams;
 - new dementia outreach staff to support people in their homes and care homes;
 - specialist inpatient beds for adults and older people with serious mental ill health;
 - specialist inpatient beds for people with dementia;
 - community-based crisis beds;
 - centralised centres of excellence for rehabilitation and ECT (electro-convulsive therapy).

- 1.13 Members of this Committee and members of both the Macclesfield and the Crewe and Nantwich mental health forums have recently visited the two new inpatient wards (Silk Ward and Mulberry Ward) based in Macclesfield prior to opening and feedback has been very positive:

Mike Heale, chair of the Macclesfield Mental Health Forum: “The Forum has been campaigning for improved facilities for the last three years in East Cheshire and is delighted to see the opening of Silk and Mulberry Wards. The new wards offer improved amenities including en-suite bathrooms alongside an excellent environment for care and rehabilitation. I congratulate CWP for this investment and hope it will launch a new era for people experiencing mental health problems in the local area.”

John Colclough, Chair of the Crewe and Nantwich Open Minds Forum: “Crewe and Nantwich Open Minds is the independent watchdog/ pressure group for mental health in south Cheshire. We have been fully involved in discussions/ planning for the two new wards and five of our members visited just before they were due to open. The facilities are excellent- a huge improvement on what was available before. We now have in-patient services fit for the modern age.

“Wherever possible, people prefer to receive timely support at home, to prevent a hospital admission in the first place. Welcome developments in community services are already taking place, and we will continue to scrutinise the whole process to ensure that the plans come to fruition.”

- 1.14 Silk Ward opened on Wednesday 22nd January and Mulberry Ward is due to open by the end of January 2020.

Resources

- 1.15 The re-configuration of inpatient services generated a saving of £2.5m - of which £1.3m has been reinvested to enhance community services. As the cost of running the services prior to the redesign was £2 million more than the budget, this has reduced the overall deficit to £0.8 million - with the assistance of £0.73m additional recurrent funding from the CCGs.

Good financial stewardship at CWP enabled the release of £4.5m capital funding to support the new inpatient units to be refurbished and extended without any external funding being available. This represented the majority of the trustwide capital estates budget for 2019-20 financial year.

Joint working across the system, between providers and commissioners, has supported the achievement of improving the financial position whilst ensuring a clear focus on optimising patient care and outcomes.

Post-implementation, from February 2020 onwards, the CCGs will continue to work closely with CWP and partners to support further development of mental health and wellbeing support across Cheshire in line with the Long Term Plan and the Council Plan.

Workforce

1.15 The redesign has resulted in 39 newly funded community posts that cover Crisis Resolution and Home Treatment (CRHT), Community Mental Health Teams (CMHT) and Dementia Outreach.

All inpatient staff posts are filled.

There are 12 additional posts in the CRHTs. Staff formerly working in the inpatient wards have been supported to move into this team, with individual transition plans including training and clinical supervision sessions. The CRHTs have been delivering a 24/7 service since 9th December 2019, which has allowed them to gate-keep acute and community beds 24/7 along with increasing the CRHT operational hours to 24/7.

The redesign has created 27 newly funded posts in the CMHTs in Central and East Cheshire. To fill these posts staff have been supported to move into these teams with individual transition plans. There are currently 9 vacancies, which will be recruited to in early 2020. The additional investment in the community teams will also include the funding of up to 10 peer support staff who will work in collaboration with the clinical teams, and is in addition to the 27 newly funded posts. A dementia outreach service has also been established (2 posts) which will support people in their own homes and prevent admissions into hospital.

Outcomes

1.16 The increased capacity enabled by the redesign includes:

- local crisis beds to enable us to support people to remain out of hospital;
- a better staffed home treatment team to care for more people in their own home and oversee crisis beds/centres on a 24/7 basis;
- better staffed specialist community mental health teams with peer support and more joined-up working for our 7,000 people currently on caseload with a clear focus on prevention, early help and providing further intensive support;
- a new service to help up to 12 people at any one time with dementia who have complex needs to remain in their own homes rather than being admitted to hospital;
- modern inpatient services meeting Care Quality Commission standards:

- Lime Walk House in Macclesfield has received a £2million capital investment to extend and modernise the on-site facilities and has been renamed Mulberry Ward - following service user and carer engagement in the naming exercise to reflect the local silk industry. The renovation to create a 26 bed unit has included a communal hub with shared recreation, dining and therapy facilities, gender specific lounges, increased access to larger, open gardens, all en-suite bedrooms and gymnasium.
- CARS Ward at Macclesfield General Hospital has transferred to CWP and become the new Dementia ward; called Silk Ward – again named with the silk industry theme. The 15-bed ward has received a £2.5million capital investment and renovation programme following University of Stirling guidance. Evidence-based and internationally recognised best practice has been followed to best support people and their families with dementia.
- to support the bed reconfiguration in East Cheshire, an additional 7 beds for adult/older adults with complex needs have opened within the CWP footprint (4 beds at Bowmere in Chester and 3 beds at Springview in Wirral).
- with the 6 community crisis beds provided in addition, a total of 54 beds are available.

1.17 The reduced variation enabled by the redesign includes:

- creating a consistent model for home treatment teams in terms of availability and a consistent service offer/range of interventions;
- meeting privacy and dignity standards throughout the inpatient environments and a general improvement in building optimisation to support the delivery of high quality and safe care;
- reduced variation in the clinical pathway within mental health rehabilitation services by centralising them in a centre of excellence:
 - rehabilitation services previously provided at Lime Walk House in Macclesfield relocated to Bowmere Hospital in Chester in April 2019. The facilities at Bowmere are complementary to the rehabilitation process, including being within walking distance of the city centre and adjacent to train/bus routes with nearby shops and supermarket. There is an on-site gym, specialist occupational therapy suite - the 'Clarion Centre' and café;
- standardised the pathway for ECT (electro-convulsive therapy) within a centre of excellence in Chester achieving ECTAS accreditation (ECT accreditation service);
- within the funding available we have used resources differently to achieve more efficient services by driving greatest value for the commissioned spend and reducing reliance on inpatient services;
- the increased staffing has not only delivered a preferred model of care, but also supported increased access to mental health services and brought the services in line with national policy;
- increased staffing in home treatment teams has enabled them to operate 24/7;
- the provision of six community crisis beds which provide less-restricted and more suitable support for those who don't need an inpatient stay – enabling a reduction in more costly inpatient beds:
 - 2 beds in Macclesfield, 2 in Congleton and 2 in Crewe for adults who are acutely unwell, but for whom a hospital environment would not be

beneficial to their condition and recovery. These beds are supported and gate-kept by the Crisis Resolution Home Treatment Team. The beds are available 24/7 with 24/7 support from the home treatment team;

- the redesign has also reduced excess staffing spend due to poor design of buildings and environment.

1.18 Metrics to measure the success of the new model of care in delivering against the aims/objectives identified in 1.5/1.6 have been identified, including analysis of service user and carer feedback.

1.19 Feedback has been collated from service users accessing the new centralised rehabilitation service in Chester since April 2019, with regular visits from the CWP Patient Advice and Liaison Service to ensure any service user and carer needs have been quickly identified and addressed. Comments have included: “it is much larger than Lime Walk House”, “I like being able to go for coffee at Oasis Café” (café in Bowmere Hospital) and “I like the country walk close to the ward, especially now the weather is improving”.

1.20 Feedback has been collated from the small number of service users accessing the new centralised ECT service in Chester since August 2019, with regular visits from the CWP Patient Advice and Liaison Service to ensure any service user and carer needs have been quickly identified and addressed. Comments have included: “nurses are welcoming and supportive; they do everything for me”, “I am very happy at the quality of treatment I receive”, “the environment is great”. The small number of service users travelling to Chester for ECT treatment are supported by CWP’s own patient transport service.

Travel and transport

1.21 A theme identified by this Committee and during the public consultation was travel needs, for those highly specialised services that have been centralised on one site as part of the redesign (rehabilitation and electro-convulsive therapy - ECT) and for those service users requiring highly specialist support in a Psychiatric Intensive Care Unit.

Information was provided during the consultation on the small numbers of service users/carers affected by longer journeys and the support in place for them where required, including:

- CWP has its own patient transport vehicles to support service users travelling to centralised services;
- this transport is also available to support carers who require support with journeys;
- CWP is supporting rehabilitation service users to remain connected with their local communities for sport and recreational activities, as part of their rehabilitation pathway;
- no complaints have been raised since the centralisation of rehabilitation and ECT services.

Next steps

1.22.1 Although the redesign of specialist mental health services has enhanced the current service provision there is still significant investment and transformation needed if we are to deliver the ambitions set out for mental health in the NHS Long Term Plan.

Next steps to improve local mental health services include:

- the joint procurement, by NHS and local authority commissioners, of an integrated service that includes crisis cafés and third sector in-reach provision later in 2020;
- development of peer support within community services, across both primary and secondary care;
- further development of a single Mental Health Delivery pathway across CWP, CCGs and other third sector providers to support positive outcomes;
- ongoing work with the Local Authorities to ensure joined-up models of care;
- further develop a centre of excellence for Rehabilitation and ECT;
- crisis funding implementation from Cheshire and Merseyside Health and Care Partnership towards NHS 111 as the single point of contact for crisis help;
- trailblazer funding to support mental health in schools;
- joined-up working via East Cheshire Mental Health Partnership Board.

The CCGs, alongside CWP, have been successful in a number of recent bids and securing additional monies from NHS England/Cheshire and Merseyside Health and Care Partnership to support the further development of crisis support in Cheshire, as well as additional funding to support children and young people in school around early intervention and prevention - to help mental health and wellbeing.

Further local enhancements to the two new inpatient facilities will also be planned locally by CWP, utilising its capital estates budget for 2020-21.

2. Recommendations

2.1 The Committee is asked to:

- note the completed implementation of the redesign of specialist mental health services;
- note that the NHS workforce has been identified to staff the new inpatient services and enhanced community teams;
- note that metrics have been identified to measure the impact of the new model of care on service user and carer outcomes and experience of services;
- note the next steps identified to further enhance the local offer in line with the NHS Long Term Plan;
- agree whether the Committee wishes to receive a further update on the implementation and, if so, when.

3. Reasons for Recommendations

- to provide assurance that the new model of care approved following public consultation has been implemented and that measures are in place to monitor effectiveness post-implementation.

4. Contact Information

The background papers relating to this report can be inspected by following the links contained above or by contacting the report writer:

Name: Suzanne Edwards
Designation: Acting Director of Operations, CWP
Tel No: 01244 397267
Email: suzanne.edwards4@nhs.net

5. Appendices

None.

Ends.

This page is intentionally left blank



Working for a brighter future together

Health and Adult Social Care and Communities Overview and Scrutiny Committee

Date of Meeting: 06 February 2020

Report Title: The Cheshire East Health and Care Partnership Five Year Plan

Portfolio Holder: Cllr Laura Jeuda, Portfolio Holder Adults Social Care and Health

Senior Officer: Mark Palethorpe, Acting Executive Director of People

1. Report Summary

- 1.1. NHS England requires each Sustainability and Transformation Partnership area (now known as Health and Care Partnerships) to achieve Integrated Care System status by April 2021 and as their response to the NHS England Long Term Plan (published January 2019) to prepare Five Year Strategies. The Cheshire and Merseyside Health and Care Partnership (C&MH&CP) submitted its Strategy in November 2019. To inform the Strategy, the Partnership had asked that each of the nine 'Place based' health and care partnerships in Cheshire and Merseyside (aligned to the local authority geographies) develop their own Five Year Plans.
- 1.2. The draft Cheshire East Partnership Five Year Plan was shared with residents and staff through an engagement exercise over the summer (1st August to 23rd August) and was presented to the Adult Social Care and Communities Overview and Scrutiny Committee in September 2019. The Plan was endorsed by the Health and Wellbeing Board, Cabinet and other partner organisation's governing bodies during the late Autumn and was then submitted to the Cheshire and Merseyside Health and Care Partnership.
- 1.3. The Plan is attached as Appendix One, together with its Technical Appendix as Appendix Two. It sets out the vision of the Partnership (made up of the Local Authority, the Clinical Commissioning Groups, NHS Providers, the local GPs – and through the Health and Wellbeing Board, the Police and Fire and Rescue Service, the community and voluntary sector, NHS England and Healthwatch). This vision is to improve the health and wellbeing of local communities, enabling people to live longer and

healthier lives. We will do this by creating and delivering safe, integrated and sustainable services that meet people's needs by the best use of all the assets and resources we have available to us. Wellbeing comes from everyone taking ownership of what they can do for themselves and their community, with support available and focussed when and where it is needed.

- 1.4. The Plan sets the agenda for the transformation of health and care services in Cheshire East to ensure the provision of a clinically and financially sustainable system that delivers improved health outcomes for our population.

2. Recommendations

- 2.1 That the Health and Adult Social Care and Communities Overview and Scrutiny Committee note the Cheshire East Partnership Five Year Plan and the framework that it sets for the future of health and care services in Cheshire East.

3. Reasons for Recommendations

- 3.1. To ensure that the Scrutiny Committee is aware of the strategic context within which health and care services are working and the drivers for change that are influencing the planning for service transformation and improvement.

4. Other Options Considered

- 4.1. The Local Authority and Health partners could have chosen not to engage with the work of the Cheshire and Merseyside Health and Care Partnership. However, with Health and Social Care Integration a key element of the NHS Long Term Plan and a priority of the Department of Health and Social Care, it is important that we are active partners in this work to influence discussions and decisions. In focussing on better outcomes for our residents and particularly those in need of health and / or care services, this willingness to be active partners is a key requirement.

5. Background

- 5.1. The Sustainability and Transformation Partnerships were formed in 2015/2016 as a result of the NHS England 'Five Year Plan's' aspirations to see closer working across health and care and progress being made towards integrated provision. There was also an imperative to make more effective use of resources across the system. The Cheshire and Merseyside STP was formed in January 2016, a partnership of the twelve clinical commissioning groups, twenty NHS provider organisations (hospitals, community and mental health trusts) and the nine local

authorities. The STP was re-branded as the Cheshire & Merseyside Health & Care Partnership in 2017.

- 5.2. The publication of the NHS Long Term Plan in January 2019 has re-emphasised the importance of these Partnerships in the NHS future plans, with the transition to Integrated Care Systems (ICS) being the aspiration for each regional partnership by 2021. Achieving ICS status will bring additional resource and a level of autonomy for the Partnership in its decision making. The Five Year Strategy is a key element of this, demonstrating that the C&MH&CP has the maturity and ambition to deliver what NHS England expects from the ICS. Similarly the Place-based Five Year Plans need to show that there is a common vision for the provision of health and care services within that area, with a good understanding of the local challenges, a commitment from local partners to work together and clarity in relation to what needs to be delivered.
- 5.3. The Cheshire and Merseyside Health and Care Partnership (and its equivalents elsewhere in the country) and local place-based health and care partnerships are seen by NHS England as a pragmatic way to join up planning and service delivery across primary and specialist care, physical and mental health and health and social care.
- 5.4. The 2019-2020 Plan on a Page is attached as Appendix three. This sets out the areas of work that the C&MH&CP is focussed upon and the work-streams that are ongoing. There are three main elements:
- Activity to be delivered through the nine Place-based partnerships that focuses upon the local systems in relation to community based models of care and primary care development;
 - Core work across all Cheshire and Merseyside partners to ensure a sustainable acute sector, improved provision for mental health and learning disability and better joint working in relation to procurement, and back-office services. Prevention and early intervention is also recognised as being critical to achieve the population health changes that are required across the C&MH&CP geography
 - A number of clinical work-streams, that bring together clinicians and other professionals from across all nine areas to identify improvements in practice that can deliver better care, better outcomes and more efficient provision of services.
- 5.5 These are underpinned by enabling work-streams focussed upon overcoming the workforce challenges currently faced by health and care organisations; making the most of new technology; more effective use of buildings and other infrastructure and, crucially, the financial sustainability of the whole system.

- 5.6** The Cheshire East Partnership is engaged with the work of the C&MH&CP and this is influencing what occurs locally and needs to be taken into account as we plan our local delivery, transformation and improvement.
- 5.7** With regard to the Cheshire East Partnership Five Year Plan, the draft Plan was shared with the public from 1st to 23rd August and submitted (as a draft) to the C&MH&CP at the end of August. A revised Plan that incorporated changes initiated through the engagement process was taken through the governing bodies of the Partners for endorsement. The final endorsed version was submitted to the Cheshire and Merseyside Health and Care Partnership at the end of October.
- 5.8** The Cheshire East Partnership Plan sets out the vision of the Partnership (made up of the Local Authority, the Clinical Commissioning Groups, NHS Providers, local GPs – and through the Health and Wellbeing Board, the Police and Fire and Rescue Service, the community and voluntary sector, NHS England and Healthwatch). This is to improve the health and wellbeing of local communities, enabling people to live longer and healthier lives. We will do this by creating and delivering safe, integrated and sustainable services that meet people's needs by the best use of all the assets and resources we have available to us. Wellbeing comes from everyone taking ownership of what they can do for themselves and their community, with support available and focussed when and where it's needed.
- 5.9** The focus of the Partnership is upon:
- 5.9.1 Tackling inequalities, the wider causes of ill-health and the need for social care support through an integrated approach to reducing poverty, isolation, housing problems and debt;
 - 5.9.2 Prevention of ill health through early intervention, health improvement and creating environments that support and enable people to live healthily;
 - 5.9.3 Ensuring our actions are centred on the individual, their goals, the communities in which they live and supporting people to help themselves;
 - 5.9.4 Having shared planning and decision making with our residents.
- 5.10** The key outcomes that the Partnership aspires to achieve are:
- 5.10.1 To create a place that supports health and wellbeing for everyone living in Cheshire East;
 - 5.10.2 To improve the mental health and wellbeing of people living and working in Cheshire East;

5.10.3 To enable more people to live well for longer in Cheshire East;

5.10.4 To ensure that children and young people are happy and experience good physical and mental health and wellbeing.

5.11 The Cheshire East Place Partnership has established a number of work-streams to take forward the delivery of the Plan and the Technical Appendix. Together, these form the framework for developing and implementing the solutions that will ensure a sustainable health and care system over the next five years.

5.12 The work-streams are:

- Acute Sustainability (linked closely to the work at a Cheshire and Merseyside level);
- Integrated Care Partnership, establishing an alliance of providers to deliver integrated health and care services;
- Care Communities, developing plans for improved community based health and care, moving care closer to home and reducing, where possible, the need to access hospital services;
- Integrated Commissioning across health and social care;
- Finance;
- Communications and engagement;
- Back office / shared services, identifying opportunities to work across organisations more efficiently;
- Workforce and Organisational Development;
- IT / Digital;
- Estates.

NB where a work-stream mirrors one of those working across Cheshire and Merseyside, the respective Senior Responsible Officer is connected in to the C&MH&CP work to ensure the Cheshire East thinking aligns with that across the Cheshire and Merseyside geography, and feeding in progress from Cheshire East.

5.13 The Cheshire East Health and Care Partnership work is overseen by a Partnership Board with an independent Chairman and an Executive Group (chaired by the Council's Executive Director of People).

6 Implications of the Recommendations

6.5 Legal Implications

6.5.1 Cheshire East is a member of C&MH&CP which asked each of the nine 'place based' health and care partnerships (of which Cheshire East is one) to develop their own Five Year Plans. These were to inform its Strategy in response to the requirements set by NHS

England in the Long Term Plan published in January 2019, for each Sustainability and Transformation Partnership area to prepare Five Year Strategies. It should be noted that the Council has not at this stage, signed the Cheshire East Partnership's Memorandum of Understanding, because of concerns regarding the different funding streams that the NHS and the Authority draw upon.

- 6.5.2 There was no formal requirement to consult on the contents of the Cheshire East Place Partnership Plan at this stage but there has been a period of public engagement, which took place over the summer 2019.
- 6.5.3 The Governing Bodies of the Partner organisations of the Cheshire East Place Partnership have all endorsed the Plan.
- 6.5.4 Partnership organisations have had due regard to the Public Sector Equality Duty contained in Section 149 of the Equality Act 2010 when exercising relevant functions.
- 6.5.5 Any proposed Service changes that may be developed as part of the ongoing work to implement the Partnership Plan will be subject to the appropriate formal consultation and consideration by the Health and Adult Social Care and Communities Scrutiny Committee and individual agency governance arrangements.
- 6.5.6 There is an explicit expectation from NHS England that NHS partners deliver on the Long Term Plan (see section 9).

6.6 Finance Implications

- 6.6.1 There are no financial implications for the Council at this point. However, if these implications emerge, then formal approval will be sought prior to any agreements being signed off. The level of financial challenge within the NHS in Cheshire East is significant and the Council and Partners will be closely monitoring the potential risks that might emerge as the work to implement the Plan gets underway.

6.7 Policy Implications

- 6.7.1 The delivery of the Plan will significantly contribute to the Council's six Priority Outcomes.

6.8 Equality Implications

- 6.8.1 The Plan recognises the disparities in health and wellbeing that are identified through the Joint Strategic Needs Assessment and includes a focus upon reducing inequalities.

6.9 Human Resources Implications

6.9.1 In the short term there will be closer working between health and care staff and joint commissioning of services. In due course, as the Plan implementation gets under way there may be integration of health and care staff proposals that are put forward and these will be managed in accordance with appropriate HR guidance and protocols.

6.10 Risk Management Implications

6.10.1 The Place Programme Management Office maintains a Risk Log for the transformation programme and will monitor progress made against the Plan's aspirations. A failure to deliver the work required will raise the risks with regard to the financial and clinical sustainability of the health and care system.

6.11 Rural Communities Implications

6.11.1 The work underway to deliver the Plan (including our eight Care Communities), recognises the challenges of providing services within the more rural communities. Closer working between providers, the delivery of more services in the Care Communities and increased use of digital services are some of the ways that will be used to improve accessibility and delivery to the rural populations.

6.12 Implications for Children & Young People/Cared for Children

6.12.1 The Cheshire East Partnership is working to transform health and care services for the whole population, from cradle to grave and this is reflected in the Plan. Delivering improvement in health and wellbeing for our children and young people is one of the priority outcomes.

6.13 Public Health Implications

6.13.1 There are significant implications for public health with the outcomes of the Plan being intended to deliver improved health and wellbeing outcomes.

6.14 Climate Change Implications

6.14.1 A key element within the Plan is to encourage individuals to take responsibility for their own health and wellbeing and lead more healthy lifestyles. Through the promotion of active transport options, (cycling, walking) and thus reduced car usage, there could be beneficial climate impacts. In addition the Partners recognise the need for their organisations to be making greater contributions towards reducing their carbon footprints and are actively progressing this. The NHS Long Term Plan requires all NHS organisations to work towards reducing carbon, waste and water use.

7 Ward Members Affected

7.1 All Wards will be affected.

8 Consultation & Engagement

8.1 Public engagement took place from 1st to 23rd August 2019. It would have been preferable for this to be longer, but the timeline for submission on 30th August made this impossible. The Plan was presented to Overview and Scrutiny Committee on 12th September and has been before the governing bodies of all Partner Organisations. It was endorsed at the Health and Wellbeing Board on 24th September 2019.

9 Access to Information

9.1 The NHS Long Term Plan and associated documents can be accessed here <https://www.longtermplan.nhs.uk/>

9.2 A summary of the NHS Long Term Plan is here:
<https://www.longtermplan.nhs.uk/wp-content/uploads/2019/01/the-nhs-long-term-plan-summary.pdf>

10 Contact Information

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

Name: Guy Kilminster

Job Title: Corporate Manager, Health Improvement

Email: guy.kilminster@cheshireeast.gov.uk

This page is intentionally left blank



Working for a brighter future together

Version
Number: 1

Key Decision: N

Date First
Published: >

Health and Adult Social Care Overview and Scrutiny Committee

Date of Meeting: 06 February 2020

Report Title: Falls Prevention Strategy

Portfolio Holder: Cllr Jill Rhodes, Public Health

Senior Officer: Mark Palethorpe, Executive Director of People

1. Report Summary

- 1.1. The purpose of this report is to provide an update on the status of the Cheshire East Falls Prevention Strategy and related work. This addresses Outcome 5 of the Corporate Objective: "People Live Well and For Longer", and delivers on the principle of 'Early Help' in the Council's commissioning plan, meaning preventative support is offered before health need escalates. Additionally, a falls strategy is a key deliverable in the Cheshire East Joint Health and Wellbeing Strategy 2018-2021.

2. Recommendation/s

- 2.1. It is recommended that Health and Adult Social Care Overview and Scrutiny Committee endorse:

- 2.1.1. The adoption of the Cheshire East Falls Prevention Strategy following completion of the consultation process.

3. Reasons for Recommendation/s

- 3.1 Falls are a significant issue within Cheshire East. There were 2,041 emergency admissions to hospital as a result of a fall in those aged 65+ in 2017/18 ¹; and 23,564 residents predicted to experience a fall this year (27% of the Borough population aged 65+) ².

¹ Public Health Outcomes Framework, <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework>

3.2 The introduction of a Falls Prevention Strategy provides the framework for the implementation of a number of falls related actions. This is based around the following aims:

- i. reducing the numbers of serious injuries that result from falls;
- ii. reducing the numbers of falls that affect older people and those at higher risk of falling;
- iii. commissioning on the basis of an integrated, evidenced-based, falls prevention pathway across Cheshire East;
- iv. reducing fear of falling amongst older people.

4. Other Options Considered

4.1. Do nothing – This would mean that coordinated action to tackle the issue of falls would not take place. It would also mean that a key deliverable in the Joint Health and Wellbeing Strategy would not be achieved.

5. Background

5.1. Falls are already a significant issue within Cheshire East, with 2,041 emergency admissions to hospital as a result of a fall in those aged 65+ in 2017/18 and 23,564 residents predicted to experience a fall this year. The human cost associated with falling includes soft tissue injuries, fractures, and reduced confidence; with the latter leading to reduced independence and increased social isolation. In infrequent cases, a fall can also directly cause death.

5.2. This situation is likely to worsen as a result of the ageing population. For instance, the proportion of the population over 65+ within the Borough is projected to increase from 22.9% in 2018 to 27.8% by 2030 ³. This is likely to impose increased demands on NHS and Social Care services. However, evidence suggests that falls are not a natural consequence of ageing but can be reduced through effective preventative measures.

5.3. The Cheshire East Falls Prevention Group was established in May 2018. This aims to provide a whole systems approach to addressing this health issue through implementation of a Falls Prevention Strategy (see Appendix A) and action plan. Additionally, the group links with the west of Cheshire to facilitate a pan-Cheshire approach.

5.4. Membership of the Cheshire East Falls Prevention Strategy Group includes:

² POPPI – Projecting Older People Population Information, 2018

³ ONS. Subnational population projections for local authorities and higher administrative areas in England - 24 May 2018 Release. ONS; 2018

- Cheshire East Council
 - Cheshire East Clinical Commissioning Groups (Eastern Cheshire Clinical Commissioning Group, South Cheshire Clinical Commissioning Group, Vale Royal Clinical Commissioning Group)
 - North West Ambulance Service (NWAS)
 - Falls Prevention Providers
 - Acute Trusts (Mid Cheshire NHS Foundation Trust, East Cheshire NHS Trust)
 - Cheshire East Communities Team
 - GP Practices.
- 5.5. The Falls Prevention Strategy was consulted on from Jan-March 2019; 32 responses were received directly on the strategy. However, additional falls related questions were asked in the 'One You Cheshire East' lifestyle survey which received 522 responses.
- 5.6. In general, respondents were positive about all aspects of the Cheshire East Falls Prevention Strategy; rating them 'fairly good' or 'very good.' Feedback from respondents in open comments suggest that negatively rated aspects came from the strategy being 'overly wordy' or not being clear about deliverables. As such, some small amendments have been made. Additional feedback in relation to the One You Cheshire East commission showed that 7% of all respondents were interested in avoiding falls in the future; with 27% already taking steps to do so.
- 5.7. Of further note, are the following falls related actions which have been implemented by the group to date:
- A substantial increase has been achieved in the capacity of One You Cheshire East falls prevention services due to the recommissioning process. This service offers an evidence based intervention proven to reduce falls by improving an older person's strength and balance. Moreover, this intervention has been found to be popular with residents; and is an approach shown by Public Health England as delivering significant return on investment⁴.
 - The development of needs assessment information which will be incorporated into a Joint Strategic Needs Assessment section. This will help the group to ensure actions are derived from evidence;
 - A falls prevention leaflet has been developed in conjunction with Cheshire West which aims to offer initial advice to stop people falling;

⁴ <https://www.gov.uk/government/publications/falls-prevention-cost-effective-commissioning>

- The mapping of system wide pathways for fallers in Cheshire East has been completed. This will help in the identification of service gaps.

6. Implications of the Recommendations

The aim of the strategy is to improve outcomes for people in Cheshire East in relation to falls prevention.

6.1. Legal Implications

6.1.1. The Falls Prevention Strategy aligns with the Council's duties under the Care Act 2014, particularly in relation to its general duty to promote individuals' wellbeing under section 1 of the Act; and its preventative duties in section 2 of the Act.

6.2. Finance Implications

6.2.1. There are no Financial Implications as a result of the recommendations in this report.

6.2.2. As noted, there is an ageing population in Cheshire East, and national evidence reflects that older people aged 65 years+ are at increased risk of falls. This risk increases as people age, with 50% of people aged 80 years and over falling at least once a year. Therefore, the adoption of the strategy aims to reduce future increases in care costs linked to falls.

6.3. Policy Implications

6.3.1. To ensure that Cheshire East provides a strategic policy approach to addressing falls prevention in Cheshire East.

6.4. Equality Implications

6.4.1. An Equality Impact Assessment has been completed on the Falls Strategy.

6.5. Human Resources Implications

6.5.1. None associated.

6.6. Risk Management Implications

6.6.1. The Cheshire East Falls Prevention Strategy Group will oversee any mitigating of risks with regard to the implementation of the Cheshire East Falls Prevention Strategy. This will report through any risks through appropriate channels such as Commissioning SMT.

6.7. Rural Communities Implications

6.7.1. A falls prevention strategy can help to support vulnerable people in rural communities. This is particularly important for those without ready access to support including from informal carers.

6.8. Implications for Children & Young People\Cared for Children

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

6.9. Public Health Implications

6.9.1. The Joint Health and Wellbeing Strategy 2018 – 2021 identifies a key deliverable within Outcome three – ‘people living well for longer’ as the development of a falls prevention strategy for the Cheshire East population.

6.10 Climate Change Implications

6.10.1 There are no direct implications for climate change

7. Ward Members Affected

7.1. All wards

8. Consultation & Engagement

8.1. Consultation and engagement has been conducted with members of the public and professionals.

9. Access to Information

9.1. The following documents have been key to project development:

- Cheshire East Joint Health and Wellbeing Strategy 2018 – 2021
- The Cheshire East Commissioning Plan
- The Cheshire East Corporate Plan 2017-2020.

10. Contact Information

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

Name: Nik Darwin

Job Title: Senior Commissioning Manager

Email: nik.darwin@cheshireeast.gov.uk

Cheshire East Falls Prevention Strategy 2019-2021

Foreword

Every year older people in Cheshire East fall and injure themselves, sometimes severely. Often the fall results in the person needing to stay in hospital and can permanently reduce their physical and mental health and wellbeing. Sometimes these falls could have been prevented, or the repercussions of the fall reduced with timely intervention.

.....

In addition to the personal consequences of falling, treating people who have fallen can be very expensive for the local health and social care community.

The dual importance of falls prevention has been recognised by both the Council and Clinical Commissioning Groups who have prioritised reducing the number of falls and associated hospital admissions in older people within Cheshire East.

People aged 65 and older have the highest risk of falling. Therefore, for the purpose of this strategy, older people are defined as aged 65 and over.

The strategy also applies to adults identified to be at a higher risk of falling.

The key stakeholders who make up the membership of the Falls Prevention Group, are committed to ensuring that all older people who live in Cheshire East have access to high quality falls prevention services, irrespective of their condition or where they live.

This high-level falls prevention strategy, therefore outlines the system wide approach to falls prevention that will be taken within Cheshire East over the next three years (2019-21).

Introduction

A fall is defined as an unintentional loss of balance resulting in coming to rest on the floor, the ground, or an object below knee level. A fall is distinguished from a collapse that occurs as a result of an acute medical problem such as acute arrhythmia, a transient ischaemic attack or vertigo (NICE Quality Standard 86, 2015).

.....

Reducing the incidence of and injuries sustained from falls in the borough, has been identified as a key priority by Cheshire East's Health and Wellbeing Board. Within Cheshire East's Health and Wellbeing Strategy 2018-2021, the key strategic priorities for falls prevention are to:

- Reduce the number of older people who fall and are admitted to hospital

Falls and fractures amongst older people, (the majority of which are as a result of a fall), are significant public health issues. Falls are costly to the individual, the NHS and the social care system. The human cost of falling includes distress, pain, injury, loss of confidence, loss of independence and even death.

Although everyone is at risk of a fall, people over the age of 65 have the highest risk of falling. Losing confidence and subsequent loss of independence are major results of someone having a fall; often, this results in the person being admitted into either residential or nursing care, or becoming isolated within their own home.

Aims

The primary aims of this strategy are therefore to:

- Reduce the numbers of serious injuries that result from a fall
- Reduce the numbers of falls that affect older people and those at higher risk of falling
- Commission an integrated, evidenced-based, falls prevention pathway across Cheshire East
- Reduce the fear of falling among older people

This strategy acknowledges the critical role that many organisations have to play in this area, reflecting the multifactorial causes of falls and the holistic approach that is necessary to reduce them.

Older people are central to this strategy. They are in a great position themselves to contribute to falls prevention work; for example by having regular medication reviews, checking their home environment for potential hazards that could result in a fall, arranging regular eye check-ups and by taking regular exercise to improve their strength and balance. This strategy will therefore ensure that those at higher risk of falls and their carers understand how to reduce the risk of falling.

Vision

"Working together to reduce falls and promote independence"

This vision provides the borough-wide direction for commissioning, service planning and delivery and will be implemented by the Cheshire East Falls Prevention Group. This Group consists of representatives from relevant local stakeholders. The Falls Prevention Group will report progress to Cheshire East's Health and Wellbeing Board regarding the effective delivery of the strategy in the coming three years.

This strategy reinforces the need to continue to strengthen partnerships to ensure a whole system approach. It is underpinned by the same key principles and approaches to improving health and wellbeing as outlined

in Cheshire East's Health and Wellbeing Strategy 2018-21. For example, the organisations implementing the strategy will take account of the considerable variations in general health and wellbeing between the most affluent and most deprived parts of the borough. Furthermore, it builds on the information contained in Cheshire East's Joint Strategic Needs Assessment and uses analysis from the Public Health Profile for Cheshire East.

The strategy supports the work of other key local documents including Cheshire East Council's Corporate Plan; and the Strategic Plan of Eastern Cheshire Clinical Commissioning Group and the Central Cheshire Operational Plan (for South Cheshire and Vale Royal Clinical Commissioning Group).

The strategy applies to people aged 65 and over within Cheshire East and those adults identified to be at a higher risk of falling. This includes people residing at home or in residential care.

Outcomes

The intended outcomes of this strategy are to reduce injury rates from falls in the over 65's and adults identified to be at a higher risk of falling in Cheshire East by:

-
- Identifying those likely to have a fall
 - Helping those likely to fall in order to prevent falls
 - Working effectively with people who have fallen to help reduce the likelihood that they will fall again
-

Background

National Position

Falls and fall-related injuries are a common and serious problem for older people, particularly those who have underlying conditions:

- Falls are a major cause of disability and the leading cause of death resulting from injury in people aged 75 and older in the UK
- People aged 65 and older have the highest risk of falling. Around 30% of adults over the age of 65 and living at home will experience at least one fall a year - this is approximately 2.5 million people in England. This rises to 50% of adults aged over 80, who are either at home, or in residential care
- Every year, approximately 5% of older people living in the community who fall experience a fracture, or require hospitalisation
- In 2010, falls and fractures in people aged 65 and over accounted for over 4 million hospital bed days each year in England

Local Position

In 2016/17, in Cheshire East, there were 2,058 hospital admissions for people aged 65 and over, with an injury related to a fall. This figure is significantly higher than the average admission rate for England. Two thirds (70%) of all admissions were in people aged over 80. Falls in the over 80's were more likely to result in a fractured neck of femur, accounting for over 25% of falls in this age group, compared to 21% in those aged 65-79.

Costs

The human cost of falling includes distress, pain, injury, loss of confidence, loss of independence, social isolation and even death. Falling also affects the family members and carers of people who fall.

Falls are estimated to cost the NHS more than £2.3 billion per year. This cost is likely to be proportionately similar for Local Authorities, either through an increased demand on both short and long term social care, or through commissioning Third Sector services to provide care for the older person who has fallen and their carers.

In 2016/17, there were 493 hospital admissions for hip fractures in people aged 65 and over in Cheshire East equating to hospital costs of £2,831,792 or £5,744 per patient. If all admissions were conveyed to hospital by ambulance; the cost would be a further £113,390 or £230 per call-out.

Assets

We recognise that there are a number of initiatives and groups that currently take place within our communities and other settings that support older people to remain both physically and socially active and thereby reduce the risk of falling. This strategy will therefore seek to build on such assets and ensure that they form a central part of a falls prevention pathway.

Early Help

Early help and prevention are central to implementation of this strategy. This means giving support to individuals at risk at an early stage, before they experience a significant fall.

Areas of action for the next three years

We believe that service users and those with lived experience of falls are integral to the development and delivery of the Strategy. In order to deliver the strategic priorities for falls prevention in Cheshire East the following broad actions will be delivered.

1. Involving the public in the implementation of the strategy, for example:

- a) Through the formal involvement of Healthwatch on the Falls Prevention Group
- b) By all falls prevention services routinely obtaining the views of the people who have used them about their experiences and learning from their feedback
- c) Through engagement with older people including survey work

2. Looking to ensure value for money is obtained across services. For example by:

- a) Reviewing current investment in falls prevention in terms of impact and effectiveness against National Institute for Health and Care Excellence (NICE) Guidance and Quality Standards
- b) Investing money in prevention and early intervention that will save money across health and social care systems in the longer term

3. Commissioning and developing borough-wide appropriate, evidenced based services which are both individually and collectively successful in reducing the likelihood of at risk people falling and injuring themselves.

For example, ensuring those at risk of falling and injuring themselves are able to:

- a) Access a formal risk assessment from an appropriate qualified professional
 - b) Be able to access falls specific exercise classes that can improve their posture, balance and muscle strength
 - c) Be provided with a home environment check to reduce the likelihood of them falling
 - d) Access assistive technology and a falls response service (where appropriate) which can help safeguard them at home.
 - e) Access community equipment which can reduce their risk of falling
-

4. The Falls Prevention Group will:

- a) Continue to develop opportunities to work collaboratively, to ensure that all available data and evidence-based practice is used to inform future falls prevention commissioning across the whole of Cheshire East
 - b) Ensure people know how to access the services they need and that it is easy for them to do so by undertaking a pathway review of current falls prevention services. The review will identify any gaps in provision and better understand how people access and navigate current services. This will ensure that everyone receives the services they need in a timely manner
 - c) Develop a Communications Plan to improve public awareness of the importance of falls prevention to their general health and wellbeing
 - d) Ensure that service users and their families and carers are integral to the delivery of this strategy
 - e) Engage with Cheshire East Council's Highways Department to explore potential areas for joint action
 - f) Establish agreed, clear lines of accountability for monitoring the delivery of the strategy
-

5. Utilise the experience and expertise of the Third Sector by:

- a) Incorporating evidence-based research and best practice from national and local Third Sector organisations into Cheshire East Council's detailed service development considerations
 - b) Using Third Sector networks and links to maximise the involvement of service users and carers
-

6. All professionals will be pro-active in identifying people at risk of falls. For example GPs and other relevant professionals will:

- a) Use their records to identify people at the highest risk of falling and refer them to appropriate services so that they can be offered person-centred falls prevention advice and support
 - b) Ensure people receive regular reviews of their medications to help limit the likelihood of a fall
 - c) Ensure people with weak or fragile bones are offered treatment in line with national guidelines to help limit the likelihood of serious injury to people should they fall
-

7. Ensuring local authority, health and third party colleagues take account of the importance of falls prevention within their strategic plans. For example, to ensure:

- a) All relevant community services are appropriately included in the care and support of people who have injured themselves as the result of a fall, when they are discharged from hospital
 - b) Housing design and lighting facilities are appropriate for people with reduced mobility or vision
 - c) Housing adaptations are completed as quickly as possible
 - d) Home safety checks are undertaken and subsequent recommendations are delivered
-

8. Ensuring all health and social care professionals have access to appropriate basic yet high quality training and education regarding effective falls prevention approaches.



How will we know and ensure we are making a difference?

This strategy will be implemented through the Falls Prevention Group who will agree clear lines of accountability for monitoring and delivering the Strategy. An action plan will support the detailed delivery of this strategy over the 2019 to 2022 timeframe. The action plan lists all the actions required to actively improve falls prevention in Cheshire East and to ensure this improvement will continue sustainably.

Public Health Outcomes Framework

- 2.24 Emergency hospital admissions for injuries due to falls in people aged 65 and over
- 2.24 Emergency hospital admissions for injuries due to falls in people aged 65 and over – aged 80+
- 4.14 Emergency hospital admissions for fractured neck of femur in people aged 65 and over
- 4.14 Emergency hospital admissions for fractured neck of femur in people aged 65 and over – aged 80+

For each area of focus, achievable objectives and targets will be set with appropriate timescales and clear organisational accountability. Progress against these objectives and targets will be continuously reviewed and updated by the Falls Prevention Group. This process will ensure that falls prevention continues to reflect and develop in line with public and stakeholder needs and wishes and reported back to the Health and Wellbeing Board.

All this work will collectively contribute to Cheshire East's improved performance against the following national indicators contained within the Public Health Outcomes Framework.

A number of sub-outcomes will also be used for monitoring performance, for example:

- A reduction in the number of other fractures as a result of a fall
- The reduction in the number of inpatient falls
- The reduction in the number of falls-related deaths



Supported Employment

Creating Independence Through Work

UNCLASSIFIED

Introduction

The Council has a small Supported Employment team based at Macclesfield Town Hall covering the whole Borough. As well as developing the Supported Internship offer the team also run:

- 1 A proof-of-concept project. Taking referrals from colleagues in the Social Work Teams, LD teams, Local Area Coordinators and Youth Support Workers
- 1 Support using the Place & Train model into paid or voluntary work for people with a costed Support Plan
- 1 As customers are supported into work the Support Plan is reduced – often to zero
- 1 Total cashable cost savings for 18/19 were £72,000 – this is on going. Final figures will be given for 19/20 in due course.
- 1 By March end 21 estimates are around £200K cashable cost savings
- 1 This is by a team of 3 Work Placement Officers
- 1 This works because it's embedded in the adult social care infrastructure. Referrals come from colleagues

What Do The Figures Tell Us?

- 1 The average spend per annum on people post 16 with an Education Health & Care Plan (EHCP) is £3.5m.
- 1 This funds a variety of post 16 education and training provision
- 1 There have been 698 people over 18 who have had an EHCP
- 1 133 have gone on to receive a funded ASC package. The current cost to Adult Social Care is £105,340 a week or £5.48m a year
- 1 Once this dependency is created it tends to stick long-term
- 1 Is there a different approach we could take to ensure that more young people achieve greater levels of independence and don't go on to need an Adult Social Care funded package?

The Place & Train Model

- 1 No revolving door students
- 1 No endless work preparation
- 1 No expectation that certain levels of numeracy and literacy have to be achieved before someone is “allowed” to try for a job
- 1 No reliance on “accidental” provision (eg Social Enterprises)
- 1 Social Enterprises are costly to set up, drain excessive amounts of time to set up, are costly to run, do not tend to move people on into real work and are “accidental” in nature making it challenging to plan strategically (especially re issues like proximity to Supported Living provision)
- 1 Vocational Profiling, Job Matching/Carving
- 1 In work support using Systematic Instruction

Supported Internships

- 1 Special Educational Needs & Disability (SEND) code of practice states that Supported Internships should be the first natural choice for someone who needs extra help into work
- 1 Participants must have an EHCP
- 1 Focus is 6 months in a place of work
- 1 In work 1:1 PA support and transport support provided
- 1 Who pays for that?Access to Work

Cheshire East- where we are up to re Supported Internships

Provision

- 1 35 Supported Interns currently training in Cheshire East across 4 different programmes.

NEW for September 2020 (TBC)

- 1 Reaseheath College
- 1 Cheshire College

Systematic Instruction Training

- 1 36 staff were trained through TSI before October 2019.
- 1 24 more places forecast to support continual growth in provision (2 courses)-TBC.

Access to Work

- 1 £7,881 on average per person claimed.
- 1 NOT one application submitted, has been rejected!

Cheshire East Supported Internship Update



Background...

3.5m High Needs Funding per year

698 young people are still in possession of their EHCP at 18 years old and above.

133 of these young people have a social care package (over 20%)

Current cost to adult social care 5.48m pa (£105,340 per week)

Supported Internships	2018/19	2019/20
Pettypool	2	0
Total People	17	19 (+ 3 TBC January 2020)
Macclesfield College	0	4
Park Lane School	0	3
Springfield School	0	9
Total	19	38

Supported Internships provide early intervention and provide a cost effective alternative to some of the more traditional based transition destinations

UNCLASSIFIED

Cost Deflections in More Detail

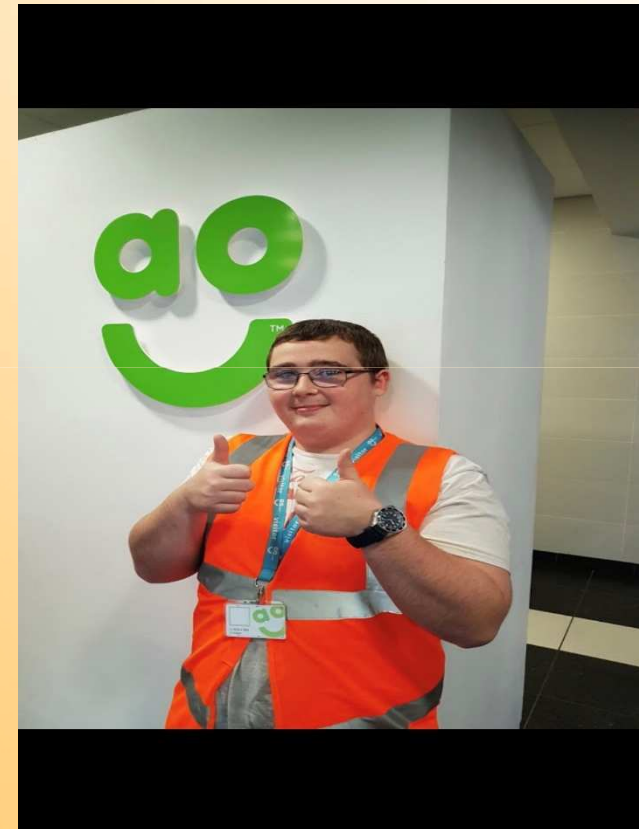
Cost defections using Supported Internships:

- 1 133 of these young people passing through the SEND system have a social care package. Current cost to adult social care 5.48m pa (£105,340 per week). The average is £41,185 per person per annum. Each person we support into work as opposed to a more traditional destination, then deflects an average cost of £41,185 per person per annum
- 1 The expanded cohort this year is 38 young people. So the total cost deflection this year is around £1.56m

Springboard Project...

- **Launched their first cohort in September 2019.**
- **9 Interns started.**
- **2 interns have progressed into paid work already.**
- **'The Springboard Project' is part of Springfield School. They are planning to expand their SI offer up to 25- through the due diligence process.**

Meet Luke... Luke is our second intern this year to achieve paid work (fulltime)! Luke has progressed on to the Supported Internship from a Special School. This opportunity and outcome will change Luke's life forever.



Income Generation

- 1 Supported Employment provision has the added benefit of being attractive to external funding streams
- 1 ESF Journey First - £1.83m
- 1 Access to Work claims so far 19/20 - £100,502
- 1 NHSE funding £15,400 for in-work PA training, £23,000 for additional speech & language therapy. Awaiting decision on additional £39,825
- 1 Awaiting decision on £479,122 Carers Innovation Fund

Questions ?

This page is intentionally left blank



FORWARD PLAN FOR THE PERIOD ENDING 30TH APRIL 2020

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 18/19-65 SMDA Infrastructure Procurement Strategy	<p>In accordance with the authority delegated by Cabinet to the Executive Director of Place on 8th May 2018:</p> <p>To procure the infrastructure, utilities and ground stabilisation works at South Macclesfield Development Area; to enter into any contracts or agreements required under the SCAPE Civil Engineering and Infrastructure Framework; and to utilise an NEC ECC Type C construction contract with Early Contractor Involvement.</p>	Executive Director Place	Not before 12th Jun 2019			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 18/19-69 Acquisition of the Willows, Macclesfield	<p>In accordance with Chapter 2, Part 6, Paragraph 52 of the constitution of Cheshire East Borough Council dated 12th February 2019:</p> <p>To approve the acquisition of the property known as The Willows, Macclesfield, Cheshire SK11 8LF and to instruct the Council's Legal Officers to proceed to legal completion of the purchase and any related legal documentation on terms and conditions to be determined by the Assets Manager and the Director of Governance and Compliance.</p>	Executive Director Place	Not before 19th Jun 2019			Fully exempt under para 3
CE 19/20-6 Care4CE	In connection with a strategic review of Care4CE, to seek approval to establish a wholly-owned community interest company (CiC), and to introduce new terms and conditions for new staff in the Single Legal Entity (SLE).	Cabinet	3 Dec 2019			Fully exempt - para 3

Key Decision	Decisions to be Taken	Decision Maker	Expected Date of Decision	Proposed Consultation	How to make representation to the decision made	Private/ Confidential and paragraph number
CE 19/20-26 Best4Business Update	To approve the revised Best4Business programme plan and associated budget impact.	Cabinet	3 Dec 2019			Part exempt - para 3
CE 19/20-27 Selective Licensing	To authorise officers to progress a two-staged approach to the implementation of a Selective Licensing scheme.	Cabinet	3 Dec 2019		Karen Carsberg, Strategic Housing and Intelligence Manager	N/A
CE 19/20-18 Review of Council Tax Support Scheme for 2020/21	To approve the Council Tax Support Scheme for 2020/21.	Council	19 Dec 2019		Liz Rimmer	N/A
CE 19/20-19 Supplementary Planning Document - Brooks Lane (Middlewich) Development Framework (Masterplan)	To consider representations received to the draft Brooks Lane (Middlewich) Development Framework (Masterplan) public consultation held in January and February 2019; subject to that, to approve the publication of the document as a Supplementary Planning Document.	Portfolio Holder for Planning	January 2020		Jeremy Owens	N/A

Key Decision	Decisions to be Taken	Decision Maker	Expected Date of Decision	Proposed Consultation	How to make representation to the decision made	Private/ Confidential and paragraph number
CE 19/20-29 Revenues and Benefits Printing and Postal Service	To authorise offices to take all necessary actions to implement a contractual arrangement to facilitate the procurement and award of a contract for a printing and postal service to support the Revenues and Benefits billing functions.	Cabinet	14 Jan 2020		Paul Manning	N/A
CE 19/20-33 Control of Bovine TB on Council Land	To consider the actions required to manage Bovine TB on Council land.	Cabinet	14 Jan 2020		Andy Kehoe, Head of Assets and Regeneration	N/A
CE 18/19-60 The Minerals and Waste Development Plan	To seek approval to consult on the first draft of the Minerals and Waste Development Plan.	Portfolio Holder for Planning	January 2020		David Malcolm	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 19/20-17 Well-Managed Highway Infrastructure	To seek authority for the Executive Director Place, in consultation with the Portfolio Holder for Highways and Waste, to approve amendments to the Council's Highway Inspection Code of Practice and Adverse Weather Plan to ensure that they accord with the document ' Well-Managed Highway Infrastructure'.	Cabinet	4 Feb 2020		Paul Traynor	N/A
CE 19/20-37 ASDV Programme Review and 2020 Business Plan Endorsement	To consider a report of the ASDV Shareholder Committee on its strategic review of the 2020 business plans for Orbitas Bereavement Services Ltd., Transport Service Solutions Ltd. and ANSA Environmental Services Ltd.	Deputy Leader of the Council	Not before 4th Feb 2020		Vicki Godfrey	Fully exempt - para 3
CE 19/20-39 Staff Pay, Terms and Conditions	To consider a report on staff pay, terms and conditions.	Cabinet	4 Feb 2020		Sara Barker, Head of HR	Fully exempt - para 4

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 19/20-40 Data Centre Local Area Network (LAN) and Hosting	To procure, via further competitions under the Crown Commercial Frameworks, call-off contracts with an appropriate accredited vendor for the purchase of new, replacement and support and maintenance Local and Wide Area Network equipment and Data Hosting services.	Cabinet	4 Feb 2020		Gareth Pawlett, ICT Manager	N/A
CE 19/20-42 Congleton Leisure Centre Redevelopment Project	To seek authority to enter into the construction contract with Rock Merchanting (T/A Pulse Fitness) for the redevelopment of Congleton Leisure Centre.	Portfolio Holder for Communities	Not before 10th Feb 2020		Paul Bayley	Fully exempt - para 3
CE 18/19-68 Medium Term Financial Strategy 2020- 24	To approve the Medium Term Financial Strategy for 2020-24, incorporating the Council's priorities, budget, policy proposals and capital programme. The report will also include the capital, treasury management, investment and reserves strategies.	Council	20 Feb 2020		Alex Thompson, Director of Financial and Customer Services	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 19/20-21 Site Allocations and Development Policies Document	To seek approval to submit the Publication Draft Cheshire East Site Allocations and Development Policies Document, along with its supporting evidence, for public examination.	Council	20 Feb 2020		Jeremy Owens	N/A
CE 18/19-54 Crewe Station Hub Area Action Plan - Publication Draft Plan	To seek approval for a further six week consultation period on the Crewe Station Hub Area Action Plan.	Cabinet	10 Mar 2020		David Malcolm	N/A
CE 19/20-23 Crewe Hub Station Update	To approve the outputs of the Crewe Hub Station solutions stage project development work, approve the strategic outline business case for the enhanced Crewe Hub Station and its supporting evidence base and funding and financing strategy, progress the Hub station design to detailed design, and seek necessary Government commitments on funding.	Cabinet	10 Mar 2020		Hayley Kirkham	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 19/20-24 Municipal Waste Management Strategy 5 Year Review	To consider the updated waste strategy and authorise officers to undertake consultation and, subject to the outcome of that consultation, any necessary actions to implement the strategy.	Cabinet	10 Mar 2020		Paul Bayley	N/A
CE 19/20-34 North West Crewe Package Infrastructure Agreement	To seek authority to enter into an infrastructure delivery agreement and other necessary legal arrangements.	Cabinet	10 Mar 2020		Chris Hindle	N/A
CE 19/20-35 North West Crewe Package - Land Assembly	To seek authority to implement compulsory purchase order powers following further detail to allow the Council to make a fully informed decision and give proper consideration to the use of CPO powers.	Cabinet	10 Mar 2020		Chris Hindle	N/A

Key Decision	Decisions to be Taken	Decision Maker	Expected Date of Decision	Proposed Consultation	How to make representation to the decision made	Private/ Confidential and paragraph number
CE 19/20-38 Alliance Environmental Services Ltd. - Final Phase (3)	To approve the expansion of Alliance Environmental Services to include the delivery of street cleansing and horticultural and associated services on behalf of Staffordshire Moorlands District Council and High Peak Borough Council.	Cabinet	10 Mar 2020			Part exempt - para 3
CE 19/20-41 Re-procurement of Low Value Construction Services Framework 2021-2025	To establish a replacement framework agreement for low value construction services and to delegate authority to the Executive Director Place to award the framework contracts to providers following a selection process.	Cabinet	10 Mar 2020		Andy Kehoe, Head of Assets and Regeneration	N/A
CE 19/20-43 Appropriation of Land for Planning Purposes at the Garden Village, Handforth	To authorise the appropriation of Council-owned land for planning purposes at the Garden Village, Handforth.	Cabinet	10 Mar 2020		Geoffrey Dyson	Part exempt - paras 3 and 5

Key Decision	Decisions to be Taken	Decision Maker	Expected Date of Decision	Proposed Consultation	How to make representation to the decision made	Private/ Confidential and paragraph number
CE 19/20-25 Cheshire East Carbon Action Plan	To receive the draft Carbon Strategy for the Council to achieve its carbon neutral aims by 2025 and to encourage all businesses, residents and organisations in Cheshire East to reduce their carbon footprint; and to authorise officers to undertake consultation and revise the strategy prior to its adoption and implementation.	Cabinet	7 Apr 2020		Ralph Kemp, Corporate Manager for Commissioning	N/A
CE 19/20-30 A500 Dualling - Acquisition of Land	To authorise compulsory purchase powers for the acquisition of land and rights required for the construction of the scheme.	Cabinet	7 Apr 2020		Chris Hindle	N/A
CE 19/20-31 Proposed Expansion of Wilmslow High School	To seek approval for the proposed expansion of Wilmslow High School from 300 places year groups 7-11 to 360 places per year group for implementation from September 2022, having given due consideration to the response to the statutory proposal notice.	Cabinet	7 Apr 2020		Val Simons	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 19/20-32 Environment Strategy	To seek approval of the Environment Strategy following public consultation, and to delegate authority to the Portfolio Holder for Environment and Regeneration to make any further revisions to the Strategy.	Cabinet	7 Apr 2020		Paul Bayley	N/A
CE 19/20-36 Middlewich Eastern Bypass - CPO Powers to Acquire Revised Land for the Scheme	To authorise the use of compulsory purchase powers to acquire the land and rights required for the construction of the scheme, reflecting the revised land requirement that has now been established.	Cabinet	7 Apr 2020		Chris Hindle	N/A
CE 19/20-44 Vulnerable and Older Persons Housing Strategy 2020-2023	To consult formally on the draft 2020-2023 Vulnerable and Older Persons Housing Strategy for a period of 8 weeks.	Cabinet	7 Apr 2020		Karen Carsberg, Strategic Housing and Intelligence Manager	N/A

This page is intentionally left blank



Working for a brighter future together

Version
Number: 1

Key Decision N

Date First
Published: N/A

Health and Adult Social Care and Communities Overview and Scrutiny Committee

Date of Meeting: 06 February 2020

Report Title: Work Programme

Senior Officer: Jane Burns, Executive Director of Corporate Services

1. Report Summary

- 1.1. To review items in the work programme listed in the schedule attached, together with any other items suggested by committee members.

2. Recommendation

- 2.1. To approve the work programme, subject to the agreement to add new items or delete items that no longer require any scrutiny activity.

3. Reason for Recommendation

- 3.1. It is good practice to regularly review the work programme and update it as required.

4. Background

- 4.1. The committee has responsibility for updating and approving its own work programme. Scrutiny liaison meetings – held between the Chairman and Vice-Chairman of the committee, alongside the portfolio holders and key senior officers – ensure that there is continued awareness and discussion of upcoming policies, strategies and decisions within the committee's remit area.

5. Determining Which Items Should be Added to the Work Programme

- 5.1. When selecting potential topics, members should have regard to the Council's three year plan and to the criteria listed below, which should be considered to determine whether scrutiny activity is appropriate.

5.2. The following questions should be considered by the committee when determining whether to add new work programme items, or delete existing items:

- Does the issue fall within a corporate priority?
- Is the issue of key interest to the public?
- Does the matter relate to a poor or declining performing service for which there is no obvious explanation?
- Is there a pattern of budgetary overspends or underspends?
- Is it a matter raised by external audit management letters and or audit reports?
- Is there a high level of dissatisfaction with the service?

5.3. The committee should not add any items to its work programme (and should delete any existing items) that fall under any one of the following:

- The topic is already being addressed elsewhere by another body (i.e. this committee would be duplicating work)
- The matter is sub-judice
- Scrutiny would not add value to the matter
- The committee is unlikely to be able to conclude an investigation within a specified or required timescale

6. Implications of the Recommendations

6.1. There are no implications to legal or financial matters, equality, human resources, risk management, or for rural communities, children and young people or public health.

7. Ward Members Affected

7.1. All.

8. Access to Information

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

9. Contact Information

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

Name: Joel Hammond-Gant

Job Title: Scrutiny Officer

Email: joel.hammond-gant@cheshireeast.gov.uk

This page is intentionally left blank

06.02.20	05.03.20	09.04.20	07.05.20
10.00am	10.00am	10.00am	10.00am
Ordinary business meeting	Ordinary business meeting	Ordinary business meeting	Ordinary business meeting
Committee Suite, Westfields	Committee Suite, Westfields	Committee Suite, Westfields	Committee Suite, Westfields

<u>Item</u>	<u>Purpose</u>	<u>Lead Officer</u>	<u>Portfolios</u>	<u>Suggested by</u>	<u>Scrutiny role</u>	<u>Corporate priorities</u>	<u>Date</u>
Update on the Context within which the Cheshire East Health and Care Partnership is Operating	To consider an update on the strategic context across Cheshire and Merseyside and the wider Cheshire footprint, and the implications of this on the Cheshire East Health and Care Partnership strategic planning for health service provision over the next five years.	Chief Executive of CWP (Senior Responsible Officer for Financial Recovery Plan)	Adult Social Care and Health	Chairman / Vice-Chairman	Enhance understanding of the current situation	People live well and for longer	06.02.20

Update on the Re-design of Adults and Older People's Mental Health Services in Cheshire East	To consider the progress made to date by health partners to establish the new, redesigned service provision for adults and older people's mental health services in Cheshire East, as well as performance against key targets and objectives.	NHS Eastern Cheshire CCG / CWP / CEC	Adult Social Care and Health	Committee	Performance monitoring	People live well and for longer	06.02.20 (Moved back from 05.12.19 and 16.01.19)
Falls Prevention Strategy	To consider an update on performance related to the council's Falls Prevention Strategy	Acting Executive Director of People	Adult Social Care and Health	Chairman	Performance monitoring	People live well and for longer Responsible, effective and efficient organisation	06.02.20 (brought forward from 05.03.20)
Supported Employment	Following the report on the SEND Local Offer 16-25 Year Olds task and finish group review, to receive information on how the council is supporting Cheshire East residents to find and remain in, secure employment.	Director of Commissioning	Adult Social Care and Health	Chairman	Performance monitoring	People live well and for longer	06.02.20

NHS Service Fragility and Sustainability in Cheshire East	To consider an update on the recent changes/issues associated with changes to, and fragility of, health services in Cheshire East, as well as the longer-term plans of commissioners and providers to ensure a sustainable provision of good quality services. NB – This will include the information on Congleton War Memorial Hospital, which was previously a separate item scheduled for April 2020.	Clare Watson (CCGs) / John Wilbraham (East Cheshire NHS Trust)	Adult Social Care and Health	Committee	Performance monitoring	People live well and for longer	05.03.20
Recommissioned Respite Care Services	To consider an update on the recommissioned respite care services.	Director of Commissioning	Adult Social Care and Health	Committee	Performance monitoring	People live well and for longer	05.03.20 (moved back from 06.02.20)
Review of Performance of Substance Misuse Contract	To consider the performance of the council's contract for substance misuse services.	Director of Commissioning	Adult Social Care and Health Public Health and Corporate Services	Chairman	Performance monitoring	People live well and for longer	05.03.20 (moved back from 06.02.20)

Cheshire and Wirral Partnership NHS Foundation Trust – Quality Accounts 2019/20	To consider the 2019/20 Quality Account and provide feedback to be included in the final version of the accounts.	CWP	Adult Social Care and Health	CWP	Performance monitoring	People live well and for longer	09.04.20
East Cheshire NHS Trust – Quality Accounts 2019/20	To consider the 2019/20 Quality Account and provide feedback to be included in the final version of the accounts.	East Cheshire NHS Trust	Adult Social Care and Health	East Cheshire NHS Trust	Performance monitoring	People live well and for longer	09.04.20
Mid Cheshire NHS Trust – Quality Accounts 2019/20	To consider the 2019/20 Quality Account and provide feedback to be included in the final version of the accounts.	Mid Cheshire NHS Trust	Adult Social Care and Health	Mid Cheshire NHS Trust	Performance monitoring	People live well and for longer	09.04.20
We're Still Here (Gypsy and Traveller Welfare)	To consider the report from Irish Community Care, produced alongside members of the gypsy and traveller communities in the Cheshire and Warrington footprint.	Acting Executive Director of People / CWaC / Irish Community Care	Adult Social Care and Health Communities	Committee	Consider this up to date information and data and decide how to further deal with the matter, if at all.	Our local communities are strong and supportive People live well and for longer	09.04.20 (Moved back from 16.01.19)

Performance scorecard – Quarter 3, 2019/20	To keep the committee informed of progress made within the health and adult social care sections, against key performance indicators.	Acting Executive Director of People	Adult Social Care and Health Public Health and Corporate Services Communities	CLT	Performance monitoring	Our local communities are strong and supportive People live well and for longer	07.05.20
Performance scorecard – Quarter 4, 2019/20	To keep the committee informed of progress made within the health and adult social care sections, against key performance indicators.	Acting Executive Director of People	Adult Social Care and Health Public Health and Corporate Services Communities	CLT	Performance monitoring	Our local communities are strong and supportive People live well and for longer	July/Aug 2020

Recommissioning of Integrated Lifestyle Services	A performance update on the new commission approximately 6 months after it has been in place	Director of Commissioning	Adult Social Care and Health	Committee (2018/19)	Performance monitoring	Our local communities are strong and supportive People live well and for longer	July/Aug 2020
Review of Autism Screening at Cheshire's Custody Suites	To consider a report from the Cheshire and Wirral Partnership (CWP) on autism screening at Cheshire's custody suites, following a campaign to identify suspects with, or suspected of having, a condition on the Autistic Spectrum.	CWP	Adult Social Care and Health	Committee (following CWP Quality Account 2016/17)	Performance monitoring	People live well and for longer	To be included on the agenda when the necessary information is available to provide an update.