

Adults and Health Committee

Agenda

Date: Monday, 18th November, 2024
Time: 10.00 am
Venue: Committee Suite 1,2 & 3, Westfields, Middlewich Road,
Sandbach CW11 1HZ

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

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

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

1. **Apologies for Absence**

To note any apologies for absence from Members.

2. **Declarations of Interest**

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

3. **Minutes of Previous Meeting** (Pages 5 - 12)

To approve as a correct record the minutes of the previous meeting held on 23 September 2024.

For requests for further information

Contact: Sam Jones

Tel: 01270 686643

E-Mail: samuel.jones@cheshireeast.gov.uk with any apologies

4. **Public Speaking/Open Session**

In accordance with paragraph 2.24 of the Council's Committee Procedure Rules and Appendix on Public Speaking, set out in the [Constitution](#), a total period of 15 minutes is allocated for members of the public to put questions to the committee on any matter relating to this agenda. Each member of the public will be allowed up to two minutes each to speak, and the Chair will have discretion to vary this where they consider it appropriate.

Members of the public wishing to speak are required to provide notice of this at least three clear working days' in advance of the meeting.

Petitions - To receive any petitions which have met the criteria - [Petitions Scheme Criteria](#), and falls within the remit of the Committee. Petition organisers will be allowed up to three minutes to speak.

5. **Cheshire East Learning Disabilities Partnership Board & Cheshire East Place Learning Disabilities Plan (2024-2029)** (Pages 13 - 28)

To receive a briefing and presentation on the Cheshire East Learning Disabilities Partnership Board & Cheshire East Place Learning Disabilities Plan.

6. **Supported Employment - Proposed Policy Position** (Pages 29 - 46)

To receive a report on the proposed best practice policy position for supported employment.

7. **Second Financial Review of 2024/25** (Pages 47 - 118)

To consider a report which provides the current forecast outturn for the financial year 2024/25 based on income, expenditure and known commitments as at the end of August 2024.

8. **Medium Term Financial Strategy Consultation 2025/26 - 2028/29** (Pages 119 - 128)

To receive a report which sets out how the Council will resource the achievement of the Council Plan, and sets out progress and further development activity required before the final MTFs 2025-29 is presented for approval to the budget setting Council in February 2025.

9. **Cheshire and Merseyside Commitment to HIV Fast Track Cities Approach** (Pages 129 - 138)

To consider a report on the Cheshire and Merseyside Commitment to HIV Fast Track Cities Approach.

10. **Re-procurement of Core Systems for Adult and Children Services** (Pages 139 - 144)

To consider a report on the re-procurement of core systems for adult and children Services.

11. **Cheshire East Drugs and Alcohol Plan (Pages 145 - 188)**

To consider a report on the new drugs and alcohol plan for Cheshire East.

12. **Care Quality Commission Assurance Process - Self Assessment (Pages 189 - 234)**

To receive a briefing report on the Care Quality Commission (CQC) process - self assessment.

13. **Minutes of the Cheshire East Health and Wellbeing Board (Pages 235 - 240)**

To receive the minutes of the Cheshire East Health and Wellbeing Board – 24 September 2024.

14. **Work Programme (Pages 241 - 246)**

To consider the Work Programme and determine any required amendments.

Membership: Councillors S Adams, J Clowes, S Gardiner, A Kolker, R Moreton, A Moran (Vice-Chair), H Moss, J Place, J Rhodes (Chair), J Snowball, R Vernon, L Wardlaw and B Wye

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CHESHIRE EAST COUNCIL

Minutes of a meeting of the **Adults and Health Committee**
held on Monday, 23rd September, 2024 in the Committee Suite 1,2 & 3,
Westfields, Middlewich Road, Sandbach CW11 1HZ

PRESENT

Councillor J Rhodes (Chair)
Councillor A Moran (Vice-Chair)

Councillors A Burton, J Clowes, A Kolker, R Moreton, J Snowball, D Clark,
M Simon, K Edwards and L Wardlaw

OFFICERS IN ATTENDANCE

Helen Charlesworth-May, Executive Director Adults, Health, and Integration
Jill Broomhall, Director of Adult Social Care
Sheila Wood, Principal Social Worker
Nik Darwin, Acting Programme Lead, Thriving and Prevention/ Live Well for
Longer
Dr Matthew Atkinson, Public Health Consultant
Nikki Wood-Hill, Lead Finance Business Partner
Roisin Beressi, Principal Lawyer (Adults & Education)
Karen Shuker, Democratic Services Officer
Samuel Jones, Democratic Services Officer

13 APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors S Adams, S
Gardiner, H Moss, J Place and R Vernon.

Councillors D Clark, K Edwards, M Gorman (virtual) and M Simon
attended as substitutes.

14 DECLARATIONS OF INTEREST

During consideration of Item 9, Update on Falls Prevention Strategy,
Councillor A Kolker declared that he was the Chair of Trustees of
Everybody Health and Leisure.

15 MINUTES OF PREVIOUS MEETING**RESOLVED:**

That the minutes of the meeting held on 24 June 2024 be approved as a
correct record and signed by the Chair.

16 PUBLIC SPEAKING/OPEN SESSION

There were no members of the public present.

17 FIRST FINANCIAL REVIEW 2024/25

The Committee considered a report on the current forecast outturn for the financial year 2024/25 based on the Council's income, expenditure and known commitments as at the end of July 2024. It also identified actions that were being taken to address adverse variances to urgently address the Council's financial sustainability.

Performance against the 2024/25 Budget within each service committee, and the Finance Sub-Committee was outlined in Table 1 of the report. The Council was forecasting an additional in-year pressure of £26.5m - this was before the application of any exceptional financial support.

Members sought clarification on the reasons for the overspend of £20.7m in the Adults budget. It was stated that the overspends forecast were the expected overspends at the end of the year if nothing changed. The overspends arose from a number of factors including more people than anticipated seeking Council support. This included an increase in the number of former self-funders seeking local authority funding to meet their care costs. Other factors included the increase in costs of providing care due to increases in the National Living Wage, an increase in the discharge activities from hospitals.

Officers reported that it would be very unlikely that the department would be able to balance its budget this year. However, the £20.4m forecast was a worst-case scenario and assumed a level of growth in the second half of the year similar to the level of growth seen in the first half of the year. If the activity in growth and price could be prevented in the second half of the year that should bring the overspend down by £4m.

Officers advised Members that the needs of those with most significant social care needs and disabilities, are factored into projections. Officers had commissioned modelling to be undertaken on the demand on Adults and Children's to the end of the decade, in order to get a better understanding of what will happen year-on-year. A key driver of demand and expenditure in adult social care is the proportion of the population over the age of 85, which has increased in Cheshire East over the last 5 years, at a faster rate than the English average and will continue to the end of the decade.

Members were advised that work around the Better Care Fund (BCF) was conducted in a way to support all parties who were dealing with discharge and significant investment in reablement services from the BCF is taking place and will need to be expanded to reduce the number of people going into hospital.

Members asked whether difficult conversations were being had with partners, such as the NHS. Officers informed members that NHS

colleagues were clear of the consequences of Cheshire East Council's financial situation and that if it were to deteriorate, it would have a detrimental effect on the local NHS provision. However, the NHS were themselves facing deficit of £160m and were seeking how to minimise expenditure. Cheshire East Council has made clear to the Ministry of Housing, Local Government and Communities, the impact of the NHS national policy on local authorities.

Members were advised that the £500k Public Health Grant could not be used to offset a reduction in expenditure but would be for an overall increase in substance misuse support.

In response to a question raised as to whether officers could tell if the mitigations put in place were working, officers reported that it was too early to tell, however, there had been some stabilisation in respect of price and a levelling off of activity.

Officers committed to providing a response to the questions raised by committee members, as summarised below:

- The rate at which the population of those over 85 in Cheshire East was increasing.
- Would Cheshire East Council be asking for permission to use Exceptional Financial Support funding for other means which were not initially requested for in March when we were going to draw that money down?

RESOLVED: by Majority

That the Adults and Health Committee:

1. Review the factors leading to a forecast adverse Net Revenue financial pressure of:

Council: £26.5m against a revised budget of £387.6m (6.8%)

Adults and Health: £20.7m against a revised budget of £138.0m (15.0%)

Scrutinise the contents of Annex 1, Section 2 relevant to services within the committee's remit, and review progress on the delivery of the MTFS approved budget policy change items, the RAG ratings and latest forecasts, and to understand the actions to be taken to address any adverse variances from the approved budget.

2. Consider the in-year forecast capital spending of:

Council: £164.5m against an approved MTFS budget of £215.8m, due to slippage that has been re-profiled into future years.

Adults and Health: £0.8m against an approved MTFS budget of £0.8m

3. Note the available reserves position as per Annex 1, Section 5.
4. Approve the Supplementary Revenue Estimate Request for Allocation of Additional Grant Funding over £500,000 up to £1,000,000 as per Annex 1, Section 3, Table 2.
5. That the Adults and Health Committee acknowledge the request of the Finance Sub committee at its meeting on the 12th September 2024 for the Corporate Policy Committee to undertake an examination of children services and adults as areas for consideration as their performance lies outside the parameters of the MTFS.

18 DIRECT PAYMENT - PERSONAL ASSISTANT (PA) UPLIFT HOURLY RATE FEES

The Committee considered a report which sought approval to uplift the direct payment personal assistant (PA) hourly rate paid to those recipients who employ a personal assistant through a direct payment arrangement and continue to align the hourly rate for adults and children direct payments. It also sought approval to delegate authority to the Executive Director of Adults, Health and Integration to undertake annual reviews of direct payment personal assistant (PA) hourly fees that would track annual increases to the National Living Wage (NLW) as part of the council's financial planning cycle including authority to make decisions to implement the financial uplifts.

Members were updated that the Council has a contract to support those who would be acting as employers. The money to fund the uplift had been built into the budget, and financial modelling had taken place factoring in the increase to the National Living Wage. The increased rates would be backdated to the beginning of the financial year.

When asked about the scrutiny of the direct payments, Members were advised that as part of the new policy, Cheshire East Council was implementing new technology to record and monitor how recipients of direct payments were spending the money. Recipients would be given a card to be used to make payments, which is reported to the Council. An exercise is undertaken twice a year to check and see if there has been any underspend, and why. Underspends are clawed back by Cheshire East Council. This information was also monitored via annual National Statutory Returns. Members were advised that direct payments would be incorporated into the MTFS in the future when carrying out the budget setting process, which will come back to the committee for scrutiny.

Officers committed to providing a response regarding how many people would be in receipt of direct payments.

RESOLVED: By Majority

That the Adults Health and Integration Committee:

1. Approve to set the direct payment personal assistant hourly rate fee for those residents who employ a personal assistant at £15.31 based on the current NLW.
2. Delegate authority to the Executive Director of Adults, Health and Integration to undertake annual reviews of direct payment personal assistant hourly rates, tracking increases to the NLW and to approve and implement uplifts to the rates alongside the MTFs budget setting process.

19 BETTER CARE FUND SECTION 75 AGREEMENT 2024-25 & 2025-26

The Committee considered a report which sought approval to enter into a new Section 75 Agreement for one year, between Cheshire East Council and Cheshire and Merseyside ICB from 1 April 2024 until 31 March 2025. With the possibility of an extension for the period of an additional year from 1 April 2025 until 31 March 2026.

Members queried why Cheshire East Council would be entering into a Section 75 agreement with the Cheshire Integrated Care Board (ICB), and how Cheshire East Council could guarantee that it received a fair share of the Better Care Fund (BCF). Officers reported that it was necessary to enter into a Section 75 agreement with the ICB because it was the statutory organisation; there is no longer a statutory organisation at Cheshire East Place level. However, the BCF grant is delineated by local authorities, so there is a sum of money in the national guidance identified for Cheshire East which is identified for pooling in the BCF.

Members were updated that officers were looking to ensure that money is spent on programmes which have the greatest impact; the amount of money is increasing and a significant proportion of it will be spent on reablement.

RESOLVED: Unanimously

That the Adults and Health Committee:

1. Authorises the Council to enter into a new Section 75 Agreement with Cheshire and Merseyside ICB for a period of one year from 1 April 2024, for the council's minimum required budget, together with the option to extend that agreement for a further period of one year (subject to there being a national requirement to operate the Better Care Fund as a Section 75 pooled budget agreement until 31 March 2025).

2. Delegates authority to the Executive Director of Adults, Health and Integration (in consultation with the Director of Governance and Compliance) to agree the terms of the Section 75 Agreement.

3. Delegates authority to the Executive Director of Adults, Health and Integration (in consultation with the Director of Governance and Compliance) to extend the Agreement for 2025/26.

4. Authorises the Director of Finance and Customer Services to continue with pooled budget arrangements for 2024/25 for the council's revised minimum requirement.

5. Approves that the services identified in the appendix 2 can be considered and reviewed with the potential that they are included in the Better Care Fund Section 75 Agreement.

20 **CQC ASSURANCE BRIEFING**

The Committee received an update on the Council's preparations for a local authority assurance visit by the Care Quality Commission (CQC).

Following a change in legislation the CQC had a new duty to assess all local authorities in delivering Part 1 of the Care Act 2014.

CQC would identify what's working well, what's not working well and how Cheshire East compare to other local authorities. Both the overall rating and the score for each quality statement would be published.

Following the notification received for the CQC's visit to Cheshire East Council preparation included:

- submission of a self-assessment form and evidence.
- Social Care Reform, Practice Assurance and Development Team established.
- Senior Managers appointed as Workstream Leads
- Briefing to Members, Staff and Partners
- Ongoing communication plan
- Ongoing support from Partners in Health and Care

As part of the briefing for members regular updates would be brought back to the Adults and Health Committee for scrutiny, along with monthly briefings to provide insight into the ongoing preparation. This would include representatives from each group represented on the Committee.

In response to a question raised about the difference in provision between rural and urban communities officers confirmed that the assessment was the same for both although the outcomes would differ slightly depending on services available and services that were accessible in the area.

RESOLVED: Unanimously

That the Adults and Health Committee:

1. Agree to papers being regularly brought to the Adults and Health Committee between now and the onsite visit for update and scrutiny.
2. Agree to monthly briefing for members to be established to provide insight into the Council's preparation, whilst ensuring check and challenge. This would include representatives from each group represented on the Committee.

21 FALLS PREVENTION STRATEGY UPDATE

During consideration of this item Councillor A Kolker declared that he was the Chair of Trustees of Everybody Health and Leisure.

The Committee received an overview of the recent work stemming from the fall's prevention strategy in Cheshire East. The strategy aimed to reduce risk of falls amongst residents aged 65 and over, thus supporting people to live independently.

Highlights of the work undertaken included:

- The recommissioning of 'One You Cheshire East'
- An increase in capacity of places on the fall's prevention programme
- An annual falls awareness week
- Over 10,000 leaflets on falls prevention had been distributed through partners.

In response to ensuring advertising the strategy was appropriate for all audience's officers reported that various mediums were being used such as posters, radio, attendance at older people's groups and leaflets.

In response to concerns over duplication within care communities officers reported that there would be a specific session held for care communities in the next few weeks which would aim to be prevent duplication.

Officers would take into consideration the suggestion that all over 65's should be receiving a leaflet on falls prevention to prevent longer term issues.

RESOLVED: That the Adult and Health Committee:

1. Endorse continuing work on the strategy and action plan to help reduce falls amongst older people in Cheshire East.

22 MINUTES OF THE CHESHIRE EAST HEALTH AND WELLBEING BOARD

RESOLVED:

That the minutes of the Cheshire East Health and Wellbeing Board be received and noted.

23 WORK PROGRAMME

The committee considered the Work Programme.

Members were asked to review the work programme and contact the Chair or Democratic Services with any suggestions of scrutiny items that they would like to put forward for the Committee.

The following was noted:

- An update on the Care Quality Commission would be scheduled for committee.
- The Smoking Cessation update would be added to the November committee.
- A review on the Right Care Right Person initiative to be brought back to Committee once dates for each phase were confirmed.
- Officers would check whether the two papers on substance misuse were for decision or scrutiny by the committee.

RESOLVED:

That the work programme be noted.

The meeting commenced at 10.00 am and concluded at 11.41 am

Councillor J Rhodes (Chair)

Update:
Cheshire East Learning
Disabilities Partnership Board
& Cheshire East Place
Learning Disabilities Plan
(2024-2029)



Adults and Health Committee
18 November 2024



Cheshire East Learning Disabilities Plan

Our vision

To make life better for Cheshire East residents with a learning disability and their carers

Reports to:
Cheshire East Health and Wellbeing Board

Provides updates on the implementation
of the Cheshire East Learning Disability Plan to:

- Adults and Health Committee
- Children's and Families Committee

Updates are provided on request



Learning Disability Partnership Board Membership

- The LDPB is made up of partners from a range of organization's including the local authority., NHS , voluntary sector, community groups, carers and self advocates
- Many of the partners have their own plans/strategies and workstreams which have been aligned and reflected in the development of the Cheshire East Place Learning Disability Plan



How do people with lived experience work with the LD Partnership Board?

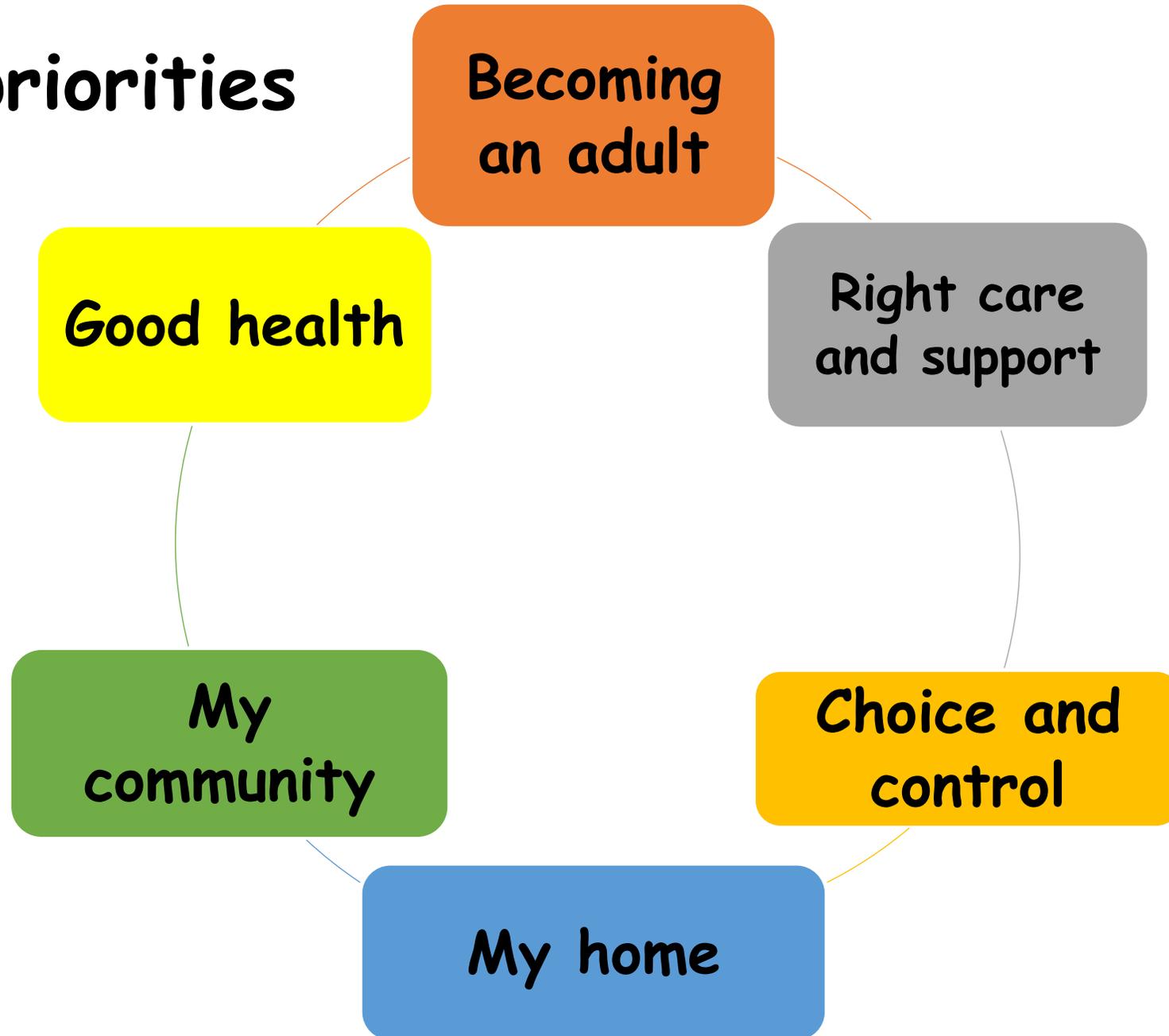
- We have several people with lived experience who are on the board.
- They include parent carers and self-advocates
- They also input into the meeting agenda and have a dedicated item at each partnership board meeting.
- We have a self-advocates forum that meets every two months and meets in the evening
- We also have a health subgroup which meets every two months and seeks to improve the health and wellbeing of people with learning disabilities
- Lived experience groups/forums were consulted with about the Cheshire East Place Learning Disability Plan.



Introducing our *Self-Advocates*

**Monitoring of the
Cheshire East Place
Learning Disability Plan**

Our 6 priorities



Monitoring of the Cheshire East Place Learning Disability Plan 2024-2029

- Develop a delivery plan which will set out in more detail the tasks that need to be undertaken to deliver the plan, and this will be updated annually
- Regular review and monitoring of this plan will also ensure that any future stakeholder feedback can be considered, and changes made to this plan and delivery plan where appropriate
- The delivery plan will be overseen through relevant Council and partnership governance, and have overall accountability to the Cheshire East Place Health and Wellbeing Board

Priority 1: Becoming an Adult



What have we achieved?

- Reduced the number of young people aged 18 to 25-year-olds who live in residential care home This has been reduced to 3 from 5 (in 2023/34)
- Improved access to good and safe transition supported accommodation working with experienced providers
- Currently, we have 44 young people on the Supported Internship programme, with another 5 in January 2025

What will we do next?

- Continue to improve pathways for young people approaching adulthood based on our Plan for Adulthood
- Further work to aligning multi-agency systems in both children's and adults' services

Areas for improvement?

- Continue to see an increase in the number of young people aged 18 to 25-year-olds with a learning disability in paid, unpaid employment or in training
- Information and/or training is available on life impacting health transitions

Priority 2: Right Care Right Support



What have we achieved?

- Setting up of a Performance Board to ensure that care plans offer value for money and included health plan and future needs for the individual
- Updated how residents access services on our website, by improving Livewell webpages
- New all age direct payments policy is now live

What will we do next?

- Individual, their family and carer influence the support and services received, influence the way that services are designed, commissioned and delivered

Areas for improvement?

- Through our direct action, continue to promote that people are supported who are eligible to have a Personal Health Budget, Direct Payments
- Improved links between council and health commissioners, so services are joined up and more response for the individual through joint framework.

Priority 3: Choice and control



What have we achieved?

- Continued our approach for a person-centred plan and ensuring the individual has control of it
- Further promote how the individual pays for services, through direct payments, personal budgets, and personal health budgets

What will we do next?

- Work with providers to ensure we have measures of occasions when people are supported to go out when they want
- Promote the increased use of assistive technology to support people to be independent

Areas for improvement?

- Maintain you are supported with your friendships and relationships
- Work with providers to ensure individuals have choice and control of when and where their go out

Priority 4: My home

What have we achieved?

- Through our pipeline of new accommodation offers, work in partnership to provide 22 units of accommodation by end of 2024
- Worked with care providers to ensure the placement is a correct supported living setting

What will we do next?

- Prepare for the new law - Supported Housing (Regulatory Oversight) Act 2023
- Develop plans to support people to live in their local community as independently as possible



Areas for improvement?

- Housing that enables inclusion and supports choice and control, and quality of life
- Shared Lives - explore further promotion and offer
- Sourcing funding for supported living, which is affordable, local and meets your need

Priority 5: My community



What have we achieved?

- We provide weekly information about different types of activities - which promotes inclusion for all
- 20% increase in the number of people with learning disability entering paid employment in past 2 years, with now 111 in paid employment in Cheshire East

Areas for improvement?

- An increased awareness of the needs of adults with learning disabilities within the community and the promotion of inclusion
- Directly working with provider to ensure and promote stay up late

What will we do next?

- Develop existing community assets and resources to enable residents with Learning Disabilities to have the opportunity to access them
- Include Stay up late monitoring into future care contracts
- Improving opportunities to access the community
- Co-design and implement a Relationships Policy and guidance including training programme for residents with Learning Disabilities
- Work together to ensure the aims and objectives the Supported Employment Strategy are put into action to value the opportunities



Priority 6: Good health

What have we achieved?

- Developed a health subgroup to raise awareness around accessibility, promoting reasonable adjustments and improving the experience of people with learning disabilities within health services
- Work has been carried out to promote annual health checks and bowel awareness across day services and supported living settings

What will we do next?

- Review health impacts of loneliness and isolation
- Assess instances of individuals at risk of admission to hospital to take action to prevent admission

Areas for improvement?

- Increasing the number of young people and adults with a health passport and fast track ID when they go into hospital

Next steps.....

- Delivery Plan Launch event in March 2025 - to celebrate the end of year 1 and agree focus moving forward
- Work together to develop a video for the delivery of the plan, promotion and awareness
- Review how we update the plan with our partners
- Ensure plan is linked to Cheshire East Council Transformation Programme



Any Questions?

OPEN FOR PUBLICATION

Adults and Health Committee

18th November 2024

Supported Employment – Proposed Policy Position

**Report of: Helen Charlesworth-May, Executive Director of Adults,
Health and Integration**

Report Reference No: AH/05/2024-25

Wards Affected: All Wards

For Decision or Scrutiny: Scrutiny

Purpose of Report

- 1 The purpose of this report is to set out the rationale for investing in supported employment and describes the best practice approaches. The Council looks to ensure a consistent approach to the delivery of supported employment within the borough, irrespective of the means of delivery. This will form an integral part of our transformation of learning disability services.
- 2 This is aligned to the following Corporate Plan objectives:
 - Increase the opportunities for children, young adults and adults with additional needs (page 17)
 - Increase in care-experienced young people who go on to further education, employment and training (page 21)
 - Leisure, life and meaningful employment opportunities are developed to improve life chances for young adults (page 22)
- 3 This content of report is also aligned to the endorsed policies presented to Corporate Policy Committee on 21 March 2024: “Cheshire East Approach to Transformation”. This sets in out in paragraph 2.1:
 - Support the Council to address the 4-year funding gap of £100m as outlined in the MTFs.

- 4 In addition it is aligned to the latest Medium Term Financial Strategy February 2024. On page 41 in the Adult Social Care section, it states:
 - ...there is more work to do across all elements and the savings proposals contained within this budget focus on core Care Act principles of prevent, reduce, delay for all adults who seek to draw on care and support. There are two programmes of work which will form the core of our transformation strategy over the period of the MTFs, one focusing on the work we do with people aged 18 – 64, and one focused on the work we do with people over the age of 65
- 5 This report sets out an approach to developing quality outcomes for adults and young people and at the same time, bring about significant and long-lasting cost savings. These elements will underpin the development of a Supported Employment Strategy.

Executive Summary

- 6 This report sets out the rationale for investing in supported employment and describes the best practice approaches.
- 7 The aim is to ensure that any provision (commissioned or provided directly), maintains a high-fidelity adherence to the Supported Employment model¹, which will yield effective value-for-money outcomes for people who use the services, significant savings and ensure that all opportunities to maximise external income are taken. This is a recommended policy position which will be incorporated into the creation of a Supported Employment Strategy.

8 Recommendations

RECOMMENDATIONS

The Adults and Health Committee is recommended to:

1. Note the content of the report and request a further paper comes back to Adults and Health Committee when there is a substantive decision to be made.

Background

- 9 Supported employment is fundamentally important because it creates opportunities for people with additional needs to achieve their ambitions and live the life they choose.
- 10 The people with most to gain from the support we are able to provide, are set out in the table below, together with the rationale for support, the outcomes sought and achieved.

Cohort	Why?	Outcomes
<p>People known to social care with an existing support package. This will include people with learning disabilities, autism, mental health conditions and physical/sensory conditions.</p>	<p>Supporting people who have been assessed as having an eligible need under the Care Act is a statutory duty. Around 70% of adults with learning disabilities want to work. This equates to around 620 people known to Adult Social Care in Cheshire East. Currently around 90 people from this cohort are in paid work. As people are supported into work, their care packages reduces. On average this equates to £4,148 per year on going savings per person. Quite often, initial support is intense, but this reduces over time (typically 6 months). This dynamic model of service delivery allows for a constant moving on to new referrals which is a highly cost-effective approach, compared to static PA hours or day service sessions. At the same time, this approach generates long-lasting outcomes for people and can solve some recruitment challenges for employers.</p> <p>DWP services and DWP commissioned out services do not have a mandate and resource to support this cohort effectively and therefore will focus their efforts on people with less complex needs.</p>	<p>CEC customers gain long-lasting independence outcomes and cost savings are routinely achieved.</p>
<p>Care leavers and veterans.</p>	<p>Care leavers and veterans may not always have a costed care support package. However, as a Council we have duties as a corporate parent and our commitment to the Military Covenant.</p>	<p>It is widely known that people from these cohorts do tend to have a greater interaction with health and social care services. Early intervention through employment support can be a great boost to their overall well-being and help to reduce the reliance on</p>

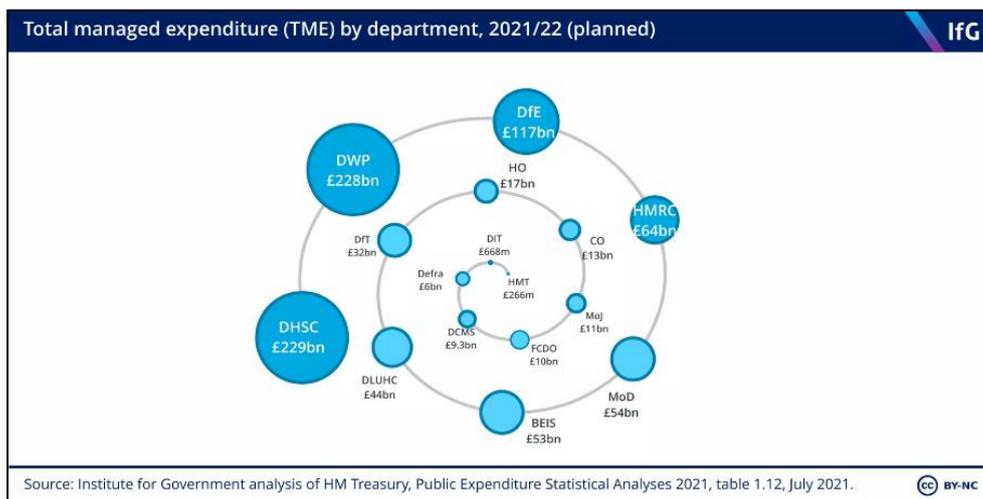
		services and benefits.
Young disabled people in transition	Cheshire East Council has over the past 4 years, developed a UK-leading Supported Internship offer for young people in transition with an Education Health Care Plan. This has been achieved by adopting the best practice model of supported employment and making extensive use of in-work 1:1 PAs supporting and training the interns, all fully funded through Access to Work. It makes good sense (both for great outcomes and external funding) to continue, to extend and develop supported internships further and to explore supported apprenticeships	Young disabled people with an EHCP gain long-lasting independence outcomes and cost savings are routinely achieved.

We know from the data and information that there is a clear increase in the number of Education and Health Care Plans and that this has long-term implications for people's quality of life in adulthood. This also has the potential to drive increasing costs in adult social care.

Cheshire East Education Health Care Plan Statistics				
	People aged 18+ with an EHCP	No. of these young people with a current funded package	Total cost to adult social care per week	Total cost to adult social care per year
2018	698	133	£105,340	£5.48m
2020	953	176	£157,260	£8.18m
2023	1436	230	£195,290	£10.16

- 11 The number of supported interns for 2024/25 is expected to be at least 60 an increase from the previous year's 42. The average unit annual cost avoidance savings from the table above (from 2023) is £44,174 per person supported.
- 12 The average in-year progression rate into paid employment on the supported internship programme is 74%. This means that there is an expectation that at least 44 will achieve long-lasting outcomes with a total on-going annual saving of just over £1.9m.

- 13 The Cheshire East and UK trend is evidencing a clear upturn in the number of economically inactive people. This includes those people on benefits that do not require them to look for work. This typically, is the persona of the people we support in adult social care. Research is indicating that there has been a significant and on-going rise in this cohort since the pandemic.
- 14 The number of people claiming Universal Credit (UC) and out of work in Cheshire & Warrington has increased from c.19k in April 2019 to c.46k in March 2024. The number of claimants not required to look for work has increased from 5,400 in April 2019 to 27,000 in February 2024. The number out of work on UC in Cheshire and Warrington that have been so for more than three years increased by almost 23,000 between April 2019 and April 2024, an eighteen-fold increase (from 1,342 to 24,149). In March 2024 those claiming for more than three years accounted for 52% of all claims compared with 7% of all claims in April 2019.
- 15 It is clear that central government policy is increasingly focused on tackling economic inactivity and long-term unemployment.



- 16 The Department of Work and Pensions is the second largest government department by spend. The chart above sets out spend by department.
- 17 Alongside this, [Published data](#) shows that between 2019 and 2022 (in Quarter 3, July to September), the number of [economically inactive](#) people (aged 16 to 64 years) in the UK increased by almost 500,000, from 8.6 to 9.0 million (seasonally adjusted). Most of this increase comes from those who are among the youngest and oldest working-age people.
- 18 This increasing trend of economic inactivity and the new government measures and programmes to tackle this, was one of the principle developments in recent Autumn (2023) and Spring (2024) statements. There will be two new opportunities to address the challenges outlined above.

Universal Support (Now renamed Connect to Work)

- 19 All councils will be receiving DWP funds to deliver a new programme called Connect to Work. This is to focus on economically inactive people and uses the models as outlined above. It is likely that this money could be used to at least part-fund (if not fully fund), the members of the team who are currently funded through the base-budget for three years.
- 20 Initial indications are that the level of investment will also allow for an expansion of the team over this funding period. This will increase the number of great outcomes for people with disabilities and generate further cost savings. It is to be recommended for this service to be partly commissioned out and partly delivered directly. Due to the general election, this programme has been delayed and is now expected to start between April and September 25. (£13.5m for Cheshire East, West and Warrington).

Access to Work +

- 21 *Access to Work + is a new and enhanced version of its predecessor. It offers employers on-going annual grants if they take on a person with disabilities. It can also fund up to £35 per hour for 1:1 in-work PA support for as long as it is needed. This will enable more people with significant disabling conditions to be supported into work. The specialised training that support staff need to train people 1:1 in the work place is also currently free. It would be possible to offer development opportunities for existing CEC employed care staff to receive this training and support people with existing costed support plans into work. On analysis, the figures show that Access to Work + could in each case, fund up to a grade 7 staff position with on-costs and expenses.

*Paused now until Autumn 24

- 22 Over the past 35 years there has been a great deal of research, development, training and rolling out of best practice in respect of supporting people with disabilities into work. This has been spearheaded in the UK by the British Association of Supported Employment (BASE) and across Europe by the European Union of Supported Employment (EUSE). BASE together with the Department of Work and Pensions (DWP) has, over the past few years, conducted assessments on a wide variety of supported employment services across the UK. These services have spanned DWP funded, European funded, local authority and voluntary sector provision. These assessments provided clear evidence that those services with the highest success rates of supporting people into work and the best value for money all adopted the Supported Employment model ¹ and Individualised Placement & Support² (IPS) models.
- 23 These models require highly specialised staff trained in Systematic Instruction³ and IPS support techniques. It also requires in-work 1:1 support for initial periods of time. It is essential that any services resourced by the Council (directly provided or commissioned) follow these models of delivery. Diverting from these models will lead to lower outcomes and poorer value for money.

24 There are no existing DWP funded programmes set up to deliver this type of support in Cheshire East. However, the Council has supported such schemes through a small budget and grant funding such as the Shared Prosperity Fund.

25 The Council's own budget currently supports 2.5 FTE Work Placement Officers, one manager and a Supported Internship lead officer. The other five members of the team are funded by various external grants. In addition to this, the Shared Prosperity Fund has been used to commission out a supported employment service via FedCap. The latter service is focussed on people who are economically inactive. However, this service has limited capacity to provide 1:1 in-work support. The 2.5FTE Work Placement Officers in the Supported Employment team are able to provide more intensive support. However, due to the downsizing of the team over the past two years and increased referrals, the capacity for 1:1 in-work support is limited.

¹ See Appendix I

² See Appendix 2

³ See Appendix 3

26 Evidence suggests that moderate investment utilising high-fidelity adherence to the Supported Employment models, will yield effective value-for-money outcomes for customers and significant cost savings as set out above.

27 2025 will see the introduction of the newly funded programmes and it is therefore of paramount importance for Cheshire East Council to maximise external funding opportunities. We will therefore examine the full range of emerging external funding opportunities to determine which opportunities are most relevant to the Council's core business and the level of investment and its beneficial effects on the current overspend. We will also determine how our most vulnerable residents will benefit and simplify the process for bid authorisation to create greater agility and efficiency and increase external income.

28 We will continue to analyse data to ensure services are correctly tuned to emerging demands to ensure that adult social care interests are well represented in strategic economic development discussions.

29 It is also the case that more people in work equates to more council tax income, improved health and well-being outcomes, and reduced reliance on benefits and services.

Co-production and customer focus

30 Cheshire East Council hosts a Welfare to Work partnership group that meet quarterly. This is a partnership of all organisations who have any input into supporting people with disadvantages into work. The ongoing work of this group includes:

- A coordinated approach to employer engagement
- Maintaining a directory of services (for customers, parents & carers and support staff)
- Developing a coordinated approach to transition support
- Sharing best practise
- Coordinating feedback from customers on what's working well and what needs improving
- Updates on new schemes, DWP services, benefits and funding opportunities

This partnership maintains an excellent forum for co-production.

Well Being, Public Health and the Tartan Rug

31 It is known that being in employment increases a sense of self-esteem and well-being. The following statistics demonstrates the gap between need and delivery:

- 90% of people with severe mental ill health want to work
- 8% of people with severe mental ill health are actually in work
- 1.2m people in the UK on Employment and Support Allowance (ESA) with a mental health issue and little contact with a Jobcentre Plus work coach
- Only 11% of people with a severe mental health condition are in a work support programme

32 By using the right support approach (IPS²) great outcomes and cost-savings can be achieved:

- IPS achieves twice the rate of job outcomes for people with severe mental illness versus traditional employment support
- IPS clients have reduced relapse and spend fewer days in hospital
- IPS clients sustain jobs for longer and earn more per hour

33 We will examine existing mental health services (directly provided and commissioned) to see if any existing resources could be re-designed to provide IPS support.

Consultation and Engagement

34 The proposals outlined in this report will be shared with the Learning Disability Partnership Board, the Mental Health Forum and the Welfare to Work Partnership. Any feedback will be used to refine the required approaches.

Reasons for Recommendations

35 These recommendations ensure that the most cost-effective and outcome-focussed model is used. This then ensures that on-going cost savings against existing care packages are made and at the same time generating great outcomes for people with complex support needs.

Other Options Considered

Option	Impact	Risk
To disinvest in Supported Employment	This is not recommended. Currently 5 of the team are funded through external grant income and it is anticipated that the remaining members could also be funded externally (for 3 years) via the new Connect to Work programme commencing in 2025 and the team expanded further. This would generate further outcomes for customers and increase cost savings against care packages.	High

Implications and Comments

Monitoring Officer/Legal

36 Legal has already been briefed about the Connect to Work funding; and will as the same is made available review the grant terms and advise on any implications arising therefrom. In so far as this is a noting report; there are no other issues that Legal would flag at this juncture, other than to note its support of the initiative going forward.

Section 151 Officer/Finance

37 Finance has already been briefed about the Connect to Work money that will be available. This ensures a timely set of preparations are made re governance, financial and contractual issues. This includes obtaining the appropriate approvals (such as fully funded Supplementary Revenue Estimates) in a timely manner. In addition, the financial implications such as savings being delivered will be accounted for and reconciled to both the overall financial position and the Transformation Plan.

Policy

An open and enabling organisation	A council which empowers and cares about people	A thriving and sustainable place
This recommended policy position approach to Supported Employment will broadcast a clear and valued set of messages to the residents of Cheshire, that as an authority we are committed to giving disabled people the	This recommended policy position approach is about increasing job outcomes for disabled people across Cheshire. Employment is a crucial ingredient to gain and maintain	Data shows that there are several sectors in Cheshire struggling to recruit including social care, retail, hospitality logistics and construction. There are a number of on-going projects aimed at engaging with employers to help

<p>right chances to gain work and as a result increase independence and well being</p>	<p>independence empowering people</p>	<p>develop more inclusive recruitment policies. This opens up more opportunities for disabled people and helps solve some of these recruitment issues and gives a boost to the local economy</p>
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Equality, Diversity and Inclusion

38 A draft EIA will be completed. However, it is anticipated that the recommendations will have a positive impact on people from protected characteristic groups.

Human Resources

39 No new posts requiring additional CEC money is needed. In fact, one of the proposals here is to not only fund some existing posts with external money, but increase the size of the team and bring about further significant cost savings for three years.

Risk Management

40 There are no perceived financial, legal, HR, reputational or equality risks associated with these proposals.

Rural Communities

The rural economy is likely to benefit.

Children and Young People including Cared for Children, care leavers and Children with special educational needs and disabilities (SEND)

41 Children and Young People including Cared for Children, care leavers and Children with special educational needs and disabilities (SEND) will be one of the target groups for the new Universal Support funding later this year

Public Health

42 These proposals will have a positive overall impact on the health and wellbeing of Cheshire East residents. The Tartan Rug and other measure of PH determinants already have strong links to the outcomes provided by the correct supported employment approach.

Climate Change

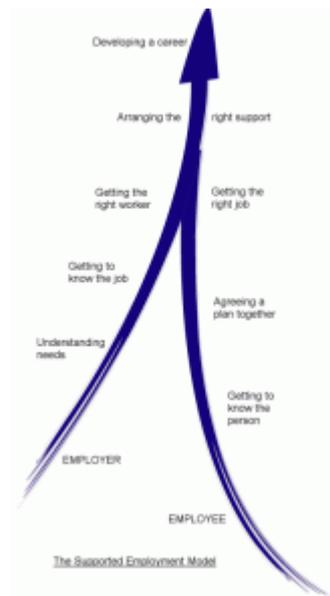
43 There is a strong track record in external bidding successes for Carbon Reduction projects. The Universal Support (now Connect to Work) funding will have built in green and carbon reduction policies.

Access to Information	
Contact Officer:	Colin Jacklin Colin.jacklin@cheshireeast.gov.uk
Appendices:	Appendix 1 What Is Supported Employment? Appendix 2 Individual Placement & Support Appendix 3 Systematic Instruction
Background Papers:	

Appendix 1

OPEN FOR PUBLICATION

What Is Supported Employment?



- 1 Supported Employment has been successfully used for decades as a personalised model for supporting people with significant disabilities to secure and retain paid employment. The model uses a partnership strategy to enable people with disabilities to achieve sustainable long-term employment and businesses to employ valuable workers. Increasingly, supported employment techniques are being used to support other disadvantaged groups such as young people leaving care, ex-offenders and people recovering from drug and alcohol misuse.
- 2 Work plays a pivotal role in defining an individual's quality of life and must be an integral part of a person's overall life experience. Supported employment offers an innovative process that enables employment as an achievable goal for people with disabilities just as it is for non disabled people in our society.
- 3 Real jobs means that the terms and conditions for people with disabilities should be the same as for everyone else including pay at the contracted going rate, equal employee benefits, safe working conditions and opportunities for career advancement. BASE has produced definitions of some of the terms used, such as support and employment.

The Model

- 4 This model has at its heart the notion that anyone can be employed if they want paid employment and sufficient support is provided. The model is a flexible and continuous process, designed to meet all anticipated needs. The European Union of Supported Employment has produced position papers and guides to the supported employment model.
- 5 The model is equally applicable to supporting job retention. The ethos of supported employment services is the development and integration of adequate mechanisms to secure long term sustainable employment.

Customer engagement

- 6 Many potential jobseekers are using traditional day services or receiving support from health and social care agencies. Others may be isolated at home or in danger of exploitation. People leave education every year with the hope of finding employment. In the past, professionals and families have had low expectations of people with disabilities finding sustainable work. It is important that expectations of employment are raised across health and social care services. The co-location of staff is particularly useful to achieve this.

Vocational Profiling

- 7 This is a "getting to know you" process where we identify the aspirations, learning needs, individual skills, former experiences and job preferences of the participant. Carers and support workers should be involved so that we get a holistic picture of the jobseeker. The profile informs the practical job finding and makes it more likely that we find a high quality job match. We look to identify the type of occupation that best suits a person's skills and preferences. Many people have never worked or not worked for many years and will need support to make informed choices about career opportunities.

Employer engagement

- 8 The third crucial element is the job marketing process. This close engagement with employers helps them to overcome traditional recruitment and selection barriers. We know that traditional recruitment techniques can be overly rigid and formal interviews seldom result in offers of employment. Employers are increasingly recognising the value of "working interviews" which allow individuals to demonstrate their skills in the workplace and allow the employer to gather the sort of evidence that a formal interview seeks to capture.
- 9 Generally, our aim is to secure 'employment and training' rather than 'training then employment'. This means that a participant gets a job from the beginning. We know that most people learn skills better in situ rather

than in artificial environments. By doing this we overcome the "job readiness" barrier where people can get stuck in permanent training. It also increases people's motivation significantly because they see from the beginning that they are employed.

Job Matching

- 10 Once we secure employer commitment, a job analysis is usually undertaken. This checks out any assumptions made in the job description and thoroughly investigates the job on offer so that we can describe all its aspects and those of the work place, including health and safety. Although it is common practice for employers to set out the basics of a job for new recruits, it is not common for a detailed analysis of the job and environment to be available. The job analysis might point towards ways of carving together parts of job descriptions that suit the workers' talents, or creating new job descriptions that suit the worker and are cost effective for the employer.

In-work Support

- 11 The job analysis and profile ensure that support is properly considered and appropriate. Support is individually tailored and targeted where it is needed most ensuring a cost effective use of resources. It is important to offer appropriate levels of support and encourage the involvement of the employer and co-workers. BASE members ensure that induction and ongoing training takes place and may offer out of work support if needed. Individual goals are agreed and recorded on a development plan.

Career development

- 12 Not many people stay in the same job for the whole of their working lives and people with disabilities are no different in having to adapt to changing labour markets and wanting to improve their working lives. Supported employment should encourage the career development of individuals by promoting training opportunities and seeking options for increased responsibility

Appendix 2

Open for publication

Individual Placement & Support

- 1 IPS is an employment support service integrated within community mental health teams for people who experience severe mental health conditions. It is an evidence-based programme that aims to help people find and retain employment. For the service user the benefits of being in employment include an income and a greater sense of purpose and wellbeing, while for the health system there is an overall reduction in the use of primary and secondary mental health services, leading to improved efficiency and savings.
- 2 Nicola Oliver, Recovery Lead, Individual Placement and Support, at the Employment Services and Recovery College, Northamptonshire Healthcare NHS Foundation Trust (NHFT), says: “IPS supports individuals to gain and sustain employment and helps them live the type of life they want to lead, irrespective of their symptoms, diagnosis or previous experiences.” For many people who have experienced mental ill-health employment is an important part of their recovery which is why NHFT provides this popular service. NHFT believes it is important to extend healthcare services beyond simply providing clinical interventions.
- 3 “Quite often a service user with a mental health condition, perhaps struggling with their symptoms and isolated at home, wants to work. If you help someone into a job they really like – which means they are inspired to get up in the morning and want to manage their symptoms – they’re likely to say to their clinician ‘This is what I want to do, help me to overcome these barriers.’”

Appendix 3

Open for publication

Systematic Instruction

- 1 The methods of Training in Systematic Instruction (TSI) fit broadly into the in-work support element of the 'Supported Employment' approach. It was originally devised by Dr Marc Gold, an American Psychologist who conducted his pioneering research in the mid 1970's and early 80's. It was first introduced into the UK in the late 1980's. TSI is an approach intended for those working directly with people who require additional support to learn the practical skills involved in work and independent living. Originally, it was conceived with those with learning disabilities in mind, but its relevance and effectiveness to reach across many vulnerable groups has become obvious, including to people with autism, Asperger's syndrome, users of mental health services and basically anyone who lacks confidence and/or needs support to successfully undertake and learn the practical tasks involved in work.
- 2 Systematic Instruction is a specialised set of training techniques that work extremely well for people with complex learning disabilities enabling them to learn real skills in a place of work and real independent living skills. Over the past four years in Cheshire East the Council has pioneered the development of supported internships. This programme specifically for people with complex learning needs who have an education health care plan. A detailed vocational profile is completed for each individual. This profile is intended to provide all the information that is needed to find an accurate job match for the person. A job coach will usually do the job themselves first, to learn and breakdown all the tasks. One-to-one in work training with the person then takes place using systematic instruction. Initially the support can be intensive including physical assists. As the person starts to gain the skills the intensity of these supports fade eg to occasional verbal prompts. The person then becomes skilled in the requirements of the job working from the natural supports from the job environment rather than constant support.
- 3 This model of supported employment is based on the absolute requirement of no work preparation. Work preparation has been found to be largely ineffective for people with complex learning needs. This is because they can find it challenging to transfer skills and knowledge from one environment to another. It is far more effective to place the specialised support in the actual place where they need to learn the tasks. This approach has enabled a conversion into paid work rate in

Cheshire East of between 74%-79%, which is one of the highest in the UK.

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OPEN

Adults and Health Committee

18 November 2024

Second Financial Review 2024/25

Report of: Adele Taylor, Interim Director of Finance and Customer Services (s151 Officer)

Report Reference No: AH/12/2024-25

Ward(s) Affected: Not applicable

For Decision or Scrutiny: Both

Purpose of Report

- 1 This report provides the current forecast outturn for the financial year 2024/25 based on our income, expenditure and known commitments as at the end of August 2024. It also identifies actions that are being taken to address adverse variances to urgently address our financial sustainability.
- 2 The report provides the forecast outturn for all services, to provide Members with contextual information on the position for the whole Council. Members are asked to focus their scrutiny on the forecasts and supporting information relating to services within the remit of the Committee whilst understanding the overall context as a whole.
- 3 The report highlights any changes and external pressures that are impacting the Council since setting the budget in February 2024. Annex 1, Section 2 of the report highlights what the Council is forecasting to achieve as part of the 2024/25 approved budget changes per line (growth and savings).
- 4 As set out in the First Financial Review, the requirement to continue to identify further actions in order to bring the Council back to a position where we are living within our means remains, and it will be important that these actions are closely monitored, and appropriate action taken to manage our resources. This report includes information on the actions that are currently underway.

- 5 Reporting the financial forecast outturn at this stage, and in this format, supports the Council's vision to be an open Council as set out in the Cheshire East Council Plan 2024/25. In particular, the priorities for an open and enabling organisation, ensure that there is transparency in all aspects of council decision making.
- 6 The report also requests member approval for amendments to the Council's budget in line with authorisation levels within the Constitution.

Executive Summary

- 7 The Council operates a financial cycle of planning, review, management and reporting. This report ensures that we review where we are and provides a forecast **outturn** position for the 2024/25 financial year whilst also identifying the actions that need to be taken to manage our overall resources. The information in this report also supports planning for next year's budget by identifying issues that may have medium term impacts.
- 8 The Council set its 2024/25 annual budget in February 2024. The budget was balanced, as required by statute, with planned use of reserves of £22m, plus £30m of savings to achieve in year, and included important assumptions about spending in the year. The budget is part of the Medium-Term Financial Strategy (MTFS) 2024 to 2028.
- 9 The Second Financial Review (FR2) forecast revenue outturn is an **adverse variance of £20.1m** (prior to the application of any Exceptional Financial Support), an improvement of £6.5m from FR1, as detailed below in **Table 1**:

Table 1 2024/25 FR2	Revised Budget	Forecast Outturn	Forecast Variance	Forecast Movement	
	(NET) £m	£m	£m	Variance FR1 £m	from FR1 to FR2 £m
Service Committee					
Adults and Health	138.0	158.7	20.8	20.7	0.0
Children and Families	93.0	98.4	5.4	7.3	(1.9)
Corporate Policy	41.8	44.2	2.4	0.0	2.4
Economy and Growth	28.1	24.8	(3.3)	(2.6)	(0.7)
Environment and Communities	48.4	48.3	(0.1)	0.6	(0.7)
Highways and Transport	16.0	15.4	(0.6)	(0.5)	(0.1)
Sub-Committee					-
Finance Sub:					-
Central Budgets	30.0	25.6	(4.5)	0.9	(5.4)
Funding	(395.4)	(395.4)	0.0	-	0.0
TOTAL	(0.0)	20.1	20.1	26.5	(6.5)

- 10 Whilst an improvement on the First Financial Review of £6.5m (see mitigations in para 29), the forecast overspend of £20.1m remains a significant financial challenge for the Council. The FR2 forecast reserves,

after agreed movements budgeted for in the 2024-28 MTFS, are currently £10.0m, being £0.5m of General Fund Reserves (including the forecast use of £4m for transformation costs) and £9.5m of Earmarked Reserves, as shown below. The Council's level of reserves is therefore insufficient to cover the current forecast revenue outturn for the year without further action.

Reserves & Exceptional Financial Support	
	£m
Reserves	
General Fund	4.5
Earmarked Reserves	9.5
Original Forecast at 31st March 2025	14.0
Forecast Transformation spend	(4.0)
Forecast Total Reserves at 31st March 2025	10.0
Exceptional Financial Support	
	17.6

- 11 This forecast does not assume the use of the Exceptional Finance Support (EFS) that was requested in 2023/24 and 2024/25 that was agreed in principle, subject to a number of conditions being satisfied, including the submission of a transformation plan at the end of August 2024. It also does not assume the cost of accepting that EFS support which would impact on the cost of borrowing over the medium term. A further condition of the EFS was that an independent review was undertaken by CIPFA on behalf of MHCLG to understand the Council's financial management and sustainability. The review was commissioned by and for MHCLG and the Council has not yet had sight of this review to understand any implications or improvements that could be made to existing processes. This was submitted to MHCLG in August 2024.
- 12 The FR2 forecast position indicates that further urgent action to reduce the overspend, and bring spending back in line with budget, is required. Failure to do so would require the Council to use the existing conditional Exceptional Financial Support (£17.6m) which would be the only way for the S151 Officer to avoid having to issue a S114 notice to the Council.
- 13 The level of EFS support would need to be agreed and finalised with the government and the financial impact of this would need to be built into the overall financial modelling for the Council. As reported to members in June 2024 in the 'Medium Term Financial Strategy Assumptions and Reporting Cycle for 2024/25 to 2028/29' the Council faces a significant four-year funding gap, with the shortfall in 2025/26 identified in February 2024 MTFS estimated at £41.9m. There remains a risk that pressures leading to the latest FR2 forecast position may increase that shortfall figure if further rapid action does not take place to stabilise our financial position.
- 14 The FR2 forecast position for capital spending for 2024/25 indicates forecast capital expenditure of £157.7m against the MTFS budget of £215.8m (FR1 £164.5m). The re-profiling of Capital expenditure to future

years to match scheme delivery and ongoing capital review to ensure that our capital borrowing remains affordable is continuing.

15 **Table 2** sets out the capital programme profiling changes:

Table 2	2024/25	2025/26	2026/27	2027/28	2024/28
	Estimate	Estimate	Estimate	Estimate	Total
	£000s	£000s	£000s	£000s	£000s
Capital Programme FR1	164,545	141,232	109,679	231,837	647,293
Funded by:					
Borrowing	51,878	53,566	10,180	27,779	143,403
Grants and other contributions	112,667	87,666	99,499	204,058	503,890
	<u>164,545</u>	<u>141,232</u>	<u>109,679</u>	<u>231,837</u>	<u>647,293</u>
Capital Programme FR2	157,661	151,770	115,852	225,173	650,456
Funded by:					
Borrowing	45,101	57,996	14,802	25,044	142,943
Grants and other contributions	112,560	93,774	101,050	200,129	507,513
	<u>157,661</u>	<u>151,770</u>	<u>115,852</u>	<u>225,173</u>	<u>650,456</u>
Movement from FR1	(6,884)	10,538	6,173	(6,664)	3,163

16 **Table 3** sets out the summary revised capital programme:

Table 3	FR1	SCEs	Virements	Budget	Revised
	Budget	in Quarter	in Quarter	Reductions	FR2
	2024/28	2024/25	2024/25	2024/25	Budget
	£m	£m	£m	£m	2024/28
					£m
Adults and Health	0.8				0.8
Children and Families	108.9				108.9
Highways & Transport	287.0	2.7		(0.2)	289.5
Economy & Growth	184.7	0.9			185.6
Environment & Communities	42.0				42.0
Corporate Policy	23.8			(0.2)	23.6
	647.2	3.6	-	(0.4)	650.4

17 **Table 4** sets out the movement from FR1 by committee:

Table 4	Forecast	Forecast	Forecast	Forecast	2024/28
	2024/25	2025/26	2026/27	2027/28	Total
	£000	£000	£000	£000	£000
Adults and Health	-	-	-	-	-
Children and Families	(3,576)	3,571	(1)	-	(6)
Highways & Transport	2,082	3,566	1,001	(4,123)	2,526
Economy & Growth	(2,018)	2,630	2,798	(2,563)	847
Environment & Communities	(3,624)	1,142	2,478	22	18
Corporate Policy	252	(371)	(103)	-	(222)
	(6,884)	10,538	6,173	(6,664)	3,163
Funded by:					
Government Grants	(139)	5,239	3,461	(7,735)	825
External Contributions	(4)	1,086	(969)	2,629	2,742
Revenue Contributions	55	-	-	-	55
Capital Receipts	(19)	(217)	(941)	1,177	(1)
Prudential Borrowing	(6,777)	4,430	4,622	(2,735)	(460)
	(6,884)	10,538	6,173	(6,664)	3,163

18 Significant items of slippage/reprofiling from 2024/25 to 2025/26 include:

- £2.3m for Childrens Social Care (Crewe Youth Zone and Childrens Homes Sufficiency),
- £0.8m in Education (Springfield and Wilmslow),
- £2.4m for Economy and Growth (Corporate Landlord and Crewe Town Regeneration),
- £3m for Environment & Neighbourhood (Weekly Food collections and Fleet EV).

19 Highways and Infrastructure have increased capital spend in 2024/25 partly due to bringing forward £1.7m for Network North, together with an SCE of £600,000 for Bridge Maintenance.

20 As part of the urgent actions required to reduce the Council overspend a full review of the capital programme is being undertaken with a view to removing as much future borrowing as possible. The forecast borrowing included in the capital programme at FR2 will have the following revenue impact:

Revenue Impact

Table 5	2024/25	2025/26	2026/27	2027/28	2024-28
	Estimate	Estimate	Estimate	Estimate	Total
	£000s	£000s	£000s	£000s	£000s
Forecast borrowing to fund capital programme	45,101	57,996	14,802	25,044	142,943
MRP	-	3,857	5,036	6,498	15,391
Interest	2,264	3,712	3,537	4,288	13,801
Total annual revenue impact	2,264	7,569	8,573	10,786	29,192
Movement from FR1					
Increase / (reduction)	(346)	(143)	(288)	(370)	(1,147)

- 21 In order to alleviate the revenue pressure from external borrowing further immediate reductions in capital spend are required. This will reduce the related revenue impact of interest costs and Minimum Revenue Provision (MRP) both of which are charged to revenue through the Capital Financing Budget (CFB). The council must aim to optimise use of all other available sources to fund our capital programme and must minimise the use of borrowing to reduce the pressures on the revenue budget. We have also commissioned an external review of our balance sheet with our Treasury Management advisors to review our borrowing strategy.
- 22 The current forecast for achievable capital receipts in year is £2.5m, with a further £0.6m to £1.5m also achievable in year (to be updated at FR3). These receipts can be used to reduce revenue pressures from borrowing in year or could be used to assist with funding of transformation activity.
- 23 Due to the long-term nature of capital investment the revenue implications of decisions taken by the council now will extend well beyond the term of the current year and into the medium term.
- 24 In the review of the capital programme the long-term capital repayment commitments (MRP) are the initial area of focus. Reducing the annual MRP associated with any new borrowing on a scheme-by-scheme basis is a priority. There will be a secondary impact of reducing forecast interest which will also reduce the effect on the revenue account, but it is the reduction in new borrowing and new commitment to long term capital repayments that will allow the programme to remain affordable and sustainable.
- 25 Reductions in borrowing can be achieved through:
- (a) Reduce, delay or remove schemes funded by borrowing;
 - (b) Focus on existing contractual commitments, fulfilling statutory services and public safety requirements;
 - (c) Prioritise the capital projects that will have most beneficial impact on the revenue budget in the medium term;
 - (d) Remove forward funding;
 - (e) Reprioritise use of grants and apply appropriate S106 contributions to schemes.
- 26 The Strategic Finance Management Board leads on a number of key tasks to urgently reduce spend and identify additional savings, including:
- Line-by-line reviews of all budgets to further identify immediately any underspends and/or additional funding;
 - Stop any non-essential spend;
 - Actively manage vacancies, particularly agency usage and reduce any overspends on staffing as soon as possible;

- Review of Section 106 legacy budgets, the effects of which are partly reflected in the FR2 forecast outturn as a one-off contribution to reserves (to be further updated at FR3);
- Review of capital receipts available and potential surplus assets that can be sold (for best consideration);
- Identification of any other areas of discretionary spend including grants awarded, where spend can be reduced or stopped;
- Review Debt management/overall level of bad debt provision – work undertaken to date, focussing on the Adult Social Care bad debt provision, has identified through adopting a new approach to reviewing and monitoring these debts, an improvement (reduction) of the Council's bad debt provision of £0.8m, further work is ongoing and will be updated at FR3.

Overall mitigations planned to manage pressures

- 27 The Strategic Finance Management Board is leading on a number of key tasks to urgently reduce spend and identify additional savings as noted above.
- 28 In addition, any directorate that is identified as being off target by more than 5% is now subject to a detailed finance and performance review on a weekly basis through a financial recovery review process. This includes a detailed action plan, identifying what can be done to sustainably reduce the pressure and gaining assurance over the management of those actions to deliver improved financial outturns. This process has been put in place for Adults Services and Children and Families and is being chaired by the S151 Officer.
- 29 As reported in paragraphs 35-57 below, work is underway across all Services to look at mitigating actions which can be taken to reduce the forecast position in-year, some of the actions below having contributed to the £6.5m improvement from FR1 position, including:
- Adults - more certainty about the FR2 projections and the delivery of in-year mitigations, including a reduction in the forecast number of placements in-year.
 - Children & Families – reviewing costs of placements, establishment reviews, Reunification of children, and Work on Edge of Care Service proposals to identify early intervention and cost reduction.
 - Place Services – mitigations in year through further vacancy management, reducing expenditure and maximising funding opportunities.
 - Corporate – Vacancy management and some additional income.

- Finance Sub – S106 and bad debt reviews generating one-off in year contributions to assist in reducing the in year overspend and review/reset process moving forward.

30 Paragraphs 57-59 below provides a summary overview of the forecast against the approved 2024/25 budget change items, including RAG rating. In addition, there is further detail per change item with accompanying commentary, as reviewed by the Council's Corporate Leadership Team, in respect of each item within **Annex 1, Section 2**.

31 **Annex 1: Detailed Second Financial Review 2024/25**

- **Section 1** 2024/25 Forecast Outturn
- **Section 2** 2024/25 Approved Budget Change Items
- **Section 3** Revenue Grants for approval
- **Section 4** Capital
- **Section 5** Reserves
- **Section 6** Treasury Management

RECOMMENDATIONS

The Adults and Health Committee to:

1. Review the factors leading to a forecast adverse Net Revenue financial pressure of £20.1m against a revised budget of £395.4m (5.1%). To scrutinise the contents of **Annex 1, Section 2** and review progress on the delivery of the MTFS approved budget policy change items, the RAG ratings and latest forecasts, and to understand the actions to be taken to address any adverse variances from the approved budget.
2. Review the in-year forecast capital spending of £157.7m against an approved MTFS budget of £215.8m, due to slippage that has been re-profiled into future years.
3. Note the available reserves position as per **Annex 1, Section 5**.
4. Approve the Supplementary Revenue Estimate Request for Allocation of Additional Grant Funding over £500,000 up to £1,000,000 as per **Annex 1, Section 3, Table 2**.

Background

32 This single view of the financial picture of the Council provides the overall financial context.

- 33 The management structure of the Council is organised into four directorates: Adults, Health and Integration; Children's Services; Place; and Corporate Services. The Council's reporting structure provides forecasts of a potential year-end outturn within each directorate during the year, as well as highlighting activity carried out in support of each outcome contained within the Corporate Plan. Budget holders are responsible for ensuring they manage their resources in line with the objectives of the Council and within the approved budget.
- 34 For the purposes of each committee, these directorate budgets are aligned to a specific committee and the appendices to this report provides information at a level that the committee should have the ability to be able to scrutinise what is causing any variations in budget and appropriate actions to bring the council back into line in terms of managing its resources.

Key issues causing the pressures

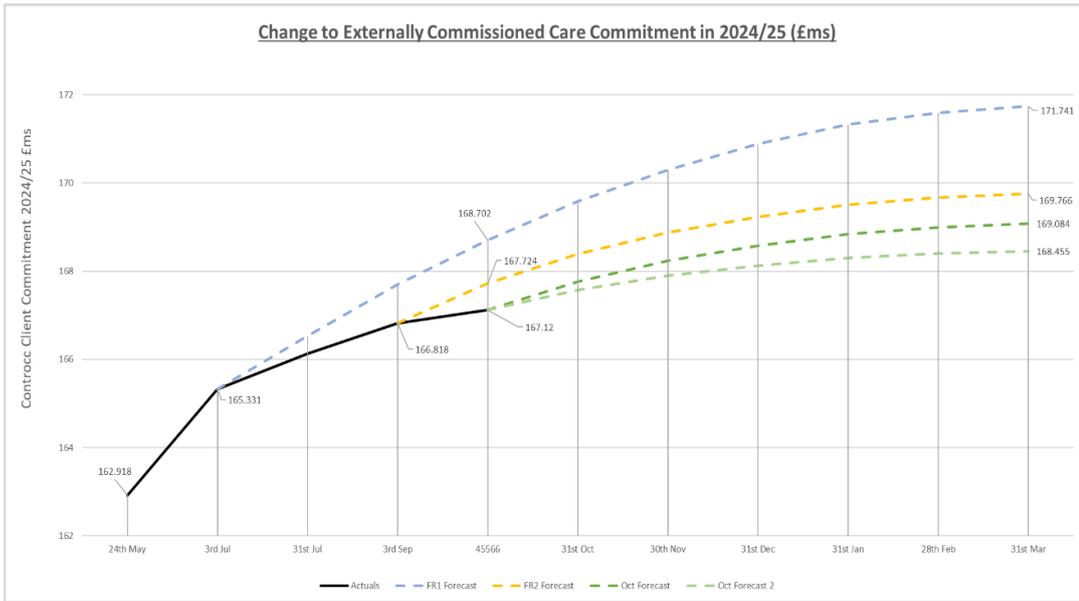
- 35 There are a number of key issues causing the forecast revenue overspend, including:
- Ongoing adverse effects of the extended period of high inflation and interest rates;
 - Continued increasing demand and complexity of care beyond the levels that had been previously identified;
 - Increase in staff costs, including use of agency staff and impact of National Living Wage which also impacts on our third party commissioned contracts;
 - Increased borrowing costs associated with the unfunded Dedicated Schools Grant (DSG) deficit;
 - Non delivery of some previously agreed savings and/or income targets;
 - The financial impact of investment in transformation and improvement activity over the medium term.

Specific commentary on the forecast outturn position by Committee

Adults and Health adverse variance of £20.7m

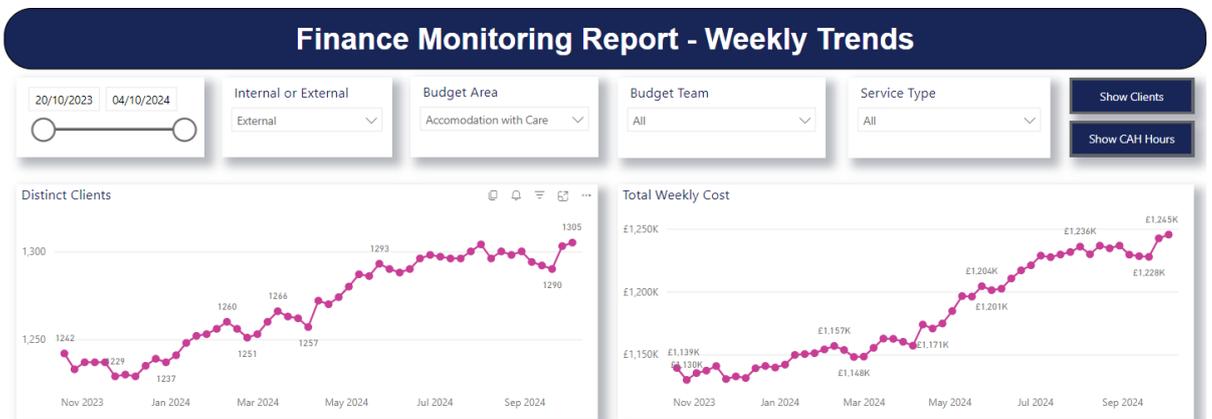
- 36 The Adults, Health and Integration budget is forecast to overspend by £20.7m. The £20.7m is primarily driven by an overspend of £22.5m linked to care costs and pressures on staffing of £3.1m. These pressures are reduced by a favourable variance in client income of £3.8m, and other mitigations totalling £1.1m. The key drivers of forecast expenditure remain price increases, staff costs and increase in complexity.
- 37 Although the forecast has not changed since FR1 there is more certainty about the projections and the delivery of in-year mitigations, including a

reduction in the forecast number of placements in-year as shown in the graph below.

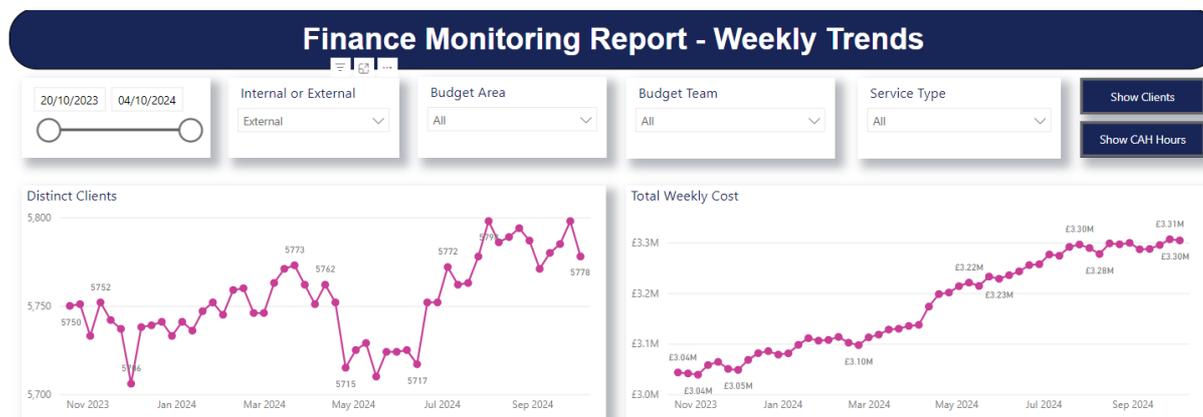


- 38 As noted previously the key driver of expenditure in adult social care is the number of people in receipt of care and the cost of each individual’s care. The forecast has stabilised because we believe we will make fewer new placements in the second half of the year than we made in the first half of the year.
- 39 There is close alignment between the work being undertaken to manage budget pressures and the transformation plan. There will be some impact in-year including in respect of pricing, the focus on the review of supported living services, and services to support people at home. However, there are also risks including the reduction in the number of agency staff which has led to an increase in waiting times for services and disputes with providers in respect of price increases.

Residential and Nursing placements for 65+



All Service Users in Adults services



Children and Families adverse variance of £5.4m

- 40 At the end of the last financial year the outturn for Children and Families was an overspend of £8.2m. The Medium-Term Financial Strategy included growth to address the pressures that were emerging throughout 2023/24. The costs of children's social care are a concern for many local authorities and not unique to Cheshire East. The Second Financial Review for 2024/25 reflects a £5.4m in-year pressure.

The key pressure areas for the directorate include:

- 41 Children's social care placements (£2.6m adverse variance) where the complexity of children in care has continued to increase and the number of children in care has increased from 528 at April 2024 to 555 at October 2024 (compared to a decrease from 586 at April 2023 to 573 at June 2023). Placement costs are increasing by significantly more than inflation and more than was projected for growth in-year.
- 42 The use and cost of agency staff in children's social care to cover vacancies, sick absence, and maternity leave.
- 43 The number of staff is greater than the planned establishment to ensure we are able to meet our statutory needs. Work is underway to ensure the staffing structure is suitably funded and factored into the MTFs for 2025/26.
- 44 Home to school transport costs (£0.3m adverse variance) – where a mix of increasing numbers of pupils with an education, health and care plan (EHCP), and increasing fuel costs have seen overall costs rise.
- 45 Schools Catering (£0.5m adverse variance) – where the costs of the service are above the current charged income level and base budget.

- 46 Work is underway in the services to look at mitigating actions which can be taken to reduce this forecast position in-year, and these pressures will be considered as part of the developing MTFS for 2025/26. These include:
- Reviewing costs of placements as more detailed reviews are underway focusing on the expected length that some placements may need to be in place for;
 - Staffing establishment reviews now scheduled on a 6 weekly basis including a review of agency staff and alternative working;
 - Reunification children to be identified with targeted work in place for individual cases;
 - Tracking of similar spend across teams to be held in the same place as residential and supported accommodation spend to increase overall grip and understanding;
 - Work on Edge of Care Service proposals to identify early intervention that may reduce admissions and costs.

Dedicated School Grant (DSG)

- 47 The key pressure on DSG relates to the high needs block where the SEND service continues to see a significant increase in the number of pupils with an EHCPs, and the associated school placement costs.
- 48 This has placed pressure on the grant used to provide funding for children with SEND in various settings and led to a £31.7m deficit in 2023/24. This adds on to the brought forward deficit of £46.9m to take the DSG Reserve to a £78.6m deficit position at the end of 2023/24.
- 49 This is an improvement on the budget gap as determined by the Council's DSG Management Plan that was reported to Children and Families Committee in April 2024 and set out the planned expenditure and income on high needs over the medium term.
- 50 The current forecast is showing an in-year deficit of £41.5m which would increase the overall deficit to £120.1m.

Corporate Policy adverse variance of £2.4m

- 51 The Corporate Services Directorate has a net budget of £41.7m. At Second Finance Review (FR2), the budget is forecast to overspend by £2.4m compared to a £23,000 overspend at First Finance Review (FR1). The main reason for this change is that the forecast cost of the Transformation Programme (£2.8m) has now been included within Corporate Services. Without this, the forecast would be a £0.5m underspend. It also must be noted that, following a recent review of staffing establishments, there are pending staffing budgets realignments to be actioned which will change individual service forecasts but not the overall figure for Corporate Services.

There is a compensating underspend in central budgets reflecting the way in which this transformation work is being funded.

- Vacancy management in Corporate Services has resulted in the majority of services forecast an underspend on staffing budgets totalling £2.1m (£2m at FR1);
- Vacancy management has been combined with tighter control on non-pay spending across all services which is achieving a forecast underspend of £0.7m; and
- additional income of £0.3m is forecast in the Registrations Service.
- However, these underspends have been offset by the following:
 - forecast spend of £2.8m on the Transformation Programme. The cost of the programme will be met from reserves or use of flexible capital receipts, the financial impact of these are shown elsewhere in the accounts;
 - a forecast £1.3m under-recovery of Rent Allowances;
 - a forecast overspend of £0.4m on the Transactional Service Centre (TSC), hosted by Cheshire West and Chester, mainly due to the additional costs of the stabilisation programme which has been put in place to improve the performance of the service and recognises the need to change the way in which Unit4 is used. This was an issue highlighted in the Corporate Peer Review that needs significant attention;
 - a £0.5m shortfall in charging staff time to capital projects within ICT Strategy. This partially offsets savings from vacancy management within ICT Strategy included in the vacancy management figure above, and a forecast balanced position in ICT Shared Service - this is an improvement over the £0.1m overspend due to lower than budgeted project income and schools recharge income reported at FR1;
- There is a forecast overspend of £0.3m (£0.4m at FR1) in Accountancy mainly due to additional costs including Bank Charges and External Audit fees; and
- a staff budget pressure of £0.1m across Corporate Services relating to the estimated impact of the latest pay award offer versus the amount included in the MTFS.

Place Directorate favourable variance of £4.0m

52 Overall, the Place Directorate is forecasting an underspend of £4m at the second Financial Review stage against a £92.5m budget. Pressures from reducing planning application income (£0.5m), increased waste collection and disposal costs (£0.7m) and yet to be secured savings against leisure (£0.2m) have been mitigated through further vacancy management, reducing expenditure and maximising funding opportunities.

Economy & Growth favourable variance of £3.3m

53 Growth and Enterprise Directorate and Place Directorate are forecasting an underspend of £3.3m against a net budget of £28.1m which is a £0.7m improvement on the FR1 position. The key reasons for the underspend are:

- Facilities Management: there is a £1.9m underspend forecast. This includes pressures against maintenance budgets of £0.5m (additional pressures and delivery of savings), costs of workplace initiatives and equipment of £0.5m, the transfer of underspends to offset Place MTFS targets across the Directorate £0.6m and these have been offset by:
 - Savings against gas and electricity compared to much higher budgeted costs £3.1m.
 - Business rates underspend of £0.1m due to revaluations and appeals.
 - Underspends from vacancy management £0.3m.
- Economic Development: £0.3m underspend from vacancy management, reduced supplies £0.1m and increased income £0.1m.
- Housing: £0.5m underspend from vacancies and extra grant funding.
- Green infrastructure and Cultural Economy £0.4m due to vacancies.

Environment & Communities favourable variance of £0.1m

54 Environment and Neighbourhood Services is forecasting an underspend of £0.1m against a net budget of £48.4m. This is a £0.7m improvement from FR1. The key reasons for the forecasting underspend are:

- Development Management: £0.4m overspend reflecting pressures from a shortfall in income from planning applications £0.5m and pressures on supplies and services of £0.1m. These are offset by vacancy management £0.1m and funding the one-off costs of the new planning system £0.1m from reserves.
- Environmental – Commissioning: ANSA reporting a £0.1m overspend overall including pressures from the ANSA contract of net £0.2m and Cheshire East pressures from recycling costs of £0.4m. These are being offset by the use of the ASDV reserve of £0.5m.
- Libraries: £0.1m overspend including pressures of £0.5m from the delivery of the MTFS savings which is offset by £0.3m vacancy management and £0.1m underspend from MTFS growth for exploring a charitable trust model. This is an improvement of £0.1m since the FR1 position due to additional vacancies.

- Leisure Commissioning: £0.2m overspend (delivery of MTFs savings) unchanged from FR1.
- Other service issues: £0.9m underspend, which is an improvement of £0.1m on the FR1 position:
 - Building Control: £0.2m underspend (£0.2m building control offset by £0.4m vacancies).
 - Local Land Charges and Planning Support: £0.2m underspend from vacancies.
 - Strategic Planning: £0.3m (£0.1m vacancy management plus £0.2m delayed Local Plan costs).
 - Regulatory Services: £0.2m (£0.3m vacancies offset by £0.1m CCTV costs).

Highways & Transport favourable variance of £0.6m

55 Highways & Infrastructure are forecasting an underspend of £0.6m against a net budget of £16m. The key reasons for the underspend are:

- Car Parking: £0.4m underspend through vacancies of £0.1m and increased income of £0.3m.
- Strategic Transport: £0.1m underspend from vacancies.
- Rail and Transport Integration: £0.1m underspend from vacancies.

Finance Sub favourable variance of £4.5m

56 Finance Sub Committee are reporting a positive variance of £4.5m against a revised net budget of £30.0m.

- Financing and Investment £0.3m net pressure reflecting £1.4m increased cost of interest payments on borrowing offset by £1.1m increased interest receipts from investments.
- Reserves use of £3.5m (net change from MTFs) reflects £0.5m additional Flexible Capital Receipts offset by £1m reduction in available Capital Financing Reserve at outturn compared to forecast balance reflected in the February 2024 MTFs. There is also an additional £4m use of the General Fund reserve forecast to fund transformation activities.
- There is a further £1.2m positive variance as a result of in year reviews of S106 balances/schemes and bad debt. The S106 Review identifying a one off contribution in year where work has been completed in prior years but has not been reflected in transferring money from S106 into the general fund, £0.5m initially reflected at FR2 with potential for further increased contributions at FR3; £0.8m reduction in the Adult Social Care bad debt provision, as referred to in para 74 below.

Progress on delivery of the 2024/25 approved budget change items

- 57 Table 5 presents a summary of the progress on the delivery of the 2024/25 approved budget change items. For items rated as Amber these are for items where there are risks and/or mitigating actions in place. For items rated as red these are for items where services are projecting an adverse variance and there is risk of in year non delivery/achievement. New mitigation items have also been included that have come forward since the approval of the MTFS to help the in-year position where identified.
- 58 As the green and blue columns show, £21.5m of the budget change items are either delivered or on track to be delivered or even exceed in some cases. However, there is also a pressure of £59.3m as shown in the red column that has a high risk of not being achieved within this financial year. There are new in year mitigations of £16.8m, unrelated to the change item rows that has been identified to assist the outturn position. The table below summarises the progress by Committee:

Table 5: Summary of the progress on the delivery of the 2024/25 approved budget change items

Committee	Approved Change Budget £'000	Forecast Outturn £'000	Completed	Could Exceed	Green	Amber	Red	Mitigations
			£'000	£'000	£'000	£'000	£'000	£'000
Adults & Health	1,136	21,900	-2,723	0	-9,482	0	37,468	-3,363
Children & Families	9,909	15,311	922	0	-856	273	15,751	-779
Corporate Policy	489	2,866	-173	0	2,013	0	1,581	-555
Economy & Growth	3,316	41	-61	0	3,861	38	690	-4,487
Environment & Communities	-52	-178	-2,220	-1,480	3,273	-1,523	3,510	-1,738
Finance Sub	-19,667	-24,082	600	0	-19,348	0	0	-5,334
Highways & Transport	4,869	4,267	2,488	0	1,700	305	328	-554
TOTAL	-	20,124	-1,167	-1,480	-18,839	-907	59,328	-16,811

- 59 A complete list of all approved budget change items, with progress noted against each item, can be found in **Annex 1, Section 2**.

Revenue Grants for Approval

- 60 Approvals for Supplementary Revenue Estimates for allocation of additional grant funding are detailed in **Annex 1, Section 3**.

Reserves Position

- 61 On 1 April 2024, Earmarked Reserves totalled £32.278m and the General Fund Reserve Balance totalled £5.580m. Of the total earmarked reserves,

more than £22m (70.5%) will be spent in 2024/25, on supporting the revenue budget for 2024/25.

- 62 Table 6 and 7 shows the forecast level of Earmarked and General reserves by the end of 2024/25.

Table 6: Earmarked Reserves

Earmarked Reserves by Committee	Opening Balance 01 April 2024 £000	Drawdowns to General Fund £000	Approved Movement Forecast £000	Additional Drawdown Requests* £000	Closing Balance Forecast 31 March 2025 £000
Adults and Health	5,226	(2,795)	(110)	0	2,321
Children and Families	1,724	0	(1,593)	(131)	0
Corporate Policy	20,773	(6,551)	(2,830)	(4,545)	6,847
Economy and Growth	2,777	(662)	(1,004)	(765)	346
Environment and Communities	870	(390)	(402)	(78)	0
Highways and Transport	908	(205)	(415)	(288)	0
EARMARKED RESERVES TOTAL	32,278	(10,603)	(6,354)	(5,807)	9,514

* All 'Additional Drawdown Requests' are subject to approval.

* Total excludes schools' balances

Table 7: General Fund Reserve

General Fund Reserve	Opening Balance 01 April 2024 £000	Drawdowns to General Fund £000	Approved Movement Forecast	Additional Forecast Movement £000	Closing Balance Forecast 31 March 2025 £000
General Fund Reserve	5,580	(1,051)	0	(4,043)	486
GENERAL FUND RESERVE TOTAL	5,580	(1,051)	0	(4,043)	486

- 63 At FR1 stage the closing balance at 31 March 2025 in the Council's General Fund Reserve was forecast to be £4.5m. However, at the FR2 stage, a further £4m transformational spend has been included within the service forecasts which will be funded from General reserves, reducing the forecast balance to £0.5m. If it is possible to identify additional capital receipts these could potentially be used to capitalise this expenditure and this will remain an area that is under review.
- 64 The Council is currently forecast to have £9.534m of earmarked reserves at the end of the financial year 2024/25. Of this £2.279m can be considered ringfenced, with specific conditions limiting their use.
- 65 A full list of all earmarked reserves can be found in **Annex 1, Section 5**.

Dedicated Schools Grant Reserve

- 66 The Dedicated Schools Grant (DSG) is ring-fenced funding received for: schools; high needs / special educational needs; and early years provision. In recent years there has been a pressure on the DSG high needs block where funding has not kept pace with the increasing numbers and cost of children with an Education, Health and Care Plan. This has created a deficit DSG reserve balance which is held in an unusable reserve.
- 67 The on-going pressure is regularly reviewed; at the end of 2023/24 the deficit was £78.6m and this is forecast to increase by £41.5m by the end of 2024/25. This is an improvement on the Council's DSG Management Plan approved in April 2024, which sets out the planned expenditure and income on high needs over the medium term. The DSG Management Plan is currently being updated and will be reported to Committee on completion.

Table 8: Dedicated Schools Grant

Dedicated Schools Grant Deficit	£m
Deficit Balance Brought forward	78.6
Additional In-year Pressures	41.5
Deficit Balance at 31 March 2025	120.1

Debt

- 68 Sundry debt includes all invoiced income due to the Council except for statutory taxes (Council Tax and Non-Domestic Rates). The balance of outstanding debt at 30th September 2024 has increased by £0.516m since FR1 (end of July 2024).
- 69 Annually, the Council raises invoices with a total value of over £80m. Around a quarter of the Council's overall sundry debt portfolio relates to charges for Adult Social Care, the remainder being spread across a range of functions including Highways, Property Services, Licensing and Building Control.
- 70 The Revenue Recovery team (using their experience gained in collecting Council Tax and Non-Domestic Rates) engage with services to offer advice and assistance in all aspects of debt management, including facilitating access to debt collection services (currently provided by Bristow & Sutor).
- 71 After allowing for debt still within the payment terms, the amount of outstanding service debt at the end of September 2024 was £17.8m.
- 72 The total amount of service debt over six months old is £10.5m; split as £9m of Adult Social Care debt and £1.5m of Sundry Debt. A provision of £6.8m was made at year ended 31st March 2024 to cover doubtful debt in the

event that it needs to be written off. There is an ongoing in year review of the Bad Debt provision which has to date focussed on Adult Social Care debt, has identified a forecast £0.8m reduction in the provision in 2024/25, reflected in the FR2 position.

- 73 The level of Adult Social Care debt can fluctuate depending on when in the month the snapshot is taken, for example if it is before or after the Direct Debit income is received and allocated. The debt also has different levels of risk depending on the type of debt. For example, around £3.5m is linked to deferred arrangements which is debt that is secured on property or assets, and therefore carries a low risk. There is also around £5m of debt which is deemed to be lower risk as its linked to areas such as probate, property sales or deputyship. As noted above, the current review of Debt provision for Adult Social Care has identified an £0.8m reduction in the ASC debt provision having reviewed the provision process across the 3 main categories of ASC all of which have distinct provision calculations. Further work is ongoing and will extend to wider Council debt throughout the review.
- 74 The Highways position for outstanding debt is consistent throughout the year. The debt is generally made up of three elements: the movement of funds from Cheshire West and Chester Council and Warrington Borough Council in relation to the Cheshire Road Safety Group (these are settled quickly); third party claims for damage to the highway; and permit fees. The third party claims are often paid in instalments.

The previous outturn positions are:

- 31 March 2024 Outstanding debt £1.6m, over 6 months old £0.7m.
- 31 March 2023 Outstanding debt £1m, over 6 months old £0.5m

- 74 The Council has robust processes in place to ensure that all outstanding debt is chased up (where commercially viable) and, where necessary, payment plans are put in place with advice from Legal Services.

Table 9 – Debt Summary as at 30th September 2024

	Outstanding Debt £000			Over 6 months old £000		
	FR1	FR2	Increase / (Decrease)	FR1	FR2	Increase / (Decrease)
Adults and Health Committee						
Adults, Public Health and Communities	14,534	14,967	433	9,091	9,060	(31)
Children and Families Committee						
Children's Social Care (Incl. Directorate)	182	189	8	14	-	(14)
Prevention and Early Help	72	69	(3)	(7)	(7)	-
Schools	22	17	(5)	2	2	0
Highways and Transport Committee						
Highways and Infrastructure	1,189	1,115	(75)	751	760	9
Economy and Growth Committee						
Growth and Enterprise	704	740	37	393	394	0
Environment and Communities Committee						
Environment and Neighbourhood Services	355	398	43	209	215	7
Corporate Policy Committee						
Finance and Customer Services	109	135	25	73	69	(3)
Governance and Compliance	37	(1)	(37)	-	-	-
Human Resources	8	-	(8)	1	-	(1)
ICT	119	217	98	1	2	2
Total	17,331	17,846	516	10,527	10,496	(31)

Council Tax and Business Rates

Council Tax

75 **Table 10** details each precepting authorities share of the budgeted collectable rates income.

Table 10 Share of Council Tax Collectable Rates	Band D Charge	Collectable Rates £m
Cheshire East Council	1,792.59	287.1
Town and Parish Councils	71.57	11.5
Cheshire Police and Crime Commissioner	262.94	42.1
Cheshire Fire Authority	90.09	14.4
Total	2,217.19	355.1

76 The collectable rates valuation is based on the assumption that of the total amount billed, at least 99% will be collected. **Table 11** demonstrates that, excluding a slight reduction during the Covid-19 pandemic, the target to collect at least 99% of Council Tax within three years continues to be achieved.

Table 11 Council Tax Collection Rates	2020/21 %	2021/22 %	2022/23 %	2023/24 %	2024/25 %
After 1 year	97.4	97.8	98.2	98.0	*55.58
After 2 years	98.6	98.5	98.8	**	**
After 3 years	98.9	99.0	**	**	**

* 2024/25 rate is up to 30th September 2024.

** Data is not yet available.

- 77 After accounting adjustments, the Council Tax Collection Fund is forecasting a £0.080m surplus for 2024/25, of which, £0.067m is attributable to Cheshire East Council. This surplus will be paid out in 2025/26 and will be held in the Collection Fund Earmarked Reserve until such time.

Non-Domestic Rates (NDR)

- 78 Collectable rates are distributed between Cheshire East Council (49%), Cheshire Fire Authority (1%), and Central Government (50%).
- 79 Non-domestic Rates valuations for 2024/25 were set out in the NNDR1 return to Central Government in January 2024. Any variance to this forecast is included in the following years' NNDR1 return and any gain or loss will be recovered in 2025/26. The total Net Rates Payable into the Collection Fund was forecast at £155.7m.
- 80 **Table 12** demonstrates that the target to collect at least 99% of Non-Domestic Rates within three years continues to be achieved.

Table 12 Non-Domestic Collection Rates	2020/21 %	2021/22 %	2022/23 %	2023/24 %	2024/25 %
After 1 year	92.4	95.6	98.2	97.7	*56.43
After 2 years	97.4	98.3	98.8	**	**
After 3 years	99.0	99.2	**	**	**

* 2024/25 rate is up to 30th September 2024.

** Data is not yet available.

- 81 After accounting adjustments, the Non-Domestic Rates Collection Fund is forecasting a £2.1m deficit for 2024/25, of which, £1.0m is attributable to Cheshire East Council. This deficit will be repayable in 2025/26 and will be managed through the Collection Fund Earmarked Reserve.

Treasury Management Strategy update

- 82 Treasury Management income to 30 September 2024 is £1.5m which is higher than the budgeted £0.9m. However, borrowing costs are also higher than budgeted at £9.2m compared to budget of £8m. This is caused by a combination of increasing interest rates with an increased borrowing requirement. From the projected cash flows for the remainder of 2024/25 the net additional financing costs (borrowing less investment interest) is expected to be £0.7m in excess of that budgeted.
- 83 Interest rates have seen substantial rises over the last two years which has significantly increased the cost of borrowing. The expectation is that borrowing costs will start to fall although market uncertainty and tightening liquidity in the markets suggests we will not benefit from lower rates until 2025/26.

- 84 At the moment, cash shortfalls are generally being met by temporary borrowing from other local authorities which for a number of years has been considerably cheaper than other sources of borrowing and allowed the Council to keep financing costs low. The cost of these loans is currently relatively high compared with longer term loans but interest forecasts suggest it is still the cheaper option in the long term. However, liquidity risk remains an issue as funds become more scarce towards year end and the request to the Government for exceptional financial support has raised credit worthiness concerns with some lenders. To reduce liquidity risk and any potential credit related penalisation on interest costs, consideration is being given to taking more longer term PWLB loans.
- 85 The cost of short term borrowing for the first six months of 2024/25 is 5.45% which is an increase from 4.82% in 2023/24. These costs are now expected to reduce as the outlook is for reducing interest rates.

Investment Strategy

- 86 There have not been any material changes to the Investment Strategy since that reported at Final Outturn 2023/24, see link [Final Outturn 2023-24 Annex 1.pdf \(cheshireeast.gov.uk\)](#)

Consultation and Engagement

- 87 As part of the budget setting process the Pre-Budget Consultation provided an opportunity for interested parties to review and comment on the Council's Budget proposals. The budget proposals described in the consultation document were Council wide proposals and that consultation was invited on the broad budget proposals. Where the implications of individual proposals were much wider for individuals affected by each proposal, further full and proper consultation was undertaken with people who would potentially be affected by individual budget proposals.

Reasons for Recommendations

- 88 The overall process for managing the Council's resources focuses on value for money, good governance and stewardship. The budget and policy framework sets out rules for managing the Council's financial affairs and contains the financial limits that apply in various parts of the Constitution. As part of sound financial management and to comply with the constitution any changes to the budgets agreed by Council in the MTFS require approval in line with the financial limits within the Finance Procedure Rules.
-

- 89 This report provides strong links between the Council's statutory reporting requirements and the in-year monitoring and management processes for financial and non-financial management of resources.

Other Options Considered

- 90 None. This report is important to ensure Members of the Committee are sighted on the financial pressure the Council is facing and the activity to date to try and mitigate this issue and are given an opportunity to scrutinise this activity and identify any further actions that could be taken to learn to live within our means Do nothing. Impact – Members are not updated on the financial position of the Council. Risks – Not abiding by the Constitution to provide regular reports.

Implications and Comments

Monitoring Officer/Legal

- 91 The Council must set the budget in accordance with the provisions of the Local Government Finance Act 1992 and approval of a balanced budget each year is a statutory responsibility. Sections 25 to 29 of the Local Government Act 2003 impose duties on the Council in relation to how it sets and monitors its budget and require the Council to make prudent allowance for the risk and uncertainties in its budget and regularly monitor its finances during the year. The legislation leaves discretion to the Council about the allowances to be made and action to be taken.
- 92 The provisions of section 25 of the Local Government Act 2003, require that, when the Council is making the calculation of its budget requirement, it must have regard to the report of the chief finance (s.151) officer as to the robustness of the estimates made for the purposes of the calculations and the adequacy of the proposed financial reserves.
- 93 The Council should therefore have robust processes in place so that it can meet statutory requirements and fulfil its fiduciary duty. It must ensure that all available resources are directed towards the delivery of statutory functions, savings and efficiency plans. Local authorities are creatures of statute and are regulated through the legislative regime and whilst they have in more recent times been given a general power of
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competence, this must operate within that regime. Within the statutory framework there are specific obligations placed upon a local authority to support communities. These duties encompass general and specific duties and there is often significant local discretion in respect of how those services or duties are discharged. These will need to be assessed and advised on as each circumstance is considered.

- 94 The financial position of the Council must therefore be closely monitored, and Members must satisfy themselves that sufficient mechanisms are in place to ensure both that savings are delivered and that new expenditure is contained within the available resources. Accordingly, any proposals put forward must identify the realistic measures and mechanisms to produce those savings or alternative mitigations.
- 95 This report provides an update on progress for 2024/25 for all services.
- 96 It also provides updates and comments regarding the Council's request for Exceptional Financial Support under The Levelling-up and Regeneration Act 2023 which inserted an amended Section 12A as a trigger event within the Local Government Act 2003, in relation to capital finance risk management. The legislation also provides for risk mitigation directions to be given to the Council which limit the ability to undertake certain financial action. The limitations are based on identified risk thresholds.

Section 151 Officer/Finance

- 97 The Council's financial resources are agreed by Council and aligned to the achievement of stated outcomes for local residents and communities. Monitoring and managing performance helps to ensure that resources are used effectively, and that business planning and financial decision making are made in the right context.
 - 98 Reserve levels are agreed, by Council, in February each year and are based on a risk assessment that considers the financial challenges facing the Council. If spending associated with in-year delivery of services is not contained within original forecasts for such activity it may be necessary to vire funds from reserves.
 - 99 The unplanned use of financial reserves could require the Council to deliver a greater level of future savings to replenish reserve balances and / or revise the level of risks associated with the development of the Reserves Strategy in future.
 - 100 As part of the process to produce this report, senior officers review expenditure and income across all services to support the development
-

of mitigation plans that will return the outturn to a balanced position at year-end.

- 101 Forecasts contained within this review provide important information in the process of developing the Medium-Term Financial Strategy. Analysis of variances during the year will identify whether such performance is likely to continue, and this enables more robust estimates to be established.
- 102 The risk associated with the scale of these challenges is that the Council could act illegally, triggering the requirement for a s.114 report from the Chief Financial Officer. Illegal behaviour in this context could materialise from two distinct sources:
- i) Spending decisions could be made that exceed the available resources of the Council. This would unbalance the budget, which is unlawful.
 - ii) Spending decisions to restrict or hide pressures could be made that avoid an immediate deficit, but in fact are based on unlawful activity.
- 103 The consequences of the Council undermining a budget with illegal activity, or planned illegal activity, is the requirement to issue a s.114 report. Under these circumstances statutory services will continue and existing contracts and commitments must be honoured. But any spending that is not essential or which can be postponed must not take place.
- 104 Further consequences would be highly likely and could include the appointment of Commissioners from the MHCLG, and potential restrictions on the decision-making powers of local leaders.

Policy

- 105 This report is a backward look at Council activities and predicts the year-end position. It supports the Corporate Plan aim Open and priority to be an open and enabling organisation.
- 106 The forecast outturn position, ongoing considerations for future years, and the impact on general reserves will be fed into the assumptions underpinning the 2025 to 2029 Medium-Term Financial Strategy.
- 107 The approval of supplementary estimates and virements are governed by the Finance Procedure Rules section of the Constitution.

Equality, Diversity and Inclusion

108 Any equality implications that arise from activities funded by the budgets that this report deals with will be dealt within the individual reports to Members or Officer Decision Records to which they relate.

Human Resources

109 This report is a backward look at Council activities at outturn and states the year end position. Any HR implications that arise from activities funded by the budgets that this report deals with will be dealt within the individual reports to Members or Officer Decision Records to which they relate.

Risk Management

110 Financial risks are assessed and reported on a regular basis, and remedial action taken if required. Risks associated with the achievement of the 2023/24 budget and the level of general reserves were factored into the 2024/25 financial scenario, budget, and reserves strategy.

Rural Communities

111 The report provides details of service provision across the borough.

Children and Young People including Cared for Children, care leavers and Children with special educational needs and disabilities (SEND)

112 The report provides details of service provision across the borough and notes the pressure on Children in Care.

Public Health

113 This report is a backward look at Council activities at the first review and provides the forecast year end position. Any public health implications that arise from activities funded by the budgets that this report deals with will be dealt within the individual reports to Members or Officer Decision Records to which they relate.

Climate Change

114 There are no direct implications for climate change.

Access to Information	
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Appendices:	Annex 1 including: <ul style="list-style-type: none">• Section 1 2024/25 Forecast Outturn• Section 2 2024/25 Approved Budget Change Items• Section 3 Revenue Grants for approval• Section 4 Capital• Section 5 Reserves• Section 6 Treasury Management
Background Papers:	The following are links to key background documents: Medium-Term Financial Strategy 2024-2028 First Financial Review 2024/25

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Second Financial Review 2024/25

Results to end of August 2024

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Section 1: 2024/25 Forecast Outturn

- 1.1 Table 1 provides a service summary of financial performance based on information available as at the end of August 2024. The current forecast is that services will be £24.5m over budget in the current year.
- 2.1 It also shows that central budgets are forecast to be £4.5m under budget resulting in an overall outturn of £20.1m overspend against a net revenue budget of £395.4m, an improvement of £6.5m from FR1.
- 3.1 The overall revenue position does not include the impact of applying any Exceptional Financial Support.
- 4.1 The forecast outturn position is based on a full financial management review across all service and reflects the following assumptions:
 - Includes those savings that have been identified as non-achievable though the tracker on our High Level Business Cases (HLBC) with no/some alternative actions currently presented;
 - A review of the on-going impacts of adverse variances identified in 2023/24;
 - Any identified, emerging items of significance:
 - Within Adult Social Care, significant growth is forecast for care costs in line with position seen year to date, less mitigations linked to delivery of the Impower savings;
 - Includes the assumptions around additional revenue resources in Childrens Services to resource the draft improvement plan in relation to the recent OFSTED inspection;
 - Forecast impact of the proposed increased 2024/25 pay award £1.6m (unfunded);
 - Detailed review of any vacancy underspends in all areas;
 - One-off items that have been identified so far through line by line reviews and/or identification of additional funding that has been announced since the MTFS was set.
 - Mitigation activities delivered or forecast to be delivered by 31 March as reflected in paragraph 28 of the main covering report.
 - Review of Section 106 legacy budgets, the effects of which are partly reflected in the FR2 forecast out-turn as a one off contributions to reserves (to be further updated at FR3), work undertaken to date has identified an improvement (reduction) of the Council's bad debt provision of £0.8m,

Further items impacting on the level of the Council's balances are detailed in **Section 5**.

2024/25 FR2	Revised Budget (NET) £m	Forecast Outturn £m	Forecast Variance £m	Forecast Variance from FR1 FR1 £m	Movement from FR1 to FR2 FR2 £m
SERVICE DIRECTORATES					
Adult Social Care - Operations	145.9	167.8	21.9	21.7	0.2
Commissioning	(8.0)	(9.1)	(1.1)	(1.0)	(0.1)
Public Health	-	-	-	-	-
Adults and Health Committee	138.0	158.7	20.8	20.7	0.0
Directorate	2.3	3.4	1.1	1.3	(0.2)
Children's Social Care	55.3	58.9	3.6	4.6	(1.0)
Education, Strong Start & Integration	35.4	36.1	0.7	1.4	(0.7)
Children and Families Committee	93.0	98.4	5.4	7.3	(1.9)
Directorate	(0.34)	(0.37)	(0.03)	(0.03)	-
Growth & Enterprise	28.4	25.2	(3.2)	(2.6)	(0.7)
Economy and Growth Committee	28.1	24.8	(3.3)	(2.6)	(0.7)
Environment & Neighbourhood Services	48.4	48.3	(0.1)	0.6	(0.7)
Environment and Communities Committee	48.4	48.3	(0.1)	0.6	(0.7)
Highways & Infrastructure	16.0	15.4	(0.6)	(0.5)	(0.1)
Highways and Transport Committee	16.0	15.4	(0.6)	(0.5)	(0.1)
Directorate	1.4	1.2	(0.2)	(0.2)	(0.0)
Finance & Customer Services	12.2	14.0	1.8	1.9	(0.1)
Transformation	-	2.8	2.8	1.9	0.9
Governance & Compliance Services	10.9	9.6	(1.3)	(1.2)	(0.1)
Communications	0.7	0.7	(0.0)	(0.0)	0.0
HR	2.4	2.1	(0.3)	(0.3)	(0.0)
ICT	12.2	11.9	(0.3)	(0.1)	(0.2)
Policy & Change	2.0	1.8	(0.1)	(0.0)	(0.1)
Corporate Policy Committee	41.8	44.2	2.4	0.0	2.4
TOTAL SERVICES NET EXPENDITURE	365.3	389.9	24.5	25.6	(1.1)
CENTRAL BUDGETS					
Capital Financing	31.7	32.0	0.3	0.4	(0.1)
Transfer to/(from) Earmarked Reserves	(13.0)	(16.5)	(3.5)	0.6	(4.1)
Parish Precepts & Other Operating Expenditure	11.4	10.1	(1.3)	(0.1)	(1.2)
Finance Sub-Committee - Central Budgets	30.0	25.6	(4.5)	0.9	(5.4)
TOTAL NET EXPENDITURE	395.4	415.4	20.1	26.5	(6.5)
Business Rates Retention Scheme	(69.5)	(69.5)	0.0	-	0.0
Specific Grants	(32.4)	(32.4)	-	-	-
Council Tax	(293.5)	(293.5)	-	-	-
Finance Sub-Committee - Net Funding	(395.4)	(395.4)	0.0	-	0.0
NET (SURPLUS) / DEFICIT	(0.0)	20.1	20.1	26.5	(6.5)

Section 2: 2024/25 Approved Budget Change Items

The following table provides up detailed commentary on the progress against the approved budget change items that were agreed as part of the budget agreed in February 2024. These are split by relevant committee.

MTFS Ref No	Detailed List of Approved Budget Changes – Service Budgets	2024/25 MTFS £m	2024/25 Forecast Outturn £m	2024/25 Forecast Outturn Variance £m	Progress 2024/25 (RAG rating and commentary)
	Adults and Health Committee	+1.136	+21.900	+20.764	
1	Fees and Charges	-1.800	-1.800	0	Green – see below
2	Client Contributions Increase	-0.800	-4.649	-3.849	Green - £3.85m surplus vs client contribution budget forecasted for 2024/25. This is in addition to achieving the budgeted increase for Fees and Charges & Client Contribution increase in-year (£2.6m)
3	Working Age Adults - Prevent, Reduce, Delay	-1.467	-1.467	0	Green - Multiple activities contributing to these savings. Validation of delivery and measures being developed by SROs and Finance.
4	Older People – Prevent, Reduce, Delay	-1.566	-1.566	0	Green - Multiple activities contributing to these savings. Validation of delivery and measures being developed by SROs and Finance.
5	Market Sustainability and Workforce grant	-1.100	-1.100	0	Completed
6	Revenue grants for Adult Social Care	-2.480	-2.480	0	Completed
7	Pension Costs Adjustment	-0.493	-0.493	0	Completed
8	Investment in Adult Social Care	+7.600	+30.133	+22.533	Red – MTFS growth for Care Costs not sufficient to cover the pressure seen in 2023/24 plus the expected growth in 2024/25. Mitigations to reduce pressure reported separately.
9	Pay Inflation	+1.892	+2.104	+0.212	Red - NJC Pay Claim now approved - over spend against budget as a result of £1,290/2.5% increase. Increase compared to flat percentage budget increase of 3% within original MTFS.
10	Resettlement Revenue Grants – reversal of 2023/24 use	+0.850*	+0.850*	0	Completed
11	Adult Social Care Transformation Earmarked Reserve Release – reversal of 2023/24 use	+0.500*	+0.500*	0	Completed

MTFS Ref No	Detailed List of Approved Budget Changes – Service Budgets	2024/25 MTFS £m	2024/25 Forecast Outturn £m	2024/25 Forecast Outturn Variance £m	Progress 2024/25 (RAG rating and commentary)
12	Market Sustainability and Fair Cost of Care – Removal of Grant Income	-	-	-	Completed - Now a 2025/26 Item
13	Asset Management	TBC	TBC	-	Green - It is expected that the NHS will confirm their intentions for usage of one of the key CEC sites in question by September 2024. Once this is received, the business case for future usage of the site will be revisited and taken through the appropriate CEC governance procedures. The model of care in relation to high-cost adult social care and health provisions will be part of this work.
14	Investigate potential agency creation	TBC	TBC	-	Green - This proposal has been consistently delivered in relation to the usage of a Care Workers agency in all but name. Care4CE, the Council's in house care provider, has been utilising workers, both casual and agency, as a bank of workers for several years to successfully deliver operational requirements. The establishment of a CEC.
In year	Other variances to reconcile to 2024/25 FR2 forecast	0	+2.888	+2.888	
In year	Mitigations reducing the FR2 reported forecast position	0	-1.020	-1.020	

** Item represented a one-off spend in 2023/24. As it is not a permanent part of the budget, the value of the proposal is reversed in 2024/25.*

MTFS Ref No	Detailed List of Approved Budget Changes – Service Budgets (some of the budget change items have been separated out since the publication of the MTFS)	2024/25 MTFS £m	2024/25 Forecast Outturn £m	2024/25 Forecast Outturn Variance £m	Progress 2024/25 (RAG rating and commentary)
	Children and Families Committee	+9.909	+15.311	+5.402	
15	Discretionary offer to children with disabilities	-0.900	-0.903	-0.003	Green - On track, project team progressing multiple improvements to redesign the service offer, ensuring consistency and efficiency.
16	Remove school catering subsidy	-0.516	-0.049	+0.467	Red - In progress, rate uplift applied from September 2024 in order to cover the costs of the service through to the end of March 2025 when it ends. However, as some schools are making their own arrangements before the end of the financial year, this will impact on the savings target.
17	Review of structure to further integrate children and families services	-1.000	-0.200	+0.800	Red - Delivery Planning in progress to address saving. Including: further Establishment review, service redesign, cross directorate risk management.
18	Reduce discretionary Post-16 Travel Support	-0.400	-0.250	+0.150	Red - Agreed by Committee so progressing, too early to confirm take-up.
19	Achieve the Family Hub model	-0.250	-0.250	0	Green - Committee approved permission to consult. Following the consultation period, a report will go back to Committee in November for a decision to move forward with the new model. Savings are not going to be delivered in year therefore alternative saving being found to cover this.
20a	Other Service Reviews – Review of commissioned services across the C&F directorate. Review of the current Domestic Abuse Service	-0.100	-0.143	-0.043	Completed.
20b	Other Service Reviews – Maximise grant allocation to cover all costs	-0.100	0	+0.100	Red - Plan to explore current / future grants to ensure where T&Cs allow, contribution to fund base costs (e.g. staffing and on costs) is maximised.
20c	Other Service Reviews – Traded services	-0.050	+0.020	+0.070	Red - Part delivered but may need to look for alternative options to cover the remaining saving for this year.
21a	Reduce Growth in expenditure – review of high cost, low outcome external residential placements	-1.000	-1.000	0	Red - Whilst work has been taking place to open CE Children's Homes and our first open is now open, with our second due in autumn/winter, our collaboration with Foster4 working well to increase our foster carers, we still are seeing more children coming into carer. There is also increasing

MTFS Ref No	Detailed List of Approved Budget Changes – Service Budgets (some of the budget change items have been separated out since the publication of the MTFS)	2024/25 MTFS £m	2024/25 Forecast Outturn £m	2024/25 Forecast Outturn Variance £m	Progress 2024/25 (RAG rating and commentary)
					instability with the residential market,, driving up prices. Complex young people need high packages of support, which are extremely expensive. We are due to review all high cost placements and other placements to identify children for whom reunification to family would be appropriate. Processes are also in place by the Head of Provider Services to review costs being paid to providers.
21b	Reduce Growth in expenditure – increase commissioning approach to establish greater opportunities to provide accommodation for +16 young people	-0.400	-0.200	+0.200	Red - 16+ and 18+ Commissioning Plans / Market Shaping in Progress. Responding to increasing demand and complexity.
21c	Reduce Growth in expenditure – Foster Care	-0.250	-0.250	0	Amber - Developing a Delivery Plan to increase Foster Care provision.
21d	Reduce Growth in expenditure – reduced spend on expert assessment in court proceedings and services post public law proceedings	-0.250	-0.250	0	Amber - Establishing a Task & Finish Group to explore and develop processes and capacity to reduce costly legal proceedings.
22	Pension Costs Adjustment	-0.515	-0.342	+0.173	Red - Teacher's pension legacy costs are not reducing as anticipated. Completed - CEC pension reduction.
23	Growth to deliver statutory Youth Justice service, and growth to ensure budget is sufficient to meet Safeguarding Partnership duties	+0.170	+0.197	+0.027	Amber - It is incumbent upon the three statutory safeguarding partners, the police, health and the Local Authority, to ensure that adequate funding is allocated to the Children's Safeguarding Partnership so it can fulfil its statutory functions in delivering the multi-agency safeguarding arrangements. An internal audit identified the Local Authority had not reviewed its contributions to the partnership and was insufficiently contributing to the delivery of the partnership arrangements. As a result, growth was approved by committee. This has been supported by an increase in contributions from all partner agencies. A vacancy has also been held in the business unit.
24	Growth to provide capacity to deliver transformation for SEND	+0.500	+0.297	-0.203	Green.

MTFS Ref No	Detailed List of Approved Budget Changes – Service Budgets (some of the budget change items have been separated out since the publication of the MTFS)	2024/25 MTFS £m	2024/25 Forecast Outturn £m	2024/25 Forecast Outturn Variance £m	Progress 2024/25 (RAG rating and commentary)
25	Wraparound Childcare Programme (funded)	+0.587	+0.587	0	Amber - Currently reviewing sufficiency and funding details to manage delivery within budget.
25	Wraparound Childcare Programme (funded)	-0.587	-0.587	0	Amber - Currently reviewing sufficiency and funding details to manage delivery within budget.
26	Legal Proceeding - Child Protection	+0.770	+0.576	-0.194	Amber
27	Growth in School Transport budget	+0.936	+1.036	+0.100	Red.
28	Pay Inflation	+1.374	+1.915	+0.541	Red - NJC Pay Claim now approved - over spend against budget as a result of £1,290/2.5% increase. Increase compared to flat percentage budget increase of 3% within original MTFS.
29	Use of Children & Families Transformation Reserve – reversal of 2023/24 use	+1.065*	+1.065*	0	Completed.
30	Growth in Childrens Placement costs	+10.825	+12.987	+2.162	Red - Will need to be closely monitored throughout the year to ensure that funding is sufficient to meet demand and complexity.
31	Revenue costs for the Crewe Youth Zone (as above) aligned to Supporting Families Funding	-	-	-	Green
31	Early Help budget to support funding towards the Crewe Youth Zone	-	-	-	Green
32	SEND Capital Modification	TBC	TBC	-	Amber - Contingent upon wider asset management and associated timelines. Extensive work underway to plan and progress development opportunities. Captured as part of the Capital Program reported to Committee.
33	Childrens Social Work Bank	TBC	TBC	-	Red - Various options currently being explored as part of wider C&F Establishment review and potential peripatetic resource options.
34	Safe Walking Routes to School	TBC	TBC	-	Green - Features as part of School Transport Programme.
35	Withdrawal of the CEC School Meals Service	TBC	TBC	-	Green - Features as part of School Catering subsidy project - CF2428-16.
In year	In-year emerging variance Education, Strong Start and Integration	0	-0.779	-0.779	Green. Underspend relates to vacancy management, reduced spend and income generation across services.

MTFS Ref No	Detailed List of Approved Budget Changes – Service Budgets (some of the budget change items have been separated out since the publication of the MTFS)	2024/25 MTFS £m	2024/25 Forecast Outturn £m	2024/25 Forecast Outturn Variance £m	Progress 2024/25 (RAG rating and commentary)
In year	In-year emerging variance Children and Families Directorate	0	+0.165	+0.165	Red. Overspend relates to supplier compensation payment, external Quality Assurance Agency costs and cost of establishment.
In year	In-Year emerging variance Children's Social Care	0	+1.669	+1.669	Red. Overspend mainly relates to staffing costs.

** Item represented a one-off spend in 2023/24. As it is not a permanent part of the budget, the value of the proposal is reversed in 2024/25.*

MTFS Ref No	Detailed List of Approved Budget Changes – Service Budgets (some of the budget change items have been separated out since the publication of the MTFS)	2024/25 MTFS £m	2024/25 Forecast Outturn £m	2024/25 Forecast Outturn Variance £m	Progress 2024/25 (RAG rating and commentary)
	Corporate Policy Committee	+0.489	+2.966	+2.477	
36	Reduce leadership and management costs	-0.540	-	+0.540	Red - The feedback from the DMA review is that senior management vacancies will require recruitment to in order to complete the complement of Corporate Managers. In year vacancy savings will continue but will be time limited. There is potential to increase costs by additional management support during transformation. This will result in increased budget pressure. This pressure is being mitigated through the four in-year items at the end of this table. Most of those will be permanent and used to deliver this saving.
37	Close the Emergency Assistance Scheme	-0.220	-0.220	0	Completed
38	Reduce election costs and increase charges where possible	-0.150	-0.150	0	Green - The proposal is to make a payment during 2024/25 of £70k-£80k from the existing election account, as part of this one-off saving. The remainder will be delivered by reducing the sum which would normally be paid into the election reserve. This might be mitigated in the year of the next local elections by monies which will be raised by charging town and parish councils for their elections in 2027. However, this will not be sufficient and will be likely to lead to the need for a supplementary estimate.
39a	Accelerate Digital Transformation (ICT Operational efficiencies)	-0.100	-0.100	0	Green – third party costs have been reduced and there are plans to reduce further during the year.
39b	Accelerate Digital (Digital efficiencies)	-0.150	-0.150	0	Green – Removal of temporary budget for Solutions Architect Resource, now covered by an Earmarked Reserve.
40	Enforce prompt debt recovery and increase charges for costs	-0.150	-0.150	0	Completed - The award of costs is a matter for the Magistrates at each court hearing. However, only by exception will they vary from the level already agreed by us with the Court Manager. The approach to the Court Manager has been made and the revised level agreed. The action is therefore complete, but the financial benefits will accrue as we continue

MTFS Ref No	Detailed List of Approved Budget Changes – Service Budgets (some of the budget change items have been separated out since the publication of the MTFS)	2024/25 MTFS £m	2024/25 Forecast Outturn £m	2024/25 Forecast Outturn Variance £m	Progress 2024/25 (RAG rating and commentary)
					the regular recovery process during the year.
41a	Other efficiencies and reductions across Corporate Services – School Subsidy (ICT)	-0.032	-0.033	-0.001	Green
41b	Other efficiencies and reductions across Corporate Services – Organisational Development	-0.100	-0.100	0	Completed
41c	Other efficiencies and reductions across Corporate Services – Registration Services	-0.050	-0.050	0	Green
41d	Other efficiencies and reductions across Corporate Services – School Subsidy	-0.018	0	+0.018	Amber - Part of the £50k School Subsidy saving - Finance team to assist in identifying options. These are listed at the end of the table.
41e	Other efficiencies and reductions across Corporate Services	-0.010	0	+0.010	Amber - Finance team to assist in identifying options. These are listed at the end of the table.
41f	Other efficiencies and reductions across Corporate Services – Printing	-0.050	0	+0.050	Amber - Finance team to assist in identifying options. These are listed at the end of the table.
41g	Other efficiencies and reductions across Corporate Services – Hybrid working / mileage	-0.050	0	+0.050	Amber – Options being considered regarding reduced travel spend including ensuring efficient planning around meeting attendance and minimising unnecessary movements across the area. This maximises efficient use of time as well for teams.
42	Pension Costs Adjustment	-0.378	-0.378	0	Completed
43	Mitigation of reduction in the Dedicated Schools Grant	+0.136	+0.136	0	Completed
44	Pay Inflation	+1.446	+1.581	+0.135	Red - NJC Pay Claim now approved - over spend against budget as a result of £1,290/2.5% increase. Increase compared to flat percentage budget increase of 3% within original MTFS.
45	Legal Services Capacity	+0.455	+0.455	0	Completed
46	ICT Review 1	+0.450	+0.450	0	Green
47	Workforce Strategy Review	TBC	-	-	Amber - There are no savings attributed to this area in 2024/2025. Opportunities to explore workforce options are being considered alongside transformation work. Any savings are likely to be realised in

MTFS Ref No	Detailed List of Approved Budget Changes – Service Budgets (some of the budget change items have been separated out since the publication of the MTFS)	2024/25 MTFS £m	2024/25 Forecast Outturn £m	2024/25 Forecast Outturn Variance £m	Progress 2024/25 (RAG rating and commentary)
					2025/26 at the earliest. It is recommended that this item is removed from the list.
In year	Recognising the increased level of Registration service income of £350k.	0	-0.350	-0.350	This will be a permanent change to deliver the Red ranked items above.
In year	Recognising the receipt of £45k of Police and Crime Commissioner grant income.	0	-0.045	-0.045	This will be a permanent change to deliver the Red / Amber ranked items above.
In year	Taking the underspend on phones in corporate services (mobiles and rental) compared to budget.	0	-0.060	-0.060	This will be a permanent change to deliver the Red / Amber ranked items above.
In year	Additional mitigations to balance to FR1 position of +£23k for corporate incl ICT.	0	+2.130	+2.130	These will be a mix of permanent and temporary items to assist the in-year position. This includes Transformation costs.

MTFS Ref No	Detailed List of Approved Budget Changes – Service Budgets	2024/25 MTFS £m	2024/25 Forecast Outturn £m	2024/25 Forecast Outturn Variance £m	Progress 2024/25 (RAG rating and commentary)
	Economy and Growth Committee	+3.316	+0.041	-3.275	
49	Service Restructures within Place based Services	-0.787	0	+0.787	Amber – achievement through permanent savings remains challenging without a full restructure – which is pending the LGA review. Mitigation is through offset of underspend 'in year' and proposals are to be considered to offset permanently.
50	Reduce opening hours for main offices	-0.050	-0.050	0	Completed
51	Office estate rationalisation	-0.550	-0.250	+0.300	Amber - due to the timeline for the transfer of buildings being extended. This item is being mitigated by in year savings and by the items at the end of the table which are a mix of permanent and temporary measures.
52	Tatton Park	-0.046	-0.046	0	Amber - Savings can be achieved through investment in the Tatton Vision Programme. To date this programme has achieved cumulative MTFS savings of £624k. Amber rating reflects the fact that the Tatton Vision capital programme is currently under review. Lack of investment to maintain infrastructure or develop visitor attractions is likely to reduce savings.
53	Transfer of Congleton Visitor Information Centre	-0.020	-0.020	0	Green - Transfer of Congleton VIC to the Town Council has already occurred.
54	Pension costs adjustment	-0.157	-0.157	0	Completed
55	Tatton Park ticketing and electronic point of sale (EPOS) upgrade	+0.005	+0.005	0	Green - A procurement process is currently underway to source a supplier who can ensure onsite and web-based delivery of a new system which aligns with present and future needs. Improved functionality should enable future savings delivery.
56c	West Park collection	+0.012	+0.012	0	Green - Cost for vital conservation and storage of West Park Museum collections and ongoing temporary storage requirements.
56d	CEC archives	+0.008	0	-0.008	Amber - Timescales for implementation of the Archives capital project have slipped due to grant funding decisions, with revised opening date of Spring 2026.
57	Property Information and Management System - Estates – Revenue Adjustment	+0.030	+0.031	+0.001	Completed

MTFS Ref No	Detailed List of Approved Budget Changes – Service Budgets	2024/25 MTFS £m	2024/25 Forecast Outturn £m	2024/25 Forecast Outturn Variance £m	Progress 2024/25 (RAG rating and commentary)
58	Housing	+0.035	+0.035	0	Green - Consultation on the Housing Restructure commences 22 May and includes the post that the funding is attributed to. The new structure will be implemented by 1 August 2024.
59	Environmental Hub Waste Transfer Station	+0.040	+0.040	0	Green - Project on track delivery Q1/2. The replacement of bay 1 in the Councils Environmental Hub Residual Waste Transfer Station building with a new design more likely to provide long-term resilience to wear and tear, to enable the continuation of waste processing at the transfer station.
60	Rural and Visitor Economy	+0.045	+0.045	0	Green - Additional revenue support is required to cover the increase in electricity charges for the Rural and Culture Economy Service to maintain existing service provision at Tatton Park and Countryside sites.
61	Minimum energy efficiency standards (MEES) - Estates - Revenue Adjustment	+0.079	+0.079	0	Amber – Prioritised negotiations with 3rd parties/tenants occupying premises being expedited to avoid delays on obtaining access for surveys, completing necessary improvement works and legally completing lease renewals.
62	Public Rights of Way Income Realignment	+0.115	+0.115	0	Completed. Adjustments made to budget forecasts 2024/25
63	Pay inflation	+0.788	+0.940	+0.152	Red - NJC Pay Claim now approved - over spend against budget as a result of £1,290/2.5% increase. Increase compared to flat percentage budget increase of 3% within original MTFS. This item is being mitigated by the items at the end of the table which are a mix of permanent and temporary measures.
64	Crewe town centre maintenance and operation	+0.650	+0.630	-0.020	Green
65	Assets - Buildings and Operational	+3.119	+3.119	0	Green
66	Landfill Site Assessments revenue adjustment - Estates – CE Owned Landfill sites (53 sites) Review and Risk Assessment completions	-	-	-	Amber - £10k cost growth in for 25/26. Second stage of the review to commence shortly. Internal capacity within Environmental Services to be identified.
67	Tatton Park Estate Dwellings Refurbishment	-	-	-	Completed - Provision for response maintenance issues for 8 onsite dwellings to ensure properties meet standards required as part of tenancy agreements and the National Trust lease.

MTFS Ref No	Detailed List of Approved Budget Changes – Service Budgets	2024/25 MTFS £m	2024/25 Forecast Outturn £m	2024/25 Forecast Outturn Variance £m	Progress 2024/25 (RAG rating and commentary)
68	Improving Crewe Rented Housing Standards	-	-	-	Green
In year	Growth & Enterprise 2024/25 mitigations to balance back to finance review position	0	-3.672	-3.672	
In year	Place Directorate 2024/25 mitigations to balance back to finance review position	0	-0.815	-0.815	

MTFS Ref No	Detailed List of Approved Budget Changes – Service Budgets	2024/25 MTFS £m	2024/25 Forecast Outturn £m	2024/25 Forecast Outturn Variance £m	Progress 2024/25 (RAG rating and commentary)
	Environment and Communities Committee	-0.052	-0.178	-0.126	
69	Refresh wholly owned company overheads and contributions	-1.000	-1.500	-0.500	Green - ASDV Review recommendations have now been approved in full by Finance Sub-Committee in their role as shareholder of the wholly owned companies. The process of insourcing these services is now underway which will release an element of their reserves in year to meet this one-off contribution.
70	Strategic Leisure Review (Stage 2)	-1.305	-1.185	+0.120	Amber - Initial savings secured via committee decision on 11th March 2024. Proposals are being developed with EHL and town and parish councils to secure the residual £250k amount - dialogue is ongoing.
71	Mitigate the impact of contract inflation and tonnage growth	-0.490	-0.490	0	Completed - Mitigate the impact of contract inflation and tonnage growth.
72	Emergency reduction of Household Waste Recycling Centres (HWRC) to four core sites	-0.263	-0.200	+0.063	Amber - Full saving on basis of original HLBC will not be achieved due to introduction of mobile provision offer as a result of Full Council decision and costs associated with trial of booking system. Following implementation of temporary closures final negotiations with supply chain are nearing conclusion in relation to savings in year, which include adjustment for waste diversion. This item is being partly mitigated by the item at the end of the table which is a mix of permanent and temporary measures.
73	Libraries Strategy	-0.365	-0.302	+0.063	Amber - Development of and consultation on Libraries Strategy is now reaching a conclusion following public consultation. Need to secure committee decision to implement final Strategy (target Nov 2024) – engagement with Town and Parish Councils undertaken to shape the Strategy proposals and seek funding contributions, which is continuing and producing results. This item is being partly mitigated by the item at the end of the table, which is a mix of permanent and temporary measures, principally vacancy management.
74	Reduce costs of street cleansing operations	-0.200	-0.200	0	Green - Value of saving now reduced from ANSA Management Fee for 2024/25, proposals to achieve which include immediate reductions in service

MTFS Ref No	Detailed List of Approved Budget Changes – Service Budgets	2024/25 MTFS £m	2024/25 Forecast Outturn £m	2024/25 Forecast Outturn Variance £m	Progress 2024/25 (RAG rating and commentary)
					resilience, due to removal of any vacancies and under utilised fleet.
75	Reduce revenue impact of carbon reduction capital schemes	-0.336	0	+0.336	Amber – Carbon Neutral Council target deferred from 2025 to 27, as agreed at Full Council on 27.02.24, large scale prudential borrowing funded schemes spend now reprofiled to suit, however budget not sat within E&C Committee. Discussion with Corporate Financing team to re-allocate. This item is being partly mitigated by the item at the end of the table which is a mix of permanent and temporary measures.
76	Increase Garden Waste charges to recover costs	-0.045	-0.045	0	Green – Increase Garden Waste charges for the calendar year 2025 to recover costs
77	MTFS 80 (Feb 23) – Waste Disposal – Contract Inflation and Tonnage Growth (updated forecast)	+3.577	+3.977	+0.400	Green – rating due to fluctuations in waste markets relating to recyclates and continued levels of inflation, outside CEC control and not aligned to projections. Mitigation is to continue with monthly financial monitoring and detailed update of forecasting to year end, based on market intelligence from suppliers and historical seasonal trends data.
78	Pay Inflation – CEC & ASDV	+1.861	+2.397	+0.536	Red - NJC Pay Claim now approved - over spend against budget as a result of £1,290/2.5% increase. Increase compared to flat percentage budget increase of 3% within original MTFS. This item is being partly mitigated by the item at the end of the table which is a mix of permanent and temporary measures.
79	Pension Costs Adjustment	-0.151	-0.151	0	Completed
80	MTFS 90 (Feb 23) Strategic Leisure Review	+1.250	+1.250	0	Completed - Growth item budget adjustment only - replacing 2023/24 £1.3m savings target.
81	MTFS 91 (Feb 23) – Green Spaces Maintenance Review	-0.200	-0.200	0	Green - Year 2 saving - Policy now implemented and full saving secured from ANSA contract.
82	MTFS 92 (Feb 23) - Review Waste Collection Service - Green Waste	-3.150	-3.150	0	Green - Subscription levels in line with original business model.
83	Review MTFS 92 (Feb 23) Garden waste subscription financial model in line with latest subscription levels and with actual observed	-0.429	-0.429	0	Green - Continued monitoring of subscription levels and any adverse impacts is already in place, update to original business plan assumptions.

MTFS Ref No	Detailed List of Approved Budget Changes – Service Budgets	2024/25 MTFS £m	2024/25 Forecast Outturn £m	2024/25 Forecast Outturn Variance £m	Progress 2024/25 (RAG rating and commentary)
	position on any waste migration				
84	MTFS 93 (Feb 23) Libraries - Service Review	-0.200	-0.200	0	Amber - Year 2 of Service Review - reduction in staffing levels have been implemented and now include vacancy management in year to ensure achievement of saving. Currently covered temporarily by vacancy savings
85	Explore a Trust delivery model for Libraries and other services	+0.150	+0.020	-0.130	Green - Growth item to cover one off costs relating to implementation of alternative delivery model(s) for libraries service. Aligned to development of Libraries Strategy.
86	CCTV – Service Efficiencies	-0.030	-0.030	0	Green – Ongoing actions to increase customer base for existing services, identification of new chargeable services/customers and service efficiency savings as well as increased fees and charges to meet the target.
87	Congleton Town Council Collaboration Agreement – Grounds Maintenance	-0.062	-0.062	0	Completed - Congleton Town Council Collaboration Agreement on Grounds Maintenance Cheshire East Contribution reduced in line with reductions in Cheshire East Maintained green space.
88	Closed Cemeteries	+0.005	+0.005	0	Completed - Inflationary adjustment to previous budget allocation only.
89	Environmental Hub maintenance	+0.023	+0.023	0	Completed - Inflationary adjustment to previous budget allocation only.
90	Review Closed Landfill Sites	+0.300*	+0.300*	0	Completed - The Council has responsibility for a number of closed landfill sites across the borough for which it holds a provision.
91	Land Charge Income Adjustment	+0.050	+0.064	+0.014	Amber - Uncertainty around implementation timescales of HMLR changes to centralise some aspects of land charges functions hence understanding of actual impact, to be regularly monitored.
92	Building Control Income Alignment	+0.203	+0.403	+0.200	Amber - Due to current national trend of downturn in planning and related building control income. To be monitored through more regular financial forecasting in service. Reforms to national planning policy recently consulted upon may have a positive impact on this position moving forward due to uplift in both volume and pace of developments coming forward. To be considered in due course following Govt announcement. This item is being partly mitigated by the item at the end of the table which is a mix of permanent and temporary measures.

MTFS Ref No	Detailed List of Approved Budget Changes – Service Budgets	2024/25 MTFS £m	2024/25 Forecast Outturn £m	2024/25 Forecast Outturn Variance £m	Progress 2024/25 (RAG rating and commentary)
93	Local Plan Review	+0.255	+0.255	0	Completed - Budget adjustment to provide additional one-off funding towards development of new Local Plan, now commenced.
94	Planning income	+0.400	+0.910	+0.510	Amber – Forecast reduced income in year due to current national trend of downturn in planning applications and hence income. Proactively monitored through regular financial forecasting in service. Partially mitigated by continued high level of vacancies and the item at the end of the table. Recent national planning policy forms announced by Govt which were subject to a consultation process may help to alleviate the income position, but will require vacancies to be filled to cater for the likely increase in applications. To be considered as and when further announcement made.
95	Planning Service Restructure	-	-	-	Green - No action for 2024/25. Growth for 2025/26 to be kept under review.
96	Review of Household Waste Recycling Centres	+0.100	+0.100	0	Green - all activities are on track for completion on time following decision at Environment and Communities Committee on 26 September 2024 to proceed with preferred option and finalisation of new operating contract procurement process.
In year	Environment & Neighbourhood Services mitigations 2024/25 to balance back to finance review position	0	-1.738	-1.738	

* Item represented a one-off saving in 2023/24. As it is not a permanent part of the budget, the value of the proposal is reversed in 2024/25.

MTFS Ref No	Detailed List of Approved Budget Changes – Service Budgets	2024/25 MTFS £m	2024/25 Forecast Outturn £m	2024/25 Forecast Outturn Variance £m	Progress 2024/25 (RAG rating and commentary)
	Highways and Transport Committee	+4.869	+4.267	-0.602	
97	Highway maintenance savings	-0.750	-0.750	0	Green - Savings are being achieved through: - reducing the number of cuts on grass verges from 10 to 8; - directly employing staff to carry out surveys, rather than sub-contracting; - reductions in staffing and vacancy management; and - reliance on the Council's adverse weather reserve for snow clearance. Service budgets have been reduced to reflect the savings being made.
98	Introduce annual increases to car parking charges	-0.150	-0.150	0	Green - Annual inflation adjustment to existing P&D tariffs can be implemented by 1st July 2024, in advance of bringing charges into effect in the "free towns". This is 3 months earlier than planned.
99	Pension Costs Adjustment	-0.052	-0.052	0	Completed
100	Highways	-0.031	-0.031	0	Completed - This saving was delivered by changes to response times to defects in 2023/24.
101	Safe Haven outside schools (Parking)	-0.023	-0.023	0	Red - Introduction of CCTV camera enforcement of waiting/loading restrictions at school gates on a trial basis using bespoke equipment that is type approved and proven for these purposes in order to improve road safety and increase enforcement capacity at these high risk locations.
102	Transport and Infrastructure Strategy Team - Restructure	+0.120	+0.060	-0.060	Amber - Vacancies in existing structure provide some flexibilities of resourcing and recruitment planning.
103	Pay Inflation	+0.339	+0.351	+0.012	Red - NJC Pay Claim now approved - over spend against budget as a result of £1,290/2.5% increase. Increase compared to flat percentage budget increase of 3% within original MTFS. This item is being mitigated by the item at the end of the table which is a mix of permanent and temporary measures.
104	Parking - PDA / Back Office System contract	+0.100	+0.100	0	Green - Market testing completed - exploring a direct award opportunity with implementation testing and data migration.
105	Flood and Water Management Act 2010 SuDS & SABs Schedule 3 Implementation	+0.100	+0.100	0	Green - The requirement is to be ready to implement changes when regulations are implemented nationally.

MTFS Ref No	Detailed List of Approved Budget Changes – Service Budgets	2024/25 MTFS £m	2024/25 Forecast Outturn £m	2024/25 Forecast Outturn Variance £m	Progress 2024/25 (RAG rating and commentary)
					A training plan for existing staff has been identified. Recruitment is to be progressed.
106	Energy saving measures from streetlights	+0.242	+0.242	0	Completed - This entry was in the MTFS to cancel an unachievable saving from 2022/23. There is no further action.
107	Parking	+0.245	+0.245	0	Amber - Following decisions in January 2024, arrangements are in place to adjust existing Pay & Display tariffs from 1 July 2024 and extend pay and display to car parks in "free towns" by October 2024. Statutory consultations on Sunday and Evening charges will start in July. A trial of demand-responsive tariffs will begin with the opening of the new multistorey car park in Crewe.
108	Highways Revenue Services	+2.479	+2.479	0	Completed - This is a growth item. The growth has been factored into 2024/25 service levels and business plans. No further action.
109	Local Bus	+2.250	+2.250	0	Green
110	FlexiLink Service Improvement Plan	-	-	-	Green - A bus service review consultation is underway, including proposals relating to flexible transport. Committee received a report updating on the outcomes of the consultation and the approach to procurement on 19 September 2024.
111	Highways Depot Improvements	-	-	-	Red - This later year saving is subject to the approval of the business case for capital investment in depots. This will be reviewed during 2024/25.
112	Bus Stop Advertising Revenue Generation	-	-	-	Amber - Opportunity to shadow CWAC council's extension of the existing contract in the interim period.
In year	Highways & Infrastructure 2024-25 mitigations to balance to finance review	0	-0.554	-0.554	

MTFS Ref No	Detailed List of Approved Budget Changes – Central Budgets	2024/25 £m	2024/25 Forecast Outturn £m	2024/25 Forecast Outturn Variance £m	Progress 2024/25 (RAG rating and commentary)
	Finance Sub-Committee	-19.667	-24.138	-4.471	
113	Capital Financing - Minimum Revenue Provision	+9.508	+9.846	+0.338	Amber – assumes use of reserve of £2.135m (subject to approval). Ongoing capital review seeking to significantly reduce spend funded by borrowing.
114	Central Bad Debt Provision adjustment	+0.600	+0.600	0	Completed - budget adjustment.
115	Use of Earmarked Reserves – MTFS Reserve	+0.255	+0.255	0	Completed - budget adjustment / planned use of reserve.
115	MTFS Reserve – reversal of 2023/24 use	+1.536	+1.536	0	Completed - budget adjustment / planned use of reserve.
116	Collection Fund Reserve - Use of Earmarked Reserves	-0.834	-0.834	0	Completed - budget adjustment / planned use of reserve.
116	Collection Fund Reserve – reversal of 2023/24 use of reserves	+2.234	+2.234	0	Completed - budget adjustment / planned use of reserve.
117	Brighter Futures Transformation – reversal of 2023/24 use of reserves	+1.271	+1.271	0	Completed - budget adjustment / planned use of reserve.
118	Use of General Reserves – Fund in-year budget shortfall [NEW]	-11.654	-11.654	0	Completed - Drawn down in line with the MTFS forecast.
Amber 119	Council Tax - % increase	-13.527	-13.527	0	Green - Council tax and business rates income collection managed through the Collection Fund therefore no impact on current year funding target.
120	Council Tax – Base increase	-2.461	-2.461	0	Green - Council tax and business rates income collection managed through the Collection Fund therefore no impact on current year funding target.
121	Business Rates Retention Scheme – use of S31 compensation grants	-1.350	-1.350	0	Green - Grants to be received in line with final settlement from MHCLG.
122	Unring-fenced Grants + Revenue Support Grant	-5.245	-5.245	0	Green - Grants to be received in line with final settlement from MHCLG.
123	Council Tax and Business Rates Collection [NEW]	TBC	-	-	Initial case was to implement a working group to review council tax collection. No savings value was assigned to the case. The intention now is to bring

MTFS Ref No	Detailed List of Approved Budget Changes – Central Budgets	2024/25 £m	2024/25 Forecast Outturn £m	2024/25 Forecast Outturn Variance £m	Progress 2024/25 (RAG rating and commentary)
					forward via an informal briefing to include options around the council tax support scheme review (FS2428)
124	Council Tax Support [NEW]	TBC	-	-	Preparations to be made during 2024/25 with a view to amending the council tax support scheme in 2025/26. No value is assigned to 2024/25 as any savings/growth will be realised in 2025/26. Consultation dates / material to come via Finance Sub-Committee for summer launch. Final decision point will be December Council meeting 2024.
In year	Bad Debt Provision reduction (one off)	-	-0.839	-0.839	
In year	S106 (Estimate provisional – one off – may increase, still under review)	-	-0.452	-0.452	
In year	Increased use of reserves re Transformation spend included in Service FR2 forecasts	-	-4.034	-4.043	
In year	Adjustment to use of Earmarked reserves budgeted figure within Service Budgets	-	+0.525	+0.525	

Section 3: Revenue Grants for approval

- 3.1. Cheshire East Council receives two main types of Government grants; specific purpose grants and general use grants. Specific purpose grants are held within the relevant service with a corresponding expenditure budget. Whereas general use grants are held in central budgets with a corresponding expenditure budget within the allocated service area.
- 3.2. Spending in relation to specific purpose grants must be in line with the purpose for which it is provided.
- 3.3. **Table 1** shows additional specific purpose grant allocations that have been received over £1m that **Council** will be asked to approve.
- 3.4. **Table 2** shows additional specific purpose grant allocations that have been received which are over £500,000 and up to £1m, and are for **Committee** approval.

Table 1 – Council Decision

Supplementary Revenue Estimate Requests for Allocation of Additional Grant Funding (Specific Purpose) over £1,000,000

Committee	Type of Grant	£000	Details
Children and Families – Children’s Services	Household Support Fund (Specific Purpose)	2,200	This grant is from the Department for Work and Pensions. This is an extension to the Household Support Fund (HSF) and will cover the period from October 2024 to March 2025. The HSF is to provide crisis support to financially vulnerable households most in need.

Table 2 – Committee Decision

Supplementary Revenue Estimate Requests for Allocation of Additional Grant Funding (Specific Purpose) over £500,000 up to £1,000,000

Committee	Type of Grant	£000	Details
Adults and Health	Asylum Dispersal Scheme (Specific Purpose)	770	This grant is from the Home Office (HO). Funding allocated by the Home Office for Cheshire East to support the Asylum Dispersal Scheme.

Section 4: Capital

Table 1: Financial Parameters for 2023/24 to 2026/27

Parameter	Value (£m)			
	2023/24	2024/25	2025/26	2026/27
Repayment of Borrowing				
Minimum Revenue Provision*	17.5	18.8	23.2	24.9
External Loan Interest	14.3	18.1	16.5	15.0
Investment Income	(3.8)	(3.5)	(2.2)	(1.8)
Contributions from Services Revenue Budgets	(1.2)	(1.3)	(1.8)	(2.4)
Total Capital Financing Costs	26.8	32.1	35.7	35.7
Use of Financing EMR	(7.9)	(2.1)	0	0
Actual CFB in MTFs	19.0	28.5	35.2	35.5
Budget Deficit	(0)	1.5	0.5	0.2
Capital Receipts targets*	1.0	1.0	1.0	1.0
Flexible use of Capital Receipts	1.0	1.0	1.0	1.0

*Anticipated MRP based on achieving capital receipts targets

- 1.1. The revised programme is funded from both direct income (grants, external contributions) and the Council's own resources (prudential borrowing, revenue contributions, capital reserve). A funding summary is shown in **Table 2**.
- 1.2. **Table 3** lists details of Delegated decisions up to £500,000 for noting.
- 1.3. **Table 4** lists Capital Supplementary Estimates over £500,000 and up to £1,000,000 for committee approval and Capital Virements over £500,000 and up to and including £5,000,000 that require Relevant Member(s) of CLT and Chief Finance Officer in consultation with Chair of the relevant Committee and the Chair of Finance Sub-Committee to approve.
- 1.4. **Table 5** lists Supplementary Capital Estimates over £1,000,000 which Finance Sub committee are asked to recommend to Council for approval.

Table 2: Capital Programme Update

CHESHIRE EAST COUNCIL CAPITAL PROGRAMME SUMMARY					
CAPITAL PROGRAMME 2024/25 - 2027/28					
	Forecast 2024/25 £000	Forecast 2025/26 £000	Forecast 2026/27 £000	Forecast 2027/28 £000	Total Forecast 2024-28 £000
Committed Schemes - In Progress					
Adults and Health	800				800
Children and Families	32,551	25,086	16,355	17,749	91,741
Highways & Transport	46,992	36,385	27,297	126,015	236,689
Economy & Growth	43,747	32,669	44,164	61,502	182,082
Environment & Communities	13,184	17,001	3,414	22	33,621
Corporate Policy	11,962	6,627	3,173	1,834	23,596
Total Committed Schemes - In Progress	149,236	117,768	94,403	207,122	568,529
CAPITAL PROGRAMME 2024/25 - 2027/28					
	Forecast 2024/25 £000	Forecast 2025/26 £000	Forecast 2026/27 £000	Forecast 2027/28 £000	Total Forecast 2024-28 £000
New Schemes					
Adults and Health					0
Children and Families	1,738	7,200	5,248	3,000	17,186
Highways & Transport	895	21,842	15,051	15,051	52,839
Economy & Growth	3,145	358	0	0	3,503
Environment & Communities	2,647	4,602	1,150	0	8,399
Corporate Policy					0
Total New Schemes	8,425	34,002	21,449	18,051	81,927
Total	157,661	151,770	115,852	225,173	650,456
Funding Requirement					
Indicative Funding Analysis: (See note 1)					
Government Grants	96,481	81,330	71,168	114,808	363,786
External Contributions	15,402	11,784	12,642	67,855	107,683
Revenue Contributions	444	0	0	0	444
Capital Receipts	233	660	17,240	17,466	35,599
Prudential Borrowing (See note 2)	45,101	57,996	14,802	25,044	142,943
Total	157,661	151,770	115,852	225,173	650,456

Note 1:

The funding requirement identified in the above table does not currently represent a balanced and affordable position, in the medium term. The Council will need to transform the capital programme to reduce the number of schemes requiring Cheshire East Resources and the need to borrow. The level of capital receipts are based on a prudent approach based on the work of the Asset Management team and their most recently updated Disposals Programme.

Note 2:

The schemes marked **and highlighted in the MTFs cannot proceed until the Capital Programme Review has been completed. Any urgent requests to continue prior to the reviews completion will require approval from the Chair of Finance Sub Committee and the S.151 Officer

Note 3:

Appropriate charges to the revenue budget will only commence in the year following the completion of the associated capital asset. This allows the Council to constantly review the most cost effective way of funding capital expenditure.

Table 3: Delegated Decisions – Supplementary Capital estimates and Budget virements up to £500,000

Committee / Capital Scheme	Amount Requested £	Reason and Funding Source
Supplementary Capital Estimates that have been made up to £500,000		
Highways & Transport		
Infrastructure		
S106 M6 J17 Improvements	57,295	To add S106 monies received into the Programme.
Alvaston Roundabout Works	448,281	To add S106 monies received into the Programme.
Total Supplementary Capital Estimates Requested	505,576	
£		
Capital Budget Virements that have been made up to £500,000		
Economy & Growth		
Macclesfield Indoor Market Refurbishment	243,000	To be moved from Macc on Foot, both Shared Prosperity Fund (UK) grant funded projects.
Highways		
Programme Management	118,320	To match budget to cost alignment, funded by virement from "Client Contract and Asset Management". All funded by Local Transport Grant.
Bridge Maintenance Minor Works	254,593	Works in relation to A523 Mill house Bridge, to be funded by virements from "Transport & Infrastructure Development Studies" (£50,000); "Client Contract and Asset Management" (£154,593); "LTP Development & Monitoring Studies" (£50,000). All funded by Local Transport Grant.
Total Capital Budget Virements Approved	615,913	
Total Supplementary Capital Estimates and Virements	1,121,489	

Table 4: Requests for Supplementary Capital Estimates (SCEs) and Virements

Committee / Capital Scheme	Amount Requested £	Reason and Funding Source
Service Committee are asked to approve the Supplementary Capital Estimates above £500,000 up to and including £1,000,000		
Highways & Transport		
Transport		
Bridge Maintenance Minor Wks	602,407	Works in relation to A523 Mill house Bridge, to be funded by reimbursements in relation to insurance claims.
Total Supplementary Capital Estimates Requested	602,407	
Service committee are asked to note Capital Budget Virements above £500,000 up to and including £5,000,000 for approval by Relevant Member(s) of CLT and Chief Finance Officer in consultation with Chair of the relevant Committee and the Chair of Finance Sub-Committee		
Highways & Transport		
Infrastructure		
Middlewich Eastern Bypass	2,243,000	} Virements from Congleton Relief Road whose revised forecasts are expected to be significantly less.
Poynton Relief Road	2,191,429	
Total Capital Virements requested	4,434,429	
Total Supplementary Capital Estimates and Virements	5,036,836	

Table 5: Recommendations for Approval for Supplementary Capital Estimates (SCEs) and Virements

Committee	Amount Requested £	Reason and Funding Source
Finance Sub Committee are asked to recommend to Council the approval of the Supplementary Capital SCEs over £1,000,000		
Highways & Transport		
Infrastructure		
Burford Roundabout Works	1,389,281	To add S106 monies received against planning app 13/2471N plus any subsequently applied interest into the Programme so that initial works can take place.
Total Supplementary Capital Estimates Requested		1,389,281
Total Supplementary Capital Estimates and Virements		1,389,281

Section 5: Reserves

Management of Council Reserves

- 5.1. The Council's Reserves Strategy states that the Council will maintain reserves to protect against risk and support investment.
- 5.2. The opening balance at 1 April 2024 in the Council's General Fund Reserves was £5.6m, as published in the Council's Statement of Accounts for 2023/24.
- 5.3. At FR1 stage the closing balance at 31 March 2025 in the Council's General Fund Reserve was forecast to be £4.5m. However, at the FR2 stage, a further £4m transformational spend has been included within the service forecasts which will be funded from General reserves, reducing the forecast balance to £0.5m.
- 5.4. The current balance on reserves is insufficient in order to provide adequate protection against established and newly emerging risks, such as inflation and particularly the DSG deficit, which is projected to rise to £120.1m by year end and has been highlighted in the MTFS as having no alternative funding.
- 5.5. The Council also maintains Earmarked Revenue Reserves for specific purposes. The opening balance at 1 April 2024 was £32.3m.
- 5.6. During 2024/25, a net total of £10.6m has been drawn down to the support the in-year deficit position. A further £6.3m is being forecast to fund expenditure specifically provided for by services. These balances fall within the forecasts approved during the MTFS budget setting process.
- 5.7. Additional drawdown requests, above those forecast during MTFS, have been made by various services to support specific expenditure totalling £5.8m. These drawdowns, as detailed in the tables below, will be subject to approval by the Section 151 Officer.
- 5.8. The closing balance at 31 March 2025, is forecast at £9.5m.
- 5.9. Unspent schools' budgets that have been delegated, as laid down in the Schools Standards Framework Act 1998, remain at the disposal of the school and are not available for Council use. These balances are therefore excluded from all reserve forecasts.

Table 1 – Reserves Balances

Reserve	2023/24 Outturn	2024/25 Forecast
	£m	£m
General Reserves	5.6	0.5
Earmarked Reserves (Excluding Schools)	32.3	9.5
Total Reserves Balance at 31st March	37.9	10.0

Table 2 - Earmarked Reserves Summary

Committee Reserves	Opening Balance 1st April 2024 £000	Transfers to General Fund £000	Forecast Movement in Reserves £000	Additional Drawdown Requests £000	Forecast Closing Balance 31 March 2025 £000
Adults and Health	5,226	(2,795)	(110)	0	2,321
Children and Families	1,724	0	(1,593)	(131)	0
Corporate Policy	20,773	(6,551)	(2,830)	(4,545)	6,847
Economy and Growth	2,777	(662)	(1,004)	(765)	346
Environment and Communities	870	(390)	(402)	(78)	0
Highways and Transport	908	(205)	(415)	(288)	0
TOTAL EARMARKED RESERVE MOVEMENT	32,278	(10,603)	(6,354)	(5,807)	9,514

* All 'Additional Drawdown Requests' are subject to approval.

* Total excludes schools' balances

Adults and Health Committee

Reserve Account	Opening Balance 01 April 2024	Drawdowns to General Fund	Approved Movement Forecast	Additional Drawdown Requests*	Closing Balance Forecast 31 March 2025	Notes
	£000	£000	£000	£000	£000	
<u>Adults Social Care Commissioning</u>						
PFI Equalisation - Extra Care Housing	2,857	(2,795)	0	0	62	Surplus grant set aside to meet future payments on existing PFI contract and the anticipated gap at the end of the agreement.
<u>Public Health</u>						
Public Health Reserve	2,369	0	(110)	0	2,259	Ring-fenced underspend to be invested in areas to improve performance against key targets; including the creation of an Innovation Fund to support partners to deliver initiatives that tackle key health issues.
ADULTS AND HEALTH RESERVE TOTAL	5,226	(2,795)	(110)	0	2,321	

* All 'Additional Drawdown Requests' are subject to approval.

Children and Families Committee

Reserve Account	Opening Balance 01 April 2024	Drawdowns to General Fund	Approved Movement Forecast	Additional Drawdown Requests*	Closing Balance Forecast 31 March 2025	Notes
	£000	£000	£000	£000	£000	
<u>Childrens Social Care</u>						
Domestic Abuse Partnership	131	0	0	(131)	0	To sustain preventative services to vulnerable people as a result of partnership funding in previous years.
<u>Strong Start, Family Help and Integration</u>						
Troubled Families Initiative	1,593	0	(1,593)	0	0	Crewe Youth Zone and ACT have been assigned funding from shared outcomes of the Supporting Families Programme.
CHILDREN AND FAMILIES RESERVE TOTAL	1,724	0	(1,593)	(131)	0	

* All 'Additional Drawdown Requests' are subject to approval.

Corporate Policy Committee and Central Reserves

Reserve Account	Opening Balance 01 April 2024	Drawdowns to General Fund	Approved Movement Forecast	Additional Drawdown Requests*	Closing Balance Forecast 31 March 2025	Notes
	£000	£000	£000	£000	£000	
<u>Corporate Directorate</u>						
Corporate Directorate Reserve	1,164	(935)	0	0	229	To support a number of widespread projects within the Corporate Directorate.
<u>Finance and Customer Service</u>						
Collection Fund Management	8,154	(1,235)	(2,915)	0	4,004	To manage cash flow implications as part of the Business Rates Retention Scheme.
Capital Financing Reserve	4,531	0	0	(4,531)	0	To provide for financing of capital schemes, other projects and initiatives
MTFS Reserve	2,914	(741)	255	0	2,428	To support the financial strategy and risk management. £1.2m of the remaining reserve balance had previously been earmarked for future voluntary redundancy costs.
Brighter Futures Transformation Programme	490	(470)	(20)	0	0	To fund the Council's four year transformation programme and its five outcomes of Culture; Estates and ICT systems; Customer Experience, Commercial Approach and Governance.
Section 31 Revenue Grants	14	0	0	(14)	0	Unspent specific use grant carried forward into 2024/25.
<u>Governance and Compliance</u>						
Insurance Reserve	3,098	(3,098)	0	0	0	To settle insurance claims and manage excess costs. The full reserve has been released to the general fund to support the in-year deficit pressure.
Elections General	132	0	0	0	132	To provide funds for Election costs every 4 years.
Brexit Funding	13	(13)	0	0	0	Residual reserve balance has been released to the general fund to support the in-year deficit pressure.

Corporate Policy Committee and Central Reserves Continued

Reserve Account	Opening Balance 01 April 2024	Drawdowns to General Fund	Approved Movement Forecast	Additional Drawdown Requests*	Closing Balance Forecast 31 March 2025	Notes
	£000	£000	£000	£000	£000	
<u>Human Resources</u>						
HR (CARE4CE Review, Culture Change, Pay realignment, Learning Mgt System)	59	(59)	0	0	0	Residual reserve balance has been released to the general fund to support the in-year deficit pressure.
Pay Structure (M Grade Review)	54	0	0	0	54	Created to help fund ongoing changes to pay structure.
<u>ICT</u>						
Digital Solutions Architect	150	0	(150)	0	0	New reserve created in 23/24 to fund a role for the Digital Customer Enablement programme and will be key to realising the cost savings and efficiencies across the Council from the deployment of a number of digital initiatives.
CORPORATE POLICY AND CENTRAL RESERVE TOTAL	20,773	(6,551)	(2,830)	(4,545)	6,847	

* All 'Additional Drawdown Requests' are subject to approval.

Economy and Growth Committee

Reserve Account	Opening Balance 01 April 2024	Drawdowns to General Fund	Approved Movement Forecast	Additional Drawdown Requests*	Closing Balance Forecast 31 March 2025	Notes
	£000	£000	£000	£000	£000	
<u>Directorate</u>						
Place Directorate Reserve	1,164	0	(473)	(385)	306	To support a number of widespread projects within the Place Directorate.
Investment (Sustainability)	610	0	(427)	(143)	40	To support investment that can increase longer term financial independence and stability of the Council.
<u>Growth and Enterprise</u>						
Legal Proceedings	212	0	(104)	(108)	0	To enable legal proceedings on land and property matters.
Investment Portfolio	534	(534)	0	0	0	The full reserve has been released to the general fund to support the in-year deficit pressure.
Homelessness & Housing Options - Revenue Grants	129	0	0	(129)	0	Grant committed for the purchase and refurbishment of properties to be used as temporary accommodation to house vulnerable families.
Tatton Park Trading Reserve	128	(128)	0	0	0	The full reserve has been released to the general fund to support the in-year deficit pressure.
ECONOMY AND GROWTH RESERVE TOTAL	2,777	(662)	(1,004)	(765)	346	

* All 'Additional Drawdown Requests' are subject to approval.

Environment and Communities Committee

Reserve Account	Opening Balance 01 April 2024 £000	Drawdowns to General Fund £000	Approved Movement Forecast £000	Additional Drawdown Requests* £000	Closing Balance Forecast 31 March 2025 £000	Notes
<u>Environment and Neighbourhood Services</u>						
Strategic Planning	568	(281)	(287)	0	0	To meet costs associated with the Local Plan - site allocations, minerals and waste DPD.
Trees / Structures Risk Management	139	(55)	(55)	(29)	0	To help respond to increases in risks relating to the environment, in particular the management of trees, structures and dealing with adverse weather events.
Air Quality	36	0	(17)	(19)	0	Air Quality Management - DEFRA Action Plan. Relocating electric vehicle chargepoint in Congleton.
Licensing Enforcement	8	0	0	(8)	0	Three year reserve to fund a third party review and update of the Cheshire East Council Taxi Licensing Enforcement Policies.
Flood Water Management (Emergency Planning)	2	0	(2)	0	0	Relating to Public Information Works.
Neighbourhood Planning	82	(41)	(41)	0	0	To match income and expenditure.
Spatial Planning - revenue grant	13	(13)	0	0	0	Residual reserve balance has been released to the general fund to support the in-year deficit pressure.
Street Cleansing	22	0	0	(22)	0	Committed expenditure on voluntary litter picking equipment and electric blowers.
ENVIRONMENT AND NEIGHBOURHOOD RESERVE TOTAL	870	(390)	(402)	(78)	0	

* All 'Additional Drawdown Requests' are subject to approval.

Highways and Transport Committee

Reserve Account	Opening Balance 01 April 2024 £000	Drawdowns to General Fund £000	Approved Movement Forecast £000	Additional Drawdown Requests* £000	Closing Balance Forecast 31 March 2025 £000	Notes
<u>Highways and Infrastructure</u>						
Rail and Transport Integration	385	(185)	(200)	0	0	To support the Council's committed costs to the rail and transport networks across the borough.
Flood Recovery Works	400	0	(200)	(200)	0	To help the service manage risks such as the impact of adverse weather, specifically flooding or extensive periods where winter maintenance is required.
Highways Procurement Project	104	(20)	(15)	(69)	0	To finance the development of the next Highway Service Contract. Depot mobilisation costs, split over 7 years from start of contract in 2018.
LEP-Local Transport Body	19	0	0	(19)	0	Contribution to LEP transport studies/consultancy. Ongoing working around Transport Legacy issues.
ECONOMY AND GROWTH RESERVE TOTAL	908	(205)	(415)	(288)	0	

* All 'Additional Drawdown Requests' are subject to approval.

Section 6: Treasury Management

Prudential Indicators revisions to: 2023/24 and 2024/25 – 2026/27 and future years

Background

- 6.1. There is a requirement under the Local Government Act 2003 for local authorities to have regard to CIPFA's Prudential Code for Capital Finance in Local Authorities (the "CIPFA Prudential Code") when setting and reviewing their Prudential Indicators.

Estimates of Capital Expenditure

- 6.2. In 2024/25, the Council estimates to spend £157.7m on capital expenditure as summarised below.

Capital Expenditure	2023/24 Actual £m	2024/25 Estimate £m	2025/26 Estimate £m	2026/27 Estimate £m	Future years £m
Total	136.9	157.7	151.8	115.9	225.1

Source: Cheshire East Finance

Capital Financing

- 6.3. All capital expenditure must be financed either from external sources (government grants and other contributions), the Council's own resources (revenue reserves and capital receipts) or debt (borrowing, leasing and Private Finance Initiative). The planned financing of capital expenditure is as follows.

Capital Financing	2023/24 Actual £m	2024/25 Estimate £m	2025/26 Estimate £m	2026/27 Estimate £m	Future years £m
Capital receipts	0.1	0.2	0.7	17.2	17.5
Government Grants	61.2	96.5	81.3	71.2	114.8
External Contributions	8.8	15.4	11.8	12.7	67.8
Revenue Contributions	1.3	0.5	0.0	0.0	0.0
Total Financing	71.4	112.6	93.8	101.1	200.1
Prudential Borrowing	65.5	45.1	58.0	14.8	25.0
Total Funding	65.5	45.1	58.0	14.8	25.0
Total Financing and Funding	136.9	157.7	151.8	115.9	225.1

Source: Cheshire East Finance

Replacement of debt finance

- 6.4. Debt is only a temporary source of finance, since loans and leases must be repaid, and this is therefore replaced over time by other financing, usually from revenue which is known as minimum revenue provision (MRP). Alternatively, proceeds from selling capital

assets may be used to replace debt finance. Planned MRP repayments are as follows.

Replacement of debt finance	2023/24 Actual £m	2024/25 Estimate £m	2025/26 Estimate £m	2026/27 Estimate £m	2027/28 Estimate £m
Total	17.5	18.8	23.0	24.9	25.3

Source: Cheshire East Finance

Estimates of Capital Financing Requirement

- 6.5. The Council's cumulative outstanding amount of debt finance is measured by the capital financing requirement (CFR). This increases with new debt-financed capital expenditure and reduces with MRP repayments and capital receipts used to replace debt. The CFR will decrease by £2m during 2024/25. This assumes that were there has been significant forward funding of certain schemes that grants and other contributions are received in year to repay that forward funding. Based on the above figures for expenditure and financing, the Council's estimated CFR is as follows.

Capital Financing Requirement	2023/24 Actual £m	2024/25 Estimate £m	2025/26 Estimate £m	2026/27 Estimate £m	2027/28 Estimate £m
Total	488	486	517	506	501

Source: Cheshire East Finance

Asset disposals

- 6.6. When a capital asset is no longer needed, it may be sold so that the proceeds, known as capital receipts, can be spent on new assets or to repay debt. Repayments of capital grants, loans and investments also generate capital receipts. The Council received £3.5m of capital receipts from asset sales in 2023/24 and plans to receive a further £4.8m in future years.

Capital Receipts	2023/24 Actual £m	2024/25 Estimate £m	2025/26 Estimate £m	2026/27 Estimate £m	2027/28 Estimate £m
Asset Sales	3.4	2.3	4.0	4.0	4.0
Loans Repaid	0.1	0.2	0.2	0.2	0.2
Total	3.5	2.5	4.2	4.2	4.2

Source: Cheshire East Finance

Gross Debt and the Capital Financing Requirement

- 6.7. The Council's main objectives when borrowing are to achieve a low but certain cost of finance while retaining flexibility should plans change in the future. These objectives are often conflicting and the Council therefore seeks to strike a balance between cheap short term loans (currently available at around 4.95%) and long term fixed rate loans where the future cost is known but fixed over a period when rates are expected to fall (currently 4.99%– 5.3%).
- 6.8. Projected levels of the Council's total outstanding debt (which comprises borrowing, PFI liabilities, leases are shown below, compared with the capital financing requirement.

Gross Debt and the Capital Financing Requirement	2023/24 Actual	2024/25 Estimate	2025/26 Estimate	2026/27 Estimate	2027/28 Estimate
	£m	£m	£m	£m	£m
Borrowing	337	374	439	454	480
PFI Liabilities	18	17	17	15	14
Total Debt	355	391	456	469	494
Capital Financing Req.	488	486	517	506	501

Source: Cheshire East Finance

- 6.9. Statutory guidance is that debt should remain below the capital financing requirement, except in the short term. As can be seen from the above table, the Council expects to comply with this in the medium term.

Liability Benchmark

- 6.10. To compare the Council's actual borrowing against an alternative strategy, a liability benchmark has been calculated showing the lowest risk level of borrowing. This assumes that cash and investment balances are kept to a minimum level of £20m at each year end. This benchmark is currently £331m and is forecast to rise to £415m over the next four years.

Borrowing and the Liability Benchmark	2023/24 Actual	2024/25 Estimate	2025/26 Estimate	2026/27 Estimate	2027/28 Estimate
	£m	£m	£m	£m	£m
Outstanding Debt	337	374	439	454	480
Liability Benchmark	331	355	403	412	415

Source: Cheshire East Finance

- 6.11. The table shows that the Council expects to borrow above its liability benchmark.

Affordable borrowing limit

- 6.12. The Council is legally obliged to set an affordable borrowing limit (also termed the authorised limit for external debt) each year. In line with statutory guidance, a lower "operational boundary" is also set as a warning level should debt approach the limit.

	2023/24 limit £m	2024/25 limit £m	2025/26 limit £m	2026/27 Estimate £m	2027/28 Estimate £m
Authorised Limit for Borrowing	540	570	590	590	590
Authorised Limit for Other Long-Term Liabilities	18	17	17	15	14
Authorised Limit for External Debt	558	587	607	605	604
Operational Boundary for Borrowing	530	560	580	580	580
Operational Boundary for Other Long-Term Liabilities	18	17	17	15	14
Operational Boundary for External Debt	548	577	597	595	594

Source: Cheshire East Finance

Investment Strategy

- 6.13. Treasury investments arise from receiving cash before it is paid out again. Investments made for service reasons or for pure financial gain are not generally considered to be part of treasury management.
- 6.14. The Council's policy on treasury investments is to prioritise security and liquidity over yield, that is to focus on minimising risk rather than maximising returns. Cash that is likely to be spent in the near term is invested securely, for example with money market funds, other local authorities or selected high quality banks, to minimise the risk of loss. Money that will be held for longer terms is invested more widely, including in shares and property, to balance the risk of loss against the risk of returns below inflation.

Treasury Management Investments	31/03/24 Actual £m	31/03/25 Estimate £m	31/03/26 Estimate £m	31/03/27 Estimate £m	31/03/28 Estimate £m
Short term	22	20	20	20	20
Long term	20	20	20	20	20
Total Investments	42	40	40	40	40

Source: Cheshire East Finance

- 6.15. Further details on treasury investments are in pages of the Treasury Management Strategy, reported here: [Final Outturn 2023-24 Annex 1.pdf \(cheshireeast.gov.uk\)](#)
- 6.16. Decisions on treasury management investment and borrowing are made daily and are therefore delegated to the Section 151 Officer and staff, who must act in line with the treasury management strategy approved by Council. Quarterly reports on treasury activity are reported to Cabinet as part of the Finance Update reports. The Audit and Governance Committee is responsible for scrutinising treasury management decisions.

- 6.17. Further details on investments for service purposes and commercial activities are in the Investment Strategy, reported here: [Final Outturn 2023-24 Annex 1.pdf \(cheshireeast.gov.uk\)](#)
- 6.18. Although capital expenditure is not charged directly to the revenue budget, interest payable on loans and MRP are charged to revenue, offset by an investment income receivable. The net annual charge is known as financing costs; this is compared to the net revenue stream i.e., the amount funded from Council Tax, business rates and general government grants.

Ratio of Financing Costs to Net Revenue Stream	31/03/24 Actual	31/03/25 Estimate	31/03/26 Estimate	31/03/27 Estimate	31/03/28 Estimate
Financing Costs (£m)	19.0	28.5	35.3	35.5	33.3
Proportion of net revenue stream %	5.38	7.20	8.77	8.60	7.84

Source: Cheshire East Finance

Treasury Management Indicators

- 6.19. The Authority measures and manages its exposures to treasury management risks using the following indicators.
- 6.20. **Interest Rate Exposures:** This indicator is set to control the Authority's exposure to interest rate risk. The upper limit on the one-year revenue impact of a 1% rise in interest rates is:
- 6.21. The impact of a change in interest rates is calculated on the assumption that maturing loans and investments will be replaced at current rates. The Council is expected to remain a net borrower in 2024/25 so a fall in rates would lead to savings rather than incurring additional cost so a limit of £0 was set. Rates are now more likely to reduce than increase so full revenue impact of changing rates is likely to be beneficial.

Interest Rate Risk Indicator	Limit
Upper limit on one-year revenue impact of a 1% rise in interest rates	£2,270,000
Likely revenue impact in 2024/25 of a 1% rise in interest rates	£1,240,000

- 6.22. **Maturity Structure of Borrowing:** This indicator is set to control the Authority's exposure to refinancing risk. Lower limits have been set at 0%. The upper limits on the maturity structure of borrowing and the actual maturity profiles as at 30 September 2024 are:

Refinancing rate risk indicator	Upper Limit	Actual
Under 12 months	75%	68%

Refinancing rate risk indicator	Upper Limit	Actual
12 months and within 24 months	75%	1%
24 months and within 5 years	75%	6%
5 years and within 10 years	75%	12%
10 years and within 20 years	100%	5%
20 years and above	100%	8%

- 6.23. Time periods start on the first day of each financial year. The maturity date of borrowing is the earliest date on which the lender can demand repayment. The upper limit for loans maturing in under 12 months is relatively high as short term has been considerably cheaper than alternatives and allows for LOBO loans which have the potential to be repaid early. This will be kept under review as it does increase the risk of higher financing costs in the future.
- 6.24. **Principal Sums Invested for Periods Longer than 364 days:** The purpose of this indicator is to control the Authority's exposure to the risk of incurring losses by seeking early repayment of its investments. The limits on the total principal sum invested to final maturities beyond the period end will be:

Price Risk Indicator	2024/25	2025/26	2026/27
Limit on principal invested beyond year end	£25m	£15m	£10m
Actual amounts committed beyond year end	£0m	£0m	£0m

OPEN.

Adults and Health Committee

Monday, 18 November 2024

Medium-Term Financial Strategy Update 2025/26 - 2028/29 (Adults and Health Committee)

Report of: Adele Taylor, Interim Director of Finance and Customer Services (s151 Officer)

Report Reference No: AH/14/2024-25

Ward(s) Affected: All Wards

For Decision or Scrutiny: Scrutiny

Purpose of Report

- 1 The Medium-Term Financial Strategy (MTFS) sets out how the Council will resource the achievement of the Council Plan and is subject to consultation and approval on an annual basis. The Finance Sub-committee approved the financial assumptions underpinning the current MTFS at their meeting in June 2024, with a further funding update received in September 2024.
- 2 This report sets out progress since that time and further development activity required before the final MTFS 2025-29 is presented for approval to the budget setting Council in February 2025.
- 3 Developing the MTFS requires a wide range of stakeholder engagement. Members are key stakeholders in their capacity as community leaders, but also in their capacity as decision makers in setting the Council's budget. The Finance-Sub Committee formed a working group to scrutinise the financial assumptions underpinning the current MTFS.
- 4 Individual Committees are being asked to review the in-year budget position and consider how this performance will impact on services they are responsible for (see Second Financial Review Report on the Agenda).
- 5 Stakeholder engagement will follow when financial proposals have been considered and identified for consultation; it is planned that this will be approved at the meeting of the Corporate Policy Committee on 28 November. The January cycle of Committee meetings will be the forum to scrutinise the

draft proposals put forward, alongside other feedback from consultees. All feedback will be collated and provided as evidence to the Corporate Policy Committee on 6 February 2025.

- 6 This paper, depending on the individual service committee, is being published just before or a little after the new Chancellor's budget on Wednesday 30 October. This budget had the potential of having an impact on some of the assumptions underpinning the MTFS and officers are working to assess the impact of the announcements made. The formal Local Government Finance settlement will follow, which will include more specific details for individual councils; this is likely to be in mid-to late December. At the meeting of Finance Sub-Committee, officers will provide an update on any potential consequences that are known at the time of the meeting itself.
- 7 Final approval of the 2025/26 budget will take place at full Council on 26 February 2025, following recommendation from the Corporate Policy Committee.

Executive Summary

- 8 Financial strategies underpin how Cheshire East Council will allocate resources, achieve the Corporate Plan and provide in the region of 500 local services every day. The strategies must be affordable, based on robust estimates and balanced against adequate reserves.
- 9 There have been two previous reports to Finance Sub-Committee during 2024 setting out the budget assumptions underpinning the MTFS, including assumptions relating to funding, based on current expectations.
- 10 There has been a significant amount of work since that time to capture all the proposed budget changes required for 2025/26 and over the medium term, both from the transformation work and also outside of that programme, to ensure that a complete picture is being recorded.
- 11 The proposed budget changes put forward to date have been scrutinised in a series of officer challenge sessions to ensure accuracy, completeness and likelihood of success, to ensure that any future budget estimates are robust.
- 12 The proposed changes that have been compiled to date do not yet go far enough to balancing the budget in line with the revised funding envelope for 2025/26 as it is currently known. Further information on the coming years funding allocations and other important underpinning funding assumptions will be announced at the Budget on 30 October, but more detail will follow, most likely as part of the Provisional Local Government Finance Settlement in late December.
- 13 The Second Financial Review (FR2) forecasts (separate report on the agenda) have shown an improvement of £6.5m compared to FR1 (reported to September committee meetings) but are still projecting an in-year adverse variance of £20.1m - this remains a significant financial challenge for the Council. The FR2 forecast reserves, after agreed movements budgeted for in the 2024-28 MTFS, are currently £10.0m, being £0.5m of General Fund

Reserves (including the forecast use of £4m for transformation costs) and £9.5m of Earmarked Reserves. The Council's level of reserves is therefore insufficient to cover the current forecast revenue outturn for the year without further action.

- 14 Both the in-year and future projections clearly show that further work needs to happen, at pace, if a balanced budget position is to be achieved by full Council in February 2025.

RECOMMENDATIONS

The Adults and Health Committee is being asked to:

1. Note the progress to date on the development of the MTFS for 2025-29;
2. Note that officers will continue to challenge draft proposals and develop further proposals in consultation with Members prior to approval by Council;
3. Note that Committees will be presented with the opportunity to review the full set of financial proposals, designed to achieve a balanced budget, as part of their January cycle of meetings prior to recommendations being made to Council for approval.

Background

- 15 The Council's financial resources are provided from a combination of local taxes, government grants, investment returns on assets and other direct contributions from individuals or organisations. Financial plans are based on estimated spending and income over the next four years and the report of the Chief Finance Officer brings Members' attention to the processes and risks associated with developing these estimates.
- 16 The Council aims to achieve value for money based on Economy (how much we pay for things), Efficiency (how well we use things) and Effectiveness (how we use things to achieve outcomes). Public feedback and internal and external scrutiny create the necessary framework to hold the Council to account for achieving these aims.
- 17 All councils are legally required to set a balanced budget each year and the immediate focus will be on balancing the 2025/26 financial year, rather than on the whole medium term, as has been the case previously. This replicates the focus last year and reflects the extremely challenging circumstances all councils are still facing.
- 18 Finance Sub-Committee received a report in June setting out the MTFS 2025-29 original planned timetable and budget assumptions underpinning the current MTFS. A working group then met during August to discuss these assumptions and their suitability for the medium term.
- 19 A further update report was then received in September setting out likely improvements to the funding envelope forecast over the medium term which

reduced the overall 4-year target down from a savings position of c.£100m to c.£78m.

Table 3 – medium scenario	Estimated Position 2025/26 £m	Estimated Position 2026/27	Estimated Position 2027/28 £m
Revised Funding Position - June 2024	41.9	76.3	100.0
Social care unringfenced grant continuing over the medium term	(3.0)	(3.0)	(3.0)
New Homes Bonus – one year only	(3.5)	-	-
Additional Council Tax income	(5.9)	(12.3)	(19.3)
Revised Cumulative position	29.5	61.0	77.7

- 20 There have been some further refinements to the funding envelope for 2025/26 following the calculation of the taxbase for next year. Therefore, the revised funding envelope for 2025/26 has increased from £380.3m (as set out in the MTFS in February 2024) to £394.8m as at October 2024. This is an increase of £14.5m. For context, the funding envelope for 2024/25 was approved at £375.7m.
- 21 This paper, depending on the individual service committee, is being published just before or a little after the new Chancellor’s budget on Wednesday 30 October. This budget had the potential of having an impact on some of the assumptions underpinning the MTFS and officers are working to assess the impact of the announcements made. A verbal update will be provided at the Finance Sub Committee meeting on 7 November (please see minutes and recording of that meeting). The formal Local Government Finance settlement will follow, which will include more specific details for individual councils; this is likely to be in mid-to late December. At the meeting of Finance Sub-Committee, officers will provide an update on any potential consequences that are known at the time of the meeting itself.
- 22 There has been a substantial amount of work undertaken since the September update to bring forward a list of proposed budget change items for 2025/26 and the later years. An internal management “MTFS tracker” system has been put in place to capture all proposals in one place. This includes all items identified by our transformation partner as per the Transformation Plan that was approved by the Corporate Policy Committee in August 2024.
- 23 Challenge sessions have since been held during October with every directorate to ensure that all proposals that have been put forward as changes for the next MTFS have been fully scrutinised for accuracy and completeness,

including the ongoing effects of the pressures forecast for 2024/25. Some of the items that have been considered are as follows:

- Growth – demand/ complexity/ cost changes; to reflect elements that affect future years, respectively;
- Contractual inflation;
- Revenue effects of capital projects – central financing and service budgets as part of the ongoing Capital Programme Review; and to bring the programme back to an affordable position;
- Housekeeping – items that are one-year only as opposed to permanent – to ensure correctly reflected in the tracker;
- Fees and charges – price/ income increases – all years;
- What discretionary services/ functions can be reduced/ stopped;
- Savings – transformation/ other - clarity on the level of actual savings and the realistic profile to ensure that these savings are deliverable.

24 Transformation plan ideas have been reviewed with relevant officers and support from Inner Circle, our transformation partner, to understand, interpret and develop the ideas initially put forward. All transformation proposals in the MTFS tracker have been reviewed against the following criteria:

- Clarity around what can change; how/ when can it be delivered - is the phasing correct and deliverable;
- Fully reflect the costs and benefits of change (net deliverable positions);
- Reflect realistic and deliverable savings per year - important to consider/ document the detail, establish expenditure and income budget impacts.

25 The Second Financial Review (FR2) projections (separate report) have shown an improvement on FR1 of £6.5m; but are forecasting an in-year adverse variance of £20.1m – this remains a significant financial challenge for the Council.

26 FR2 forecast reserves, after agreed movements budgeted for in the 2024-28 MTFS, are currently £10.0m, being £0.5m of General Fund Reserves (including the forecast use of £4m for transformation costs) and £9.5m of Earmarked Reserves. The Council's level of reserves is therefore insufficient to cover the current forecast revenue outturn for the year without further action.

27 This forecast does not assume the use of the Exceptional Finance Support (EFS) that was requested in 2023/24 and 2024/25, or therefore the cost of

borrowing to finance any related borrowing costs. The EFS was agreed in principle, subject to a number of conditions being satisfied, including the submission of a transformation plan by the end of August 2024.

- 28 Both the in-year and future projections clearly show that further work needs to happen, at pace, if a balanced budget position is to be achieved by full Council in February 2025.
- 29 The work identified to be done during November includes:
- Review of any impact from the Chancellor's budget on 30 October;
 - Determine the approach and commence budget consultation – to be approved at 28 November Corporate Policy Committee;
 - High Level Business Cases to be developed, to provide supporting information for each proposed budget change item;
 - Further challenge of current proposals, plus the identification of additional proposals, to help towards closing the gap for the 2025/26 budget;
- 30 It will also be important to determine whether a request for any additional Exceptional Financial Support needs to be made to central Government.

Consultation and Engagement

- 31 This report forms part of the pre consultation process for Members on the budget setting for 2025/26. Each committee will receive the same report to ensure transparency across all committee areas.
- 32 Once a set of draft budget change proposals have been prepared there will be opportunity during the January cycle of Committee meetings to give formal feedback, from each Committee, to the Corporate Policy Committee, ahead of the full Budget Council meeting in February 2025.
- 33 There are plans for a series of engagement events with wider stakeholders to gather opinion and collate ideas on the final budget for 2025/26.

Reasons for Recommendations

- 34 In accordance with the Constitution, Committees play an important role in planning, monitoring and reporting on the Council's finances. Each Committee has specific financial responsibilities.
- 35 The Council's annual budget must be balanced. The proposals within it must be robust and the strategy should be supported by adequate reserves. The assessment of these criteria is supported by each Committee having the opportunity to help develop the budget and financial proposals before they are approved by Full Council.

Other Options Considered

- 36 The Council has a legal duty to set a balanced annual budget taking regard of the report from the Chief Finance Officer. As such options cannot be considered that would breach this duty. Any feedback from the Committee must still recognise the requirement for Council to fulfil this duty.
- 37 There is no option to “do nothing”. The Council has statutory obligations to provide certain services, which would be unaffordable if the Council failed to levy an appropriate Council Tax.

Implications and Comments

Monitoring Officer/Legal

- 38 The Council must set the budget in accordance with the provisions of the Local Government Finance Act 1992 and approval of a balanced budget each year is a statutory responsibility. Sections 25 to 29 of the Local Government Act 2003 impose duties on the Council in relation to how it sets and monitors its budget and require the Council to make prudent allowance for the risk and uncertainties in its budget and regularly monitor its finances during the year. The legislation leaves discretion to the Council about the allowances to be made and action to be taken.
- 39 The provisions of section 25 of the Local Government Act 2003, require that, when the Council is making the calculation of its budget requirement, it must have regard to the report of the chief finance (s.151) officer as to the robustness of the estimates made for the purposes of the calculations and the adequacy of the proposed financial reserves.
- 40 The Council should therefore have robust processes in place so that it can meet statutory requirements and fulfil its fiduciary duty. It must ensure that all available resources are directed towards the delivery of statutory functions, savings and efficiency plans. Local authorities are creatures of statute and are regulated through the legislative regime and whilst they have in more recent times been given a general power of competence, this must operate within that regime. Within the statutory framework there are specific obligations placed upon a local authority to support communities. These duties encompass general and specific duties and there is often significant local discretion in respect of how those services or duties are discharged. These will need to be assessed and advised on as each circumstance is considered.
- 41 The financial position of the Council must therefore be closely monitored, and Members must satisfy themselves that sufficient mechanisms are in place to ensure both that savings are delivered, and that new expenditure is contained within the available resources. Accordingly, any proposals put forward must identify the realistic measures and mechanisms to produce those savings or alternative mitigations.
- 42 This report provides an update on progress for 2024/25.

Section 151 Officer/Finance

- 43 The current financial assumptions and revised timescales within this report provide up-to-date information on the Council's MTFS progress for the period 2025/26 to 2028/29, specifically aimed to setting the budget for 2025/26 which legally has to be completed by March 2025. Further details are contained within the body of this report.

Policy

- 44 The new Council Plan approved in February 2024 will drive and inform Council policy and priorities for service delivery. The priorities and actions may have direct policy implications and will be considered on a case-by-case basis.

Equality, Diversity and Inclusion

- 45 Under the Equality Act 2010, decision makers must show "due regard" to the need to:
- (a) Eliminate unlawful discrimination, harassment and victimisation;
 - (b) Advance equality of opportunity between those who share a protected characteristic and those who do not share it; and
 - (c) Foster good relations between those groups.
- 46 The protected characteristics are age, disability, sex, race, religion and belief, sexual orientation, gender re-assignment, pregnancy and maternity, and marriage and civil partnership.
- 47 Having "due regard" is a legal term which requires the Council to consider what is proportionate and relevant in terms of the decisions they take.
- 48 The Council needs to ensure that in taking decisions on the Medium-Term Financial Strategy and the Budget that the impacts on those with protected characteristics are considered. The Council undertakes equality impact assessments where necessary and continues to do so as proposals and projects develop across the lifetime of the Corporate Plan. The process assists us to consider what actions could mitigate any adverse impacts identified. Completed equality impact assessments form part of any detailed Business Cases.
- 49 The proposals within the MTFS include positive and negative impacts. A separate Equality Impact Assessment for the budget as a whole is routinely included in the full MTFS report each year.
- 50 The Council Plan's vision reinforces the Council's commitment to meeting its equalities duties, promoting fairness and working openly for everyone. Cheshire East is a diverse place and we want to make sure that people are able to live, work and enjoy Cheshire East regardless of their background, needs or characteristics.

Human Resources

- 51 Any HR implications that arise from activities funded by the budgets that the budget report deals with will be dealt with in the individual reports to Members or Officer Decision Records to which they relate.

Risk Management

- 52 Financial risks are assessed and reported on a regular basis, and remedial action taken if and when required. Risks associated with the achievement of the 2024/25 budget and the assumptions underpinning it were factored into the 2024/25 financial scenario, budget and reserves strategy.

Rural Communities

- 53 The budget report, as approved at Council on 27 February 2024, provides details of service provision across the borough.

Children and Young People including Cared for Children, care leavers and Children with special educational needs and disabilities (SEND)

- 54 The budget report, as approved at Council on 27 February 2024, provides details of service provision across the borough.

Public Health

- 55 Public health implications that arise from activities that the budget report deals with will be dealt with as separate reports to Members or Officer Decision Records as required.

Climate Change

- 56 Any climate change implications that arise from activities funded by the budgets that the budget report deals with will be dealt within the individual reports to Members or Officer Decision Records to which they relate.

Access to Information	
Contact Officer:	Adele Taylor Interim Director of Finance and Customer Services (Section 151 Officer) adele.taylor@cheshireeast.gov.uk
Appendices:	None
Background Papers:	The following are links to key background documents: Medium-Term Financial Strategy 2024-28 Corporate Policy Committee 21 August 2024 - Approved Transformation Plan Finance Sub Committee 24 June 2024 Agenda Finance Sub Committee 12 September 2024 Agenda

OPEN

Adults and Health Committee

Monday, 18 November 2024

Cheshire and Merseyside Commitment to HIV Fast Track Cities Approach

**Report of: Helen Charlesworth-May, Executive Director of Adults,
Health and Integration**

Report Reference No: AH/21/2024-25

Ward(s) Affected: All Wards

For Decision or Scrutiny: Decision

Purpose of Report

- 1 To gain the Committee's support for Cheshire East to become part of the Cheshire and Merseyside work to end new HIV transmission in the sub-region by 2030.
- 2 In joining this sub-regional work, the Council will sign up to the HIV Fast Track Cities agenda, and therefore commit to the Paris and Sevilla declarations. All nine local authorities in Cheshire and Merseyside intend to make this pledge.
- 3 The Cheshire & Merseyside Sexual Health and HIV Commissioners network will be the main strategic group to map needs and gaps and develop a relevant regional plan, reporting to the Directors of Public Health on a minimum quarterly basis.
- 4 This programme contributes to the Council's Corporate Plan and being a council which empowers and cares about people by helping to reduce health inequalities across the borough.

Executive Summary

- 5 With an early diagnosis and the provision of treatment, people with HIV can have a normal lifespan and will not develop AIDS-related illnesses. Effective treatment lowers the virus to undetectable levels which means that it will not be transmitted to sexual partners. Pre-exposure prophylaxis (PrEP) for HIV-negative people at risk of exposure reduces the risk of transmission.

- 6 The HIV Fast Track Cities initiative aims to make testing, treatment and prevention available to all who could benefit by bringing partners together in a single programme.
- 7 FTC was launched in 2014 as an international, multi-agency partnership. Places join by agreeing to the Paris Declaration on Fast-Track Cities and the supplementary Sevilla Declaration.
- 8 This report proposes expanding the HIV Fast Track Cities (FTC) initiative across Cheshire and Merseyside, building on early successes in Liverpool and learning from work across Greater Manchester.
- 9 FTC will help us reduce rates of HIV infection and the number of people diagnosed at a late stage of infection.
- 10 FTC will help us reduce inequalities between men and women and improve care for marginalised groups, including the provision of pre-exposure prophylaxis (PrEP).
- 11 Our sexual health service (provided by Axxess) will be key local and regional partners. Our service has performed well on HIV testing and the provision of PrEP to those at risk and has run campaigns to improve access to testing and treatment for women.

RECOMMENDATIONS

The Adults and Health Committee is recommended to:

1. Support the sign up to the HIV Fast Track Cities agenda, and therefore commit to the Paris and Sevilla declarations. All nine local authorities in Cheshire and Merseyside intend to make this pledge.
2. Put forward a Consultant in Public Health as a key representative from our local sexual health and HIV partnership to be the nominated 'Key Opinion Lead' for Cheshire East.
3. Support the Cheshire & Merseyside Sexual Health and HIV Commissioners Network as the main strategic group to map needs and gaps and develop a relevant regional plan, reporting to Directors of Public Health on a minimum quarterly basis.
4. Support the planning and delivery of an HIV Fast Track launch event for Cheshire and Merseyside (date to be confirmed).

Background

- 12 HIV (human immunodeficiency virus) is a virus that attacks the body's immune system. Whilst there's currently no cure for HIV, there are very effective drug treatments that enable most people with the virus to live a long

and healthy life. With an early diagnosis and effective treatments, most people with HIV will not develop any AIDS-related illnesses and will have a normal lifespan.

- 13 The development of HIV treatment has meant the virus can now be lowered to undetectable levels in a person's blood. A person who has undetectable levels of virus in their blood does not pose an infection risk to their sexual partners.
- 14 Pre-exposure prophylaxis (PrEP) has also been developed and is available in the UK. PrEP is a drug taken by HIV-negative people before sex that reduces the risk of getting HIV. Taking PrEP before being exposed to HIV means there's enough drug inside you to block HIV if it gets into your body.
- 15 These medical developments transform the way that HIV is considered, with enormous implications for what it now means to live with HIV and the best ways to prevent it. We are at a time where due to these developments we could effectively eradicate HIV through better prevention measures applied to both those not yet infected with and those living with HIV.
- 16 The Fast Track Cities (FTC) initiative on HIV was launched globally in 2014 through the Paris Declaration, developed and led by the International Association of Providers of Aids Care (IAPAC) (see Appendix 1). It is a global partnership between cities and municipalities around the world and four core partners: IAPAC, the Joint United Nations Programme on HIV/AIDS (UNAIDS), the United Nations Human Settlements Programme (UN-Habitat), and the City of Paris.
- 17 Mayors and other city/municipal officials designate their cities as Fast-Track Cities by signing the Paris Declaration on Fast-Track Cities, which outlines a set of commitments to end new cases of HIV by 2030. Since its launch, more than 400 cities and municipalities in approximately 90 countries have joined the global network and endorsed the Paris Declaration.
- 18 The Seville declaration is designed to be a supplement to the Paris Declaration, and commits to putting people, and specifically under-served communities, in the centre of service design.
- 19 Liverpool City Council signed up to this initiative in 2018, to help drive local plans to improve testing, support, identification and treatment related to HIV, and bolster prevention approaches. Some of the benefits included a new galvanised approach to a strategic plan, and the ability to attract even more funding for research and pilots to reach the target of zero new HIV transmissions by 2030.
- 20 The initiative involves aiming for 3 targets, known as the 'triple 95' targets: the ambition is that at least 95% of people living with HIV should be diagnosed, at least 95% of people Page 94 living with diagnosed HIV should be on treatment, and at least 95% of people on treatment should be virally suppressed. This is an exciting opportunity for the region to sign up to commit to achieving these goals.

- 21 With this initiative we can work as a collective to formulate a series of strategic actions to help us be one of the first regions to achieve elimination by 2030.
- 22 Our sexual health service is funded via the Public Health Grant and is provided by Axess and it plays a crucial role in combating HIV. They have a comprehensive care approach, including education, medication adherence support, and routine monitoring. The 'triple 95' targets from the FTC initiative align with ongoing work in Cheshire East to better find and support those at risk of HIV infection, engage marginalised / underrepresented communities, and remove the stigma of this topic to better serve those in need.
- 23 During 23/24, the service exceeded the KPI (80%) for the number of service users with needs relating to STIs who have a record of having a HIV test at first attendance. They also saw that the attendance of men who have sex with men to the Cheshire East service increased markedly by more than 40% on the previous year (every patient was offered a HIV test at first attendance and 91.92% accepted, exceeding the KPI of 85%). Additionally, they have increased seen an increased proportion of ethnic minority patients accepting an HIV test at first attendance, reaching and exceeding the KPI of 85%.
- 24 All patients at risk of HIV were assessed for eligibility to access PrEP. The PrEP Express initiative provides quick and easy access to repeat PrEP medication for registered PrEP users. Since March 2024, the Axess Outreach Team has been running the Empowerment campaign, which highlights the eligibility of women to access to PrEP. The service also ran an HIV testing week event/campaign and a World AIDS Day communications campaign, and are also involved in delivering trials (e.g., the ILANA trial: Implementing Long-Acting Novel Antiretrovirals for people living with HIV).

Consultation and Engagement

- 25 Consultation was not required at this stage. However, if any of the proposed interventions represent a significant change to the services our residents will receive then consultation will be undertaken at that time.

Reasons for Recommendations

- 26 The Cheshire and Merseyside Fast Track Cities (FTC) approach will build on the partnership approach in Liverpool that has led to significant change. Cheshire and Merseyside is exploring the replication of a model that has shown promise in Greater Manchester.
- 27 Manchester's Fast Track City status covers the Greater Manchester (GM) region, and this cross-borough arrangement has driven regional innovation and progress towards better (and more equitable) support for residents living with HIV as well as those at higher risk of the virus.
- 28 Prior to FTC, 91% of people with HIV in GM knew their HIV status, 98% were successfully in treatment and care, and 96% had undetectable levels of HIV. An estimated 115-120 people were still undiagnosed. 5 years later, and those

statistics are 95%, 99% and 98% respectively, with only 45-50 people estimated to be undiagnosed. This is significant progress;

- 29 Recent years have seen an increase in HIV prevalence across Cheshire and Merseyside (lower in Cheshire East than other areas but still rising).
- 30 Though infection rates are relatively low in Cheshire East, more than 50% of those diagnosed in 2021/22 were at a late stage of infection in (as were those in Halton, Wirral, Cheshire West and St Helens);
- 31 Furthermore, testing rates across certain areas of the region have been declining, most notably amongst women, with the percentage of eligible attendees accepting an HIV test in specialist services declining since 2020. Women have also represented a larger cohort of those who have late diagnoses;
- 32 On the whole there are a higher number of males seen for care across the region, and more men are testing than women. Therefore, targeted work and campaigns are required collectively across the region (e.g. the Axxess Empowerment campaign covering Cheshire East);
- 33 Access to PrEP is not equitable across the region either. This picture is mirrored nationally, with the drug largely being accessed by gay and bisexual men and other men who have sex with men (GBMSM). FTC would provide the opportunity to action plan and improve access for currently under-served communities, particularly Black and Minority Ethnic communities and also women, building on the work already being done by axess. It would also help us improve the rates of identification of PrEP need by area, to ensure everyone eligible receives the offer of PrEP;
- 34 FTC would further provide the opportunity for Cheshire East to sign up to be a pilot area to use the National AIDS Trust (NAT) stigma charter mark, and invite partners and trusts forward for training and support around stigma reduction. In doing so, Cheshire East would be one of the first areas to adopt and drive this;
- 35 A Cheshire East sign up to the FTC approach allows a regional commitment to re-creating our own 'Positive Voices' survey to understand people's attitudes and opinions around HIV to help us formulate a clear response and create a baseline figure in our ambition to reduce HIV associated stigma.

Other Options Considered

Option	Impact	Risk
Do nothing	Cheshire East would not be part of the Cheshire and Merseyside Fast Track Cities Initiative led by the	We would not be able to contribute to shaping the work programme, meaning that local services or initiatives would not reflect the needs of our residents. We would not benefit from

	Sexual Health and HIV Commissioners Network.	economies of scale around campaign and other initiatives. There could be reputational damage if we were the only local authority area that chose not to be part of the Cheshire and Merseyside approach.
Proceed independently	We would create a Cheshire East specific HIV Fast Track Cities programme	There would be resource and cost implications as we designed and managed our own programme and ran independent campaign activity. There could be cost implications if we ask our sexual health provider to engage with two separate programmes. We would not be able to contribute to shaping the work programme, meaning that local services or initiatives would not reflect the needs of our residents. We would not benefit from economies of scale around campaign and other initiatives. There could be reputational damage if we were the only local authority area that chose not to be part of the Cheshire and Merseyside approach.

Implications and Comments

Monitoring Officer/Legal

- 36 Actions taken would be evidence of Cheshire East Council's commitment to meeting its duties under Section 12 of the Health and Social Care Act 2012 to improve residents' health.

Section 151 Officer/Finance

- 37 Our sexual health and HIV service is funded from the ringfenced Public Health Grant. There are no expected changes to service funding as a result of this programme. Any additional costs related to new campaigns or similar will be managed from existing public health funding.

Policy

- A council which empowers and cares about people: Reduce health inequalities across the borough. This work will help improve outcomes for those at risk of and affected by HIV. It will specifically help us engage with marginalised communities and reduce the stigma around HIV infection. The programme will help our services give better care to gay and bisexual men

and other men who have sex with men (who can be at higher risk of HIV) and for women (who may be less likely to get tested or access pre-exposure prophylaxis).

Equality, Diversity and Inclusion

38 As above – the programme will consider protected characteristics such as ethnicity, sex and gender and sexuality in determining priorities and activities.

Human Resources

39 None identified.

Risk Management

40 None identified.

Rural Communities

41 This programme is being progressed across Cheshire and Merseyside. Whilst its focus has been on cities, our involvement means that we can influence the programme to take rural and remote communities into account when designing any interventions. This will include appropriate balancing of face-to-face and remote / digital offers.

Children and Young People including Cared for Children, care leavers and Children with special educational needs and disabilities (SEND)

42 None identified.

Public Health

43 We expect this will improve our residents' health by spreading best practice across Cheshire and Merseyside and allowing our residents to benefit from shared campaigns across the region.

44 The greatest benefits will be seen in those who are currently experiencing health inequalities.

Climate Change

45 No impacts noted.

Access to Information	
Contact Officer:	Matthew Atkinson matthew.atkinson@cheshireeast.gov.uk
Appendices:	Appendix 1 – The seven objectives of the Paris Declaration
Background Papers:	Nil

Appendix 1 - The seven objectives of the Paris Declaration

OPEN

1. End AIDS and new HIV transmissions as a public health threat in cities by 2030. We commit to rapidly reduce new HIV infections and AIDS-related deaths, including from tuberculosis (TB) and comorbid diseases, including viral hepatitis, putting us on the fast-track to ending AIDS as a public health threat by 2030. We commit to provide sustained access to testing, treatment, and prevention services. We will end stigma and discrimination.
2. Put people at the center of everything we do. We will focus, especially on people who are vulnerable and marginalized. We will respect human rights and leave no one behind. We will act locally and in partnership with our communities to galvanize global support for healthy and resilient societies and for sustainable development.
3. Address the causes of risk, vulnerability and transmission. We will use all means including municipal ordinances and other tools to address factors that make people vulnerable to HIV, and other diseases. We will work closely with communities, service providers, law enforcement and other partners, and with marginalised and vulnerable populations including displaced people, young women, sex workers, people who use drugs, migrants, men who have sex with men, and transgender people to build and foster tolerance.
4. Use our AIDS response for positive social transformation. Our leadership will leverage innovative social transformation to build societies that are equitable, inclusive, responsive, resilient, and sustainable. We will integrate health and social programs to improve the delivery of services including HIV, tuberculosis, and other diseases. We will use advances in science, technology, and communication to drive this agenda.
5. Build and accelerate an appropriate response to local needs. We will develop and promote services that are innovative, safe, accessible, equitable, and free of stigma and discrimination. We will encourage and foster community leadership and engagement to build demand and to deliver services responsive to local needs.
6. Mobilise resources for integrated public health and development. Investing in the AIDS response, together with a strong commitment to public health, is a sound investment in the future of our cities that fosters productivity, shared prosperity and well-being. We will adapt our city plans and resources for a fast-tracked

response. We will develop innovative funding and mobilise additional resources and strategies to end AIDS epidemic as a public health threat by 2030.

7. Unite as leaders. We commit to develop an action plan and join with a network of cities to make the Paris Declaration a reality. Working in broad consultation with everyone concerned, we will regularly measure our results and adjust our responses to be faster, smarter, and more effective. We will support other cities and share our experiences, knowledge, and data about what works and what can be improved. We will report annually on our progress.

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OPEN

Adult and Health Committee

18th November 2024

Re-procurement of core systems for Adult and Children services

**Report of: Helen Charlesworth-May, Executive Director of Adult,
Health and Integration**

Report Reference No: AH/22/2024-25

Ward(s) Affected: All Wards

For Decision or Scrutiny: Decision

Purpose of Report

- 1 There is a service requirement to continue with the existing case management, financial systems, and online provision for Adult and Children services as the current system contracts expire at the end of March 2025. An exercise has started to re-procure a new contract.
- 2 As the procurement is in excess £2M for a 4-year term, (or just over £4M for 8-year term), approval is sought to continue through to contract signing. Funding is already in place for this ongoing essential system requirement.

Executive Summary

- 3 The recommendation is to go to direct award for the current software supplier (System C) using a procurement framework. This is based on matching required functionality, strategic needs of services, IT standards, and affordability.
- 4 There could be a break clause at 2 years of a new contract (or sooner) to allow time for a review of the whole market and prepare services for full end to end process mapping, should this option be exercised.

RECOMMENDATIONS

The Adults and Health Committee is recommended to:

1. Authorises the Executive Director of Adults, Health and Integration, in consultation with Children Services and Corporate Services, to award and enter into a contract to deliver core systems for case management, financial payments, online services.

Background

- 5 The current systems used by the Social Care Service across Adults and Children’s are provided by System C the parent company of Liquidlogic and modules formerly provided by Oxford Computer Consultants (OCC). These systems have been in place since 2014 and have evolved in terms of user reach and functionality throughout the contract lifespan. The system has been reviewed at least every 2 years with reference to the current supplier market to ensure that the solution is best value for money for the council.
- 6 Feedback on systems and strategy has taken place with key service leads and stakeholders to identify current and future requirements relating to functionality, system access, and innovative technology including AI.
- 7 Recurring themes were assisting with front-door enquiries, demand management to reduce cost, and use of AI.
- 8 The proposed solution is the industry leading and is best placed for the council to meet its statutory function.
The proposed solution will help support the many IT initiatives that are included in the Transformation Plan (such as the AI developments).

Consultation and Engagement

- 9 Senior strategic and operational managers have been consulted and engaged with, gathering views and opinions on the current systems in place.

Reasons for Recommendations

- 10 Core systems are an essential requirement for service operations and to achieve its strategic aims for providing online services to residents.
- 11 The recommended system has been selected to achieve maximum functionality at minimum cost given the Council’s financial position.
- 12 The requirements of Adult and Children services can be met in full by System C.
- 13 The recommended system is available on an existing procurement framework.
- 14 The recommended system compared with the current provision provides advantages and disadvantages as follows below.

Gains:	
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Removed reliance on the local Kelly House data centre.	ICT switch to a fully hosted service (Azure + ContrOCC)
Care package electronic sourcing interface between eBrokerage module and case management.	eBrokerage module integration provided at no additional cost.
Improvements to capability for clients to see financial information online.	Client Finance Portal billing lite integration provided at no additional cost.
No longer a requirement for local ICT services operational support for case management finance system (ContrOCC)	Migration of case management finance system (ContrOCC) module to fully hosted service.
Losses:	
Volunteer module de-scoped.	AMI module – Software to support volunteer recruitment (no longer required, due to software process mismatch).

Other Options Considered

- 15 Open procurement (for example, full OJEU process).
- 16 This is likely to result in higher costs than direct award for current provision due to the effort required by suppliers in the bidding process.
- 17 The cost of changing system supplier would incur significant additional costs to the Council due to the level of resource, data migration activity, and design / configuration as a direct result of transitioning to a new system.
- 18 Doing nothing would prevent services carrying out their statutory obligations.
- 19 Summary below of other options considered.

Option	Impact	Risk
[Recommended] Direct award via a procurement framework	Minimal	Minimal
Open procurement	Additional time, effort, and cost.	System transition leads to service disruption affecting quality of service and service user outcomes. Delays and escalating costs.
Do nothing	Cheshire East has an essential requirement for robust case management and	Complete breakdown of operational delivery in Adult and Children services.

	financial systems to meet its statutory functions and support the most vulnerable residents across our borough.	
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Implications and Comments

Monitoring Officer/Legal

- 20 The proposed procurement via an existing procurement framework is a compliant route to procure the proposed system.
- 21 The anticipated total value of a new contract over 8 years (including average indexation of 3% for years 2-8), is £4.047m and this is included within the current Medium Term Financial Strategy.

Section 151 Officer/Finance

- 22 Within the terms of the current contractual arrangement there is provision for an annual price increase of no more than the rate of RPI at a given census date. An arrangement on the same basis would be usual and expected under each of the options identified within this report.
- 23 The budget for these systems sits within the ICT budgets within the Corporate services. Any impacts on the annual costs linked to this re-procurement will be included in the corporate services MTFS.

Policy

- 24 No Policy implications based on current recommended approach. Links to current service policies and practices.
- 25 This paper supports the below corporate plan prioritise.

<p>An open and enabling organisation</p> <p>Listen, learn and respond to our residents, promoting opportunities for a two-way conversation.</p> <p>Support and develop our workforce to be confident, motivated, innovative, resilient and empowered</p>	<p>A council which empowers and cares about people</p> <p>Work together with residents and partners to support people and communities to be strong and resilient</p> <p>Reduce health inequalities across the borough</p>	<p>A thriving and sustainable place</p> <p>Welcoming, safe and clean neighbourhoods</p>
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	<p>Protect and support our communities and safeguard children, adults at risk and families from abuse, neglect and exploitation</p> <p>Be the best Corporate Parents to our children in care</p> <p>Support all children to have the best start in life</p> <p>Increase opportunities for all children and young adults with additional needs</p> <p>Ensure all children have a high quality, enjoyable education that enables them to achieve their full potential</p> <p>Reduce the reliance on long term care by improving services closer to home and providing more extra care facilities, including dementia services</p>	
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Equality, Diversity and Inclusion

26 There are no equality implications of this report and its recommendations/decisions.

Human Resources

27 There are no human resources implications of this report and its recommendations/decisions.

Risk Management

28 Financial and operational risk to Council if the recommendation is not taken due to system disruption and likely significantly increased costs.

Rural Communities

29 There are no implications to rural communities of this report and its recommendations/decisions here.

Children and Young People including Cared for Children, care leavers and Children with special educational needs and disabilities (SEND)

30 This decision has a direct link to the support and case management that the Council provides for children and young people. An efficient system across Adults and Children’s Social Care is critical in supporting a positive journey with the council to residents in receipt of services.

31 An industry leading system solution ensures that cheshire east staff and partners have the most efficient and modern case management support to do their job, at their best.

Public Health

32 *The public health implications of this report and its recommendations /decisions are likely to have:*

- *a positive overall impact on the health and wellbeing of Cheshire East residents.*

Climate Change

33 The recommendations will help the council to reduce its carbon footprint and achieve environmental sustainability by reducing energy consumption by staff and partners. The system helps support remote and flexible working, reducing travel across the county.

Access to Information	
Contact Officer:	Jonathan Sayer, Project Manager Jonathan.sayer@cheshireeast.gov.uk
Appendices:	None
Background Papers:	Adults DMT Core Systems ACPH Re-proc Decision 23.09.2024 CLT Briefing Core Systems ACPH Re-proc Decision 30.10.2024

OPEN

Adults and Health Committee

18 November 2024

Cheshire East Drugs and Alcohol Plan

Report of: Helen Charlesworth-May, Executive Director – Adults, Health and Integration

Report Reference No: AH/24/2024-25

Ward(s) Affected: All Wards

Purpose of Report

- 1 To approve the new drugs and alcohol plan for Cheshire East.
- 2 This work aligns with the priority within the Cheshire East Corporate Plan of: “a council which empowers and cares about people”. It also aligns with the Government’s 10-year drug strategy: “From harm to hope” and with the Cheshire East Joint Local Health and Wellbeing Strategy 2023-2028.

Executive Summary

- 3 The Government’s 10-year plan: ‘From Harm to Hope’, mandates a local drugs and alcohol plan that reflects national priorities at a local level.
- 4 This report details the engagement and coproduction that underpins this plan and discusses evidence of population need relating to drugs and alcohol.

RECOMMENDATIONS

The Adults and Health committee is recommended to:

1. Approve the new drugs and alcohol plan – Reducing drug and alcohol harm in Cheshire East.

Background

- 5 Around 1 in every 27 people in Cheshire East regularly drink above the recommended levels of alcohol, and almost 1 in every 100 people are dependant drinkers. Among young people in Cheshire East, a survey showed that about half feel that drinking is normal, fun, and not a risk to health, with about 1 in 14 claiming that they binge drink.

- 6 It is estimated that 1 in 18 adult Cheshire East residents have used illicit drugs in the past year, with cannabis being the most used drug. For crack cocaine and opiates (including drugs like heroin), about 1 in 270 people in Cheshire East have misuse issues. About 2 in every 5 of this group are not currently accessing treatment for this.
- 7 In Cheshire East, there are higher levels of drug and alcohol related admissions to hospitals among both young people and adults than the England average. For treatment, Cheshire East is similar to the England average for substance remissions.
- 8 In 2021, the Government published its 10-year drug strategy – ‘From harm to hope’ which centres on prevention, enforcement, treatment, and recovery. The national strategy emphasises the need for co-ordinated action across a range of organisations to deliver on three strategic priorities:
 - Break drug supply chains
 - Deliver a world-class treatment and recovery system
 - Achieve a shift in demand for drugs.
- 9 Local responsibilities highlighted in the Governments 10-year strategy are:
 - Produce a local Drugs and Alcohol Joint Strategic Needs Analysis.
 - Form a local Combatting Drugs Partnership.
 - Produce a local drugs and alcohol plan.
- 10 In September 2023, Public Health colleagues produced a local JSNA which provided a comprehensive account of local challenges and priorities relating to drug and alcohol addiction.
- 11 In August 2022, Cheshire East Combatting Drugs Partnership (CDP) was established, providing a multi-agency approach to reducing drug related harms in the local setting. This collaborative approach includes public health, the police, commissioning, community safety, housing, drug and alcohol treatment services, commissioners and providers, service users, NHS, Cheshire Wirral Partnership, probation, and youth justice.
- 12 The CDP reports to the Safer Cheshire East Partnership (SCEP) on a quarterly basis, is closely linked to the Cheshire East Health and Wellbeing Board, and monitors progress on the measures outlined in the National Combating Drugs Outcomes Framework. Links will also be made with other relevant groups such as the Cheshire East Safeguarding Children’s Partnership to reduce risk of duplication.
- 13 The Cheshire East plan: “Reducing drug and alcohol harm in Cheshire East”, incorporates the actions laid out in the national strategy and builds on the learning and recommendations from the substance misuse JSNA to ensure it meets local need and addresses local priorities. It also takes account of discussions within the Combatting Drugs Partnership.

- 14 The plan incorporates a set of actions developed through the coproduction process. The following paragraphs summarise our intentions for the next five years.
- 15 **Training and Education** - We aim to enhance the reach and impact of drug and alcohol education, to upskill the local workforce and provide targeted sessions where needed most as part of an early intervention approach. This includes developing a modular training package for professionals to raise awareness and build confidence in viewing addiction as an illness, offering basic harm reduction advice, understanding available treatment services, and clearly communicating pathways and referral processes. This is part of a 'Making Every Contact Count' approach.
- 16 **Communication and relationships** - We aim to create a platform for regular inter-agency communication to ensure a coordinated approach to promoting substance use services. We aim to build connections with ethnic minority groups to address cultural and language barriers and provide accessible information in various formats.
- 17 **Targeted approach** - Targeted interventions will focus on high-risk groups, such as children in care and those living with substance-misusing family members. This will help to protect against risk of ill-harm including domestic violence or child abuse. It will also encompass the targeting of homeless families and prison leavers. Additionally, intensive outreach will take place in collaboration with homelessness services supporting individuals with complex needs. Working closely with the eight care communities, we will work towards a hub and spoke model ensuring that people have access to services where they need them.
- 18 **Refine pathways** – We aim to streamline transitions between services, ensuring individuals receive appropriate support without repeatedly sharing their stories.
- 19 **Dual diagnosis** - We aim to enhance collaboration between mental health and substance misuse services, adopting a holistic approach. This includes creating opportunities for co-location, joint assessments, and developing bespoke recovery support pathways for both adults and young people with dual diagnoses.
- 20 **Stigma and lived experience** - To reduce stigma around substance misuse, we aim to change attitudes and encourage people to seek help without fear of shame. Additionally, we will celebrate and utilise the knowledge of those with lived experience, supporting them throughout recovery and facilitating opportunities for Lived Experience Recovery Organisations to thrive.
- 21 **Reducing supply and demand** - This includes targeting areas for drug and alcohol related crimes and disrupting drug supply (including county lines) through sharing of intelligence related to enforcement.

- 22 Outcomes will be measured in line with the metrics set out in the National Combatting Drugs Outcomes Framework and will be monitored locally by the local Combatting Drugs Partnership (CDP).
- 23 The feedback from the coproduction process and the plan will inform the design of the new Substance Misuse Service.
- 24 The plan will also be presented to Health and Wellbeing Board in November, following this no other formal steps are required for it to be adopted.

Consultation and Engagement

- 25 The proposed new plan has been coproduced with a large range of stakeholders, including, service providers, professionals (including health, social care, police) and most importantly people with lived experience and their families.
- 26 Between March 2023 and August 2024, 43 Focus groups and 33 one to one interview's were held with a total of **434** participants.
- 27 The plan was presented to members of the Combatting Drugs Partnership and elected members in July, discussing intelligence gathered from engagement and allowing the opportunity to inform the approach.
- 28 Several task and finish groups have been held involving key stakeholders and those with lived experience with the aim to design a Cheshire East wide action plan which will inform the aims of the new Substance Misuse Service model.

29 Highlights of our journey of coproduction are below:

Stakeholders	
<ul style="list-style-type: none"> • Young people (Youth council, JIGSAW, Youth service) • Service user groups • Service user family and friends • Police • Probation • CWP • People from ethnic minorities • Health (0-19, GP's) • Lived Experience Recovery organisations. • Integrated Care Board 	<ul style="list-style-type: none"> • Substance misuse provider forum • Substance misuse providers, commissioned and non-commissioned (AA/NA) • LGBTQ+ • VCFSE Sector • Headteachers / Education • All eight Care Communities • Family Hubs • Hospital trusts • Housing • Elected members.
March 2023 – Feb 2024	Initial engagement
<p>11 focus groups and 14 one to one conversations were held to ask people the following questions: <i>Support and services for people with addiction is currently like what?</i> <i>At its best, what does support for people with addiction look like?</i></p>	
February 2024	Task and finish groups
<p>45 people, including professionals, and those with lived experience, attended task and finish groups to discuss the emerging key themes around: <i>Early intervention and prevention.</i> <i>Pathways.</i> <i>Dual diagnosis.</i> <i>Stigma</i> <i>Lived experience.</i></p>	
March – May 2024	Testing the draft action plan
<p>Stakeholders had the opportunity to feedback on the draft action plan.</p> <p>Further themes emerged around: <i>Training and education</i> <i>Communication and relationships</i> <i>Taking a targeted approach</i></p>	
June – July 2024	Task and finish groups
<p>64 people attended four task and finish groups to provide feedback on the updated action plan and agree actions.</p>	
August 2024	Action plan agreement
<p>The final action plan was agreed by all attendees from the task and finish groups and members of the combatting drugs partnership.</p>	

30 Stakeholders have engaged well and although the plan is yet to be approved, there is already some good practice that has emerged from working together through the co-production process.

31 One example of this is improved working between our mental health services, CWP and our social work teams with Change Grow Live to improve how they jointly support people with dual diagnosis.

Reasons for Recommendations

32 The plan provides a clear set of actions to address recommendations outlined in the Drugs and Alcohol JSNA, contributing to the reduction of poor mental and physical health and reducing inequalities across Cheshire East.

33 Development of a local plan is also mandated within the government’s 10-year strategy and will be monitored through key Office for Health Improvement and Disparities indicators.

34 This plan has already been approved by the Cheshire East Combatting Drugs Partnership which includes representation from; CEC Police, Cheshire Wirral Partnership, ICB, Probation, Children's Services and others.

Other Options Considered

35 *Not publishing a plan (do nothing)*. This would mean that Cheshire East are not adhering to the recommendations made in the national 10-year strategy. This would also mean that key transformational and partnership work would not take place to improve the wider treatment and recovery network.

Option	Impact	Risk
Not publishing the plan	There would be no current drugs and alcohol plan in Cheshire East.	Lack of improvements in drug and alcohol services leading to poorer health outcomes for the residents of Cheshire East.

Implications and Comments

Monitoring Officer/Legal

36 The Council’s statutory responsibilities for public health services are set out in the Health and Social Care Act 2012. From this, the Council has had a duty to take such steps as they consider appropriate for improving the health of the people in their areas. The drugs and alcohol plan referred to in this report is reflective of this.

Section 151 Officer/Finance

37 Expenditure is funded through the ring-fenced Public Health grant and as such, there are no financial implications that mean changes are required to the Council’s existing Medium Term Financial Strategy (MTFS).

Policy

38 The drugs and alcohol plan supports the Council’s aim to reduce inequalities, promote fairness and opportunity for all and supports our most vulnerable residents.

An open and enabling organisation	A council which empowers and cares about people	A thriving and sustainable place
Promote and develop the services of the council through regular communication and engagement with all residents.	Work together with residents and partners to support people and communities to be strong and resilient Reduce health inequalities across the borough.	A great place for people to live, work and visit. Welcoming, safe and clean neighbourhoods.

39 The drugs and alcohol plan also supports the following outcomes of the Joint Health and Wellbeing Strategy 2023-2028 by

- Creating a place that supports wellbeing for everyone living in Cheshire East.
- Improving the mental health and wellbeing of people living and working in Cheshire East.
- Enabling more people to live well for longer.

Equality, Diversity and Inclusion

40 An Equality Impact Assessment has been completed in parallel with the extensive consultation and engagement exercise. See Appendix 1.

Human Resources

41 No human resource implications have been identified.

Risk Management

42 The implementation of the plan would follow a project management approach which includes the identification of risks. Any significant risk will be controlled and escalated for action where appropriate.

Rural Communities

- 43 The drugs and alcohol plan outlines a place-based approach including working closely with care communities to ensure people can access services locally.

Children and Young People including Cared for Children, care leavers and Children with special educational needs and disabilities (SEND)

- 44 Children and young people, including those with SEND have been involved in the co-production of the plan. It details the need for a targeted approach for children and young people; in particular care leavers and those who are neurodiverse.

Public Health

- 45 The Public Health Team were involved throughout the development of the plan in line with the Joint Health and Wellbeing Strategy for Cheshire East 2023-2028, and the Cheshire East Substance Misuse JSNA.
- 46 Substance misuse negatively affects health both directly and indirectly. The delivery of this plan will reduce the health harms of drug and alcohol misuse and will support those in recovery to rebuild their lives through treatment and employment opportunities. The plan will focus on members of the population who are most in need and will be delivered as a hub and spoke model ensuring people can access services locally.

Climate Change

- 47 The design and delivery of the drug and alcohol service will be underpinned by environmental and sustainability considerations.
- 48 The services that will be procured following on from this plan will be centrally located enabling service users to travel via public transport. It will also reduce the application of single use needles and will reduce the need for health care resources which have a substantial impact on the environment through single use equipment and incineration of waste practices.

Access to Information	
Contact Officer:	Hannah Gayle, Project Manager (Thriving and Prevention) hannah.gayle@cheshireeast.gov.uk
Appendices:	Appendix 1 – Equality Impact Assessment Appendix 2 - Reducing Drug and Alcohol Harm in Cheshire East: An integrated 5-year plan to improve treatment outcomes, address unmet need and build recovery capital.
Background Papers:	Cheshire East Corporate Plan The Joint Local Health and Wellbeing Strategy for the population of Cheshire East 2023-2028) Cheshire East Drug and Alcohol JSNA From harm to hope: A 10-year drugs plan to cut crime and save lives

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Appendix 1 – Equality Impact Assessment

Engagement and our equality duty

Whilst [the Gunning Principles](#) set out the rules for consulting ‘everyone’, additional requirements are in place to avoid discrimination and inequality.

Cheshire East Council is required to comply with the Equality Act 2010 and the Public Sector Equality Duty. The Equality Act 2010 simplified previous anti-discrimination laws with a single piece of legislation. Within the Act, the Public Sector Equality Duty (Section 149) has three aims. It requires public bodies to have due regard to the need to:

- eliminate unlawful discrimination, harassment, victimisation and any other conduct prohibited by the Act, by consciously thinking about equality when making decisions (such as in developing policy, delivering services and commissioning from others)
- advance equality of opportunity between people who share a protected characteristic and people who do not share it, by removing disadvantages, meeting their specific needs, and encouraging their participation in public life
- foster good relations between people who share a protected characteristic and people who do not

The Equality Duty helps public bodies to deliver their overall objectives for public services, and as such should be approached as a positive opportunity to support good decision-making.

It encourages public bodies to understand how different people will be affected by their activities so that policies and services are appropriate and accessible to all and meet different people’s needs. By understanding the effect of their activities on different people, and how inclusive public services can support and open up people’s opportunities, public bodies are better placed to deliver policies and services that are efficient and effective.

Complying with the Equality Duty may involve treating some people better than others, as far as this is allowed by discrimination law. For example, it may involve providing a service in a way which is appropriate for people who share a protected characteristic, such as providing computer training to all people to help them access information and services.

The Equality Act identifies nine ‘protected characteristics’ and makes it a legal requirement to make sure that people with these characteristics are protected from discrimination:

- Age
- Disability
- Gender reassignment
- Marriage and civil partnerships
- Pregnancy and maternity
- Race
- Religion or belief
- Sex
- Sexual orientation

Applying the equality duty to engagement

If you are developing a new policy, strategy or programme you may need to carry out an Equality Impact Assessment. You may be able to ascertain the impact of your proposal on different characteristics through desk-based research and learning from similar programmes, but you also need to carry out some primary research and engagement. People with protected characteristics are often described as 'hard to reach' but you will find everyone can be reached – you just need to tailor your approach, so it is accessible for them.

Contacting the [Equality and Diversity mailbox](#) will help you to understand how you can gain insight as to the impacts of your proposals and will ensure that you help the Council to comply with the Equality Act 2010 and the Public Sector Equality Duty.

Section 1 – Details of the service, service change, decommissioning of the service, strategy, function or procedure

Proposal Title	Substance Misuse plan and service
Date of Assessment	27/08/2024
Assessment Lead Officer Name	Hannah Gayle
Directorate/Service	Thriving and prevention – Adults, Health and integration
Details of the service, service change, decommissioning of the service, strategy, function or procedure.	<ol style="list-style-type: none"> 1. All age substance misuse service. The substance misuse service delivers a number of recovery orientated, integrated, community substance misuse services across Cheshire east. This is a statutory public health service. 2. Reducing drug and alcohol harm in Cheshire East - An integrated 5-year plan to improve treatment outcomes, address unmet need and build recovery capital. <p>The national 10-year plan for substance misuse ‘From Harm to hope’ aims to cut supply, reduce demand, and improve treatment within the UK. The plan will support in meeting the local authority’s obligations within the national plan, which is set out in the national outcomes’ framework, to agree a local drugs plan that reflects the national strategic priorities.</p> <p>The new plan will then inform the specification of the substance misuse service that is due to be recommissioned for a new service to begin on the 1st of April 2025.</p>
Who is Affected?	The plan will shape the way that services are delivered under the new contract, resources may be changed or realigned to fit the changing needs of the residents of Cheshire East. There may be changes to existing services that individual’s access which could impact those around them and the wider network of services that feed into other services. The plan and delivery model will look to add value to the current model, realigning resources where they are not being utilised to the areas most in need. The plan will have a positive impact and we see no negative impact to the new model.

	<p>The following protected characteristics highlight a notable risk from substance misuse.</p> <p>Age – Young people, young families and middle aged adults are disproportionately affected by substance misuse problems. This is reflected through NDTMS data, hospital admissions data and local and national survey data. The 16-24 age group is particularly associated with drug offences, substance misuse and alcohol problems.</p> <p>Disability - A high proportion of those who enter substance misuse services are also seeking help with their mental health. Nationally, people engaged in substance misuse services report a higher rate of disability than the general population (28.8% compared with 17.7%) 1. Behaviour and emotional problems was the most reported disability (15.5%).</p> <p>Sex – Locally and nationally more males than females are engaged with substance misuse services, this is particularly the case for drugs services. 1,2,3</p> <p>Gender reassignment / Sexual orientation - Research has found that sexual and gender minorities, including lesbian, gay, bisexual, transgender, queer, and intersex people (LGBTQI+), have higher rates of substance misuse and substance use disorders than people who identify as heterosexual. People from these groups are also more likely to enter treatment with more severe disorders 4.</p> <p>1. Adult substance misuse treatment statistics 2021-2022 Adult substance misuse treatment statistics 2021 to 2022: report - GOV.UK (www.gov.uk) 2. OHID/NDTMS Adult Drug Commissioning Support Pack, 2022-23, Cheshire East 3. OHID/NDTMS Adult Alcohol Commissioning Support Pack, 2022-23, Cheshire East 4. National institute of drug abuse</p>
<p>Links and impact on other services, strategies, functions or procedures.</p>	<p>The proposed model does not adversely impact upon delivery of other Council services, functions or procedures. The proposal does link into the following strategies and policies:</p> <p>Cheshire East corporate plan All age carers strategy Homelessness and Rough Sleeping Strategy – now out of date Sustainable community strategy</p>

	<p>Neglect Strategy Early Help Strategy Mental Health strategy Reducing Inequalities in Crewe strategy Cheshire East Place Partnership 5 year plan Vulnerable and Older Persons Housing Strategy</p> <p>This plan aims to reduce inequalities across the borough which is a priority within the corporate plan.</p>
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How does the service, service change, strategy, function or procedure help the Council meet the requirements of the [Public Sector Equality Duty](#)?

The new plan / substance misuse service helps the council to meet the requirements of the public sector equality duty by:

- Working together to reduce stigma around drug and alcohol use which may discourage people from seeking help.
- Ensuring the new service is inclusive to all but where needed a target approach is considered to meet the needs of hard-to-reach groups.
- Ensuring that cultures, beliefs, accessibility, and language are considered when planning services.
- Considering the voice of those with protected characteristics to ensure services are planned with all in mind.

Section 2 - Information – What do you know?

What do you know?	What information (qualitative and quantitative) and/or research have you used to commission/change/decommission the service, strategy, function, or procedure?
Information you used	<ul style="list-style-type: none"> • Cheshire East JSNA for drugs and alcohol. • Data from our current treatment provider (Change Grow Live) and NDTMS data. • Plan engagement with 434 people, this included 1-2-1 discussions and focus groups including the following people/groups: <ul style="list-style-type: none"> ○ Young people (Youth council, JIGSAW, Youth service) ○ Service user groups ○ Service user family and friends ○ Police ○ Probation ○ CWP ○ Ethnic minorities (included in focus groups) ○ Health (CWP, 0-19, GP's) ○ Lived Experience Recovery organisations. ○ Integrated Care Board ○ Substance misuse provider forum ○ Substance misuse providers, commissioned and non- commissioned (AA/NA) ○ LGBTQ+ (included in focus groups / 121 interviews) ○ VCFSE Sector ○ Headteachers / Education ○ Care Communities ○ Family Hubs ○ Hospital trusts ○ Housing ○ Elected members.
Gaps in your Information	No significant gaps identified.

3. What did people tell you?

What did people tell you	What consultation and engagement activities have you already undertaken and what did people tell you? Is there any feedback from other local and/or external regional/national consultations that could be included in your assessment?
<p>Details and dates of the consultation/s and/or engagement activities</p>	<p>43 Focus groups and 33 one to one interview's were held with a total of 434 participants.</p> <p>Insights based discussions focussed on the following questions, seeking a breadth of intelligence from a wide range of stakeholders:</p> <ul style="list-style-type: none"> ▪ Support and services for people with addiction is currently like what? ▪ At its best what does support for people with addiction look like? <p>Several task and finish groups have been held involving key stakeholders and those with lived experience with the aim to design a Cheshire East wide action plan which has informed the new service model. The action plan has been presented to members of the Combatting Drugs Partnership and elected members, discussing intelligence gathered from engagement and allowing the opportunity to feed back.</p> <p>People have told us that the main issues when accessing substance misuse services are:</p> <ul style="list-style-type: none"> • Lack of education and knowledge around drug and alcohol harms. • Lack of awareness of services and how to access them. • Getting substance misuse support with very poor mental health and vice versa. • Lack of specialist support for those people with multiple and complex needs. • Uncertainty of process pathways between organisations. • Not enough peer support. <p>The following Key objectives within Reducing Drug and Alcohol Harm in Cheshire East plan aim to address these issues:</p> <ul style="list-style-type: none"> • Provide a consistent and accessible training and education offer to a wide range of audiences including professionals and children & young people • Improve communication and build relationships across they system

	<ul style="list-style-type: none"> • Facilitate collaborative support to those with coexisting substance misuse and mental health issues • Take a targeted approach to engaging cohorts who are at risk of unmet need • Refine system pathways to improve continuity of care and ease of access to services • Reduce stigma and change attitudes so that people view substance misuse as an illness and feel confident to approach services without fear of shame or judgement • Capitalise on and celebrate lived experience to build capacity in the recovery community and show those in treatment that their recovery goals are achievable
<p>Gaps in consultation and engagement feedback</p>	<p>The co-production process was extensive and gathered comprehensive feedback from a range of individuals with protected characteristics. There is still a need to continue engagement throughout the lifespan of the plan.</p> <p>As highlighted in the plan, more target work needs to be done with the following groups to better understand local need and potential barriers to accessing service, looking at early intervention, prevention, harm reduction, treatment and recovery.</p> <ul style="list-style-type: none"> • Children in care • Children living with family members experiencing substance misuse • Homeless families in temporary accommodation • Victims of domestic abuse • Children excluded from school • Children at risk of child sexual exploitation • SEND / mental health • LGBTQ+

4. Review of information, consultation feedback and equality analysis

Protected characteristics groups from the Equality Act 2010	What do you know? Summary of information used to inform the proposal	What did people tell you? Summary of customer and/or staff feedback	What does this mean? Impacts identified from the information and feedback (actual and potential). These can be either positive, negative or have no impact.
Age	The co-production process was inclusive of all ages. Adults, children, and young people were involved through engagement and development of the plan.	Services, training and education need to be age appropriate. Some targeted work needs to be done to support Children not accessing mainstream education. Children and young people are confused about who to go to if they need support and would like to learn more about the harms of drugs and alcohol.	<i>The plan and substance use service aims to increase the reach of information and advice about substance use and services available to all people by increasing the training and education offer.</i> <i>The plan and new service will include targeted work being done to ensure those vulnerable young people not accessing mainstream education are able to access educational sessions and support.</i>
Disability	The co-production process was inclusive, and people of all abilities were involved through engagement and development of the action plan.	Services need to be accessible, materials available in a variety of formats and buildings need to be accessible to all. Some people may need home visits or support accessing services due to disabilities. Having local services rather than having to travel would be preferred.	The plan highlights an intention to do some targeted work to support people who are neurodiverse, and look at accessibility of services for people with disabilities. Specialist outreach provision will support those people who are unable to attend services in person.
Gender reassignment	The co-production process was inclusive of all genders and those identifying as Transgender were	Services need to be non-judgemental and aware of the barriers that Trans people face in	The plan highlights an intention to do some targeted work to ensure services

	involved through engagement and development of the action plan.	accessing services including LGBTQ+ binge drinking culture, mental illness and gender dysphoria. Services need to be inclusive of all genders. Services need to be trauma informed.	are inclusive to people identifying as LGBTQI+.
Pregnancy and maternity	The co-production process was inclusive of those who are and are not pregnant and included those who are supporting pregnant mothers.	Stigma is at it's highest within this group and services need to be sensitive when working with pregnant residents who misuse substances. A targeted approach may be needed in this area.	The plan will look to address stigma around access to substance use services. This will include further work around pregnancy and maternity.
Race/ethnicity	The co-production process was inclusive of people who would identify as ethnic minorities.	Religious / cultural/language barriers may prevent people from accessing services. People may need information in different languages or some help with translation when accessing services.	The plan highlights a need to do more work to engage with those from minority ethnic groups to understand barriers to accessing services.
Religion or belief	The co-production process was inclusive of people with varying religions and beliefs.	Religious / cultural /language barriers may prevent people from accessing services. This will need to be considered when communicating with certain religious groups.	The plan highlights a need to do more work to engage with those from minority ethnic groups to understand barriers to accessing services. This will include work to understand how beliefs may impact access to service.
Sex	The co-production process involved engagement with people of all genders.	There was no disparity in feedback across all genders with all genders highlighting the same gaps in service.	The plan looks to address gaps in service for all genders.

	Currently treatment figures suggest that males are more likely to engage in treatment.		
Sexual orientation	The co-production process was inclusive of all genders and those identifying as LGBTQ+ were involved through engagement and development of the action plan.	Services need to be non-judgemental and aware of LGBTQ+ issues which may lead them to accessing services.	The plan highlights an intention to do some targeted work to ensure services are inclusive to people identifying as LGBTQI+.
Marriage and civil partnership	This service proposal is inclusive to all.	No issues raised in relation to this area.	The plan is inclusive regardless of marriage / civil partnership status.

5. Justification, Mitigation and Actions

Mitigation	What can you do? Actions to mitigate any negative impacts or further enhance positive impacts
<p>Please provide justification for the proposal if negative impacts have been identified? Are there any actions that could be undertaken to mitigate, reduce or remove negative impacts?</p>	<p>There are no negative impacts identified. The proposed plan and service model is entirely co-produced by people with lived experience, their families, professionals, and stakeholders so there will be no negative impact on service delivery only positive as the proposed service will go further to meet changing need in Cheshire East.</p>
<p>Have all available options been explored? Please include details of alternative options and why they couldn't be considered?</p>	<p>The alternative was not producing a plan which would be against the recommendations of the government's 10-year plan.</p>
<p>Please include details of how positive impacts could be further enhanced, if possible?</p>	<p>The action plan that has been formed addresses areas for improvement that has been highlighted through engagement. Completing an annual review of the plan will ensure the actions are still appropriate and relevant.</p>

6. Monitoring and Review -

Monitoring and review	How will the impact of the service, service change, decommissioning of the service, strategy, function or procedure be monitored? How will actions to mitigate negative impacts be monitored? Date for review of the EIA
Details of monitoring activities	The impact of the new proposal will be monitored through regular meetings, quarterly reviews, feedback from service users, feedback from providers, partners and stakeholders. It will also be monitored through quarterly combatting drugs partnership meetings.
Date and responsible officer for the review of the EIA	Review by Hannah Gayle – Project Manager, Thriving and Prevention, 1 st March 2025

7. Sign Off

When you have completed your EIA, it should be sent to the [Equality, Diversity and Inclusion Mailbox](#) for review. If your EIA is approved, it must then be signed off by a senior manager within your Department (Head of Service or above).

Once the EIA has been signed off, please forward a copy to the Equality, Diversity and Inclusion Officer to be published on the website. For Transparency, we are committed to publishing all Equality Impact Assessments relating to public engagement.

Name	N.Darwin
Signature	Nik Darwin
Date	27/10/24

8. Help and Support

For support and advice please contact EqualityandInclusion@cheshireeast.gov.uk

Appendix 2 - Reducing Drug and Alcohol Harm in Cheshire East: An integrated 5-year plan to improve treatment outcomes, address unmet need and build recovery capital.

Reducing drug and alcohol harm in Cheshire East 2024-2029

An integrated 5-year plan to improve treatment outcomes, address unmet need and build recovery capital

Produced on behalf of the Cheshire East Combating Drugs Partnership by:

- Katy Ellison, Project Manager, Cheshire East Council
- Hannah Gayle, Project Manager, Cheshire East Council
- Dr Gisèle Spencer, Specialty Registrar in Public Health, Cheshire East Council
- Dr Andrew Turner, Consultant in Public Health, Cheshire East Council

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1. Background

1.1. From harm to hope: A 10-year drugs plan to cut crime and save lives

Illegal drugs cause far-reaching and devastating harm. Drug misuse currently costs society over £19 billion a year. Drug use drives crime, damages people's health, puts children and families at risk and reduces productivity. It impacts the whole country, with the most deprived areas facing the greatest burden.

Combating illegal drugs and the harm they cause is an issue which needs action from a range of local partners. At a local level, success is reliant on these partners working together to understand their population and how drugs are causing harm in their area, any challenges in their local system and the changes that are needed to address them.

The Government's drugs strategy, [From harm to hope: A 10-year drugs plan to cut crime and save lives](#), relies on co-ordinated action across a range of local partners including enforcement, treatment, recovery and prevention. The ten-year drug strategy requires a partnership approach to delivering the following strategic priorities:

- Break drug supply chains
- Deliver a world-class treatment and recovery system
- Achieve a shift in demand for drugs

As part of the national strategy, every local area has formed a Combating Drugs Partnership (CDP). These partnerships bring together a range of local partners working across enforcement, treatment, recovery, and prevention, to work together to deliver the national strategy's priorities.

As drug and alcohol use are so closely linked, local partnerships also focus on addressing alcohol dependence and wider alcohol-related harms alongside their focus on reducing the use, supply, and harms of illegal drugs.

1.1. Cheshire East Combating Drugs Partnership

What is the Cheshire East Combating Drugs Partnership?

The Cheshire East Combating Drugs Partnership (CECDP) provides a single setting for understanding and addressing shared challenges related to drug-related harm, based on our local context and need. On its formation in January 2023, the Cheshire East CDP collectively agreed a further local priority to, "understand and explicitly address the co-occurrence of substance misuse with mental illness and other complex issues", alongside the stated national priorities. In addition, the CDP has adopted a more explicitly "public health approach" than the national strategy, with a greater focus on harm reduction.

The functions of the Cheshire East Combating Drugs Partnership are:

- To bring together the NHS and Local Authority leaders across Cheshire East area, including representatives of both commissioners and providers of services.
- To bring together and co-ordinate other major agencies, organisations, sectors and interests that can contribute towards improving the strategic priorities of the Combating Drugs Partnership.
- To provide oversight of the development, implementation, performance and review of the associated action plan of the Combating Drugs Partnership and additional actions associated with the developing Cheshire East Substance Misuse Strategy.

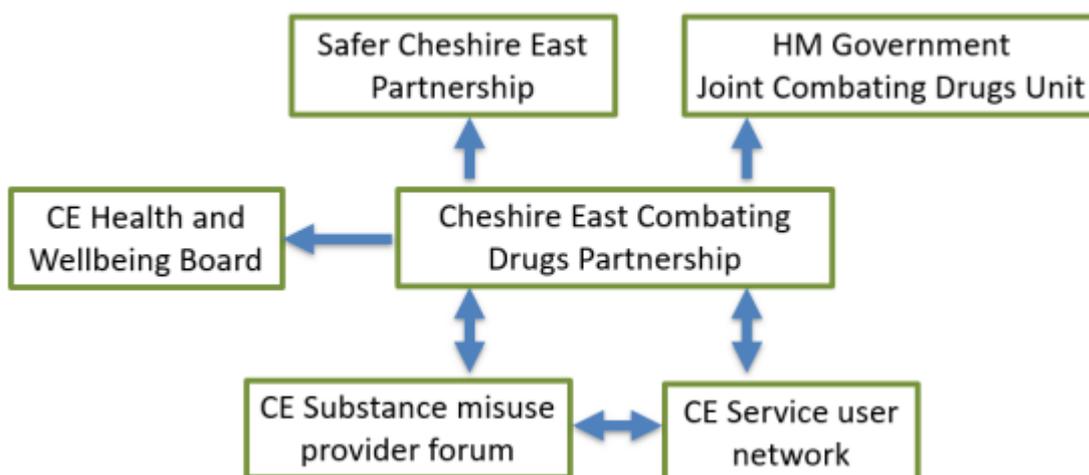
- To provide oversight of the development, implementation, performance and review of the drug and alcohol misuse Joint Strategic Needs Assessments (JSNAs).
- To ensure that the action plan and JSNA are used as the basis for strategic decisions and the identification of priorities for the commissioning and delivery of services relating to substance misuse.
- To ensure a common approach to effective communication and the provision of information about drugs is developed across the partnership.

Who sits on the Cheshire East Combating Drugs Partnership?

The membership of the Partnership is broad to reflect the breadth and complexity of the factors that influence drug and alcohol harm. Members include representatives from: public health; the police; commissioning; community safety; housing; safeguarding; drug and alcohol treatment service commissioners and providers; service users; NHS; mental health services; probation; and youth justice.

Who does the Cheshire East Combating Drugs Partnership report to?

The governance structure of the CDP is summarised below:



- The Combating Drugs Partnership is a subgroup of – and reports on a quarterly basis to - the [Safer Cheshire East Partnership](#) (SCEP).
- The Partnership is one of the specialist bodies linked to the [Cheshire East Health and Wellbeing Board](#) and may report as necessary to the Board, or as requested by the Board.
- The Partnership will report annually to the national Joint Combating Drugs Unit (JCDU)
- The Combating Drugs Partnership works in collaboration with the Cheshire East substance misuse provider and service user networks.

2. Drug and alcohol harm in Cheshire East

A [Cheshire East substance misuse joint strategic needs assessment \(JSNA\)](#) was published in September 2023, which reviewed the use of and harm caused by drugs and alcohol across Cheshire East. The purpose of the JSNA was to understand the current situation in Cheshire East, identify gaps in current services, and make recommendations on how these can be addressed. A summary of the findings and recommendations follows below.

2.1. Risk factors for substance misuse

A number of risk factors for drug and alcohol use in Cheshire East have been identified, which are similar to those elsewhere. These include:

- Family history of substance dependence
 - In 2019/20 30% of new presentations were in parents who did not live with children.
 - 24.1% of alcohol users and 8.5% of opiate users In Cheshire East were living with children.
 - It is estimated that 81% of parents with alcohol dependence in Cheshire East are not known to services.
- Socio-economic deprivation
- Homelessness
 - A slightly smaller percentage of service users have unmet housing needs at the start of treatment in Cheshire East than nationally.
- Unemployment and precarious employment
 - People in Cheshire East who are not in work are more likely to be a user of the drug and alcohol service, with approximately half of all service users being economically inactive at the start of treatment.
- Poor mental health
 - 79% of service users in Cheshire East had a mental health need at the start of treatment, which is higher than for England generally.
- Male gender
 - Overall, 69% of service users in Cheshire East are male
 - 55% of alcohol treatment service users are male
 - 69% of non-opiate treatment service users are male
 - 71% of opiate treatment service users are male
 - The majority of hospital admissions related to substance misuse is among males
 - Most substance misuse related deaths are of males
- Ethnicity
 - In Cheshire East new presentations to drug and alcohol services were more likely to be among white British, White Irish or Other White ethnicities in 2021-2022. However, nationally it has been identified the Black people are more susceptible to substance misuse than other ethnicity groups.
- Age at initiation
 - In 2017/18 all young people who presented to services began using their primary substance before their 15th birthday.
 - Age also affects which types of product you use

- The substance used, experiences related to that use, and polysubstance use
- Exposure to preventative environments and intervention
 - Drug and alcohol use is more taboo in some sectors of society, for example in religious groups.
- The influence of the risks and protective factors.

2.2. Prevalence of substance misuse

It is estimated that there are around 14,000 higher risk drinkers and 3,500 dependent drinkers in Cheshire East. However, just under a quarter of these are engaged with treatment.

A survey of 14-17 year olds in Cheshire East by Trading Standards found that around half of respondents considered drinking alcohol as normal, fun and did not perceive any health risks. 7% claimed to binge drink, 6% drank alcohol multiple times a week, and a further 6% drank alcohol weekly. The survey also found that young people most commonly drank in the home and there had been an increase in young people who bought alcohol for themselves since 2020. For crack cocaine and opiates there are an estimated 1,400 residents who have misuse issues. 62% (860) of these are engaged with treatment. These figures point to significant levels of unmet need in both areas. Cannabis is the most widely used illicit drug in Cheshire East, and a predicted 21,000 people in the area aged 16 to 74 years old have used one or more illicit drugs in the past year.

Among young people, approximately 1,100 boys and 1,200 girls aged 11 to 15 years old are thought to have used illicit drugs in the past year in Cheshire East. The most used drug by this group was cannabis, followed by nitrous oxide and ketamine.

2.3. Substance related harm in Cheshire East

Cheshire East has higher rates of alcohol specific hospital admissions than England in both adults and paediatrics. These rates were highest in residents of the most deprived wards including the 'Crewe 6', and wards in Macclesfield, Middlewich and Nantwich. Alcohol related deaths in Cheshire East are similar to national levels, with the highest rates in Nantwich and Rural, SMASH, and Crewe care communities.

Among children and young people (aged 15-24), the rates of hospital admissions due to substance misuse is worse than the England average and has been rising. Hospital admissions for drug poisoning is also worse than the England average. Between April 2019 and March 2022 there were 38 drug related deaths in Cheshire East of people in treatment. Whilst this figure is below the England average overall, this conceals local variations within Cheshire East.

The highest rates of drug offences between September 2019 and August 2022 were in areas of Crewe, Macclesfield, Wilmslow and Knutsford Rural. However, drug offenses only make up a small proportion of drug associated crimes. It is thought that there are nine organised crime gangs active in Cheshire East and 17 county lines gangs impacting the area. Nine of these county lines gangs are believed to have associations with child exploitation.

2.4. Treatment

Change Grow Live (CGL) delivers a comprehensive drug and alcohol service in Cheshire East. This is in addition to digital support via NHS UK, the One You Cheshire East service and the Live Well offer.

Reach Out and Recover (ROAR) provides an inpatient rehabilitation service based in Macclesfield including for those with substance dependency issues. However, the numbers who access this service has typically been low.

Treatment success rates in Cheshire East are currently similar to the England average. However, both locally and nationally success rates were lower among more complex cases. Many of those who access the drug and alcohol service are also heavy smokers but stop smoking services are not routinely offered.

During 2021/24, 34 (35.8%) adults identified as having a substance misuse problem had successfully engaged with treatment on release from prison. Of service users in contact with the criminal justice system, 13% successfully completed treatment in 2021/22. Probation services have set substance misuse and mental health as priorities and were working with 179 people whose case was related to drugs or alcohol as of April 2023. There are higher rates of both drug and alcohol related hospital admissions in Cheshire East than the national average for both adults and under-18s.

2.5. JSNA recommendations

Key recommendations from the JSNA are summarised below. Some of these are explicitly addressed within this action plan (see next section), while others are being addressed within existing workstreams and strategies of members of the Cheshire East Combating Drugs Partnership (see Appendix 1).

Recommendations relating to drug use

- Understand the distribution of risk factors and use across Cheshire East to identify more susceptible groups and geographies.
- Understand the barriers to seeking and accepting treatment. Explore learning from people with lived experience to improve treatment pathways and support.
- Provide tailored outreach treatment options for our homeless population.
- Ensure that clear pathways are in place to optimise the services available.
- Reach our young people in appropriate settings with timely advice regarding substance misuse, protective factors, support with wider social issues, and support with treatment where needed. Advice on drugs should include highlighting the dangers of nitrous oxide.
- Raise awareness of county lines activity and how to stay safe or seek advice with concerns is particularly important amongst our vulnerable children and adults.
- Better understand our rates of drug-related crimes and in those areas with the highest rates, develop a comprehensive evidence-based approach to reduce rates.
- For those in treatment:
 - We need to provide holistic support to their families where children live within their households
 - We need to continue to support people back into employment, housing and to quit smoking.

- Improve response to misuse of emerging types of drugs and help people addicted to prescription medicines.
- Regularly monitor a small group of indicators in the longer term.

Recommendations relating to alcohol misuse

- Understand the distribution of risk factors, alcohol consumption, accessibility and pricing across Cheshire East to identify more susceptible groups and geographies.
- Reach children and families to promote protective factors and address risk factors early (before age 15) through universal and targeted services:
 - Ensure they can reach support on both wider issues through schools/family hubs/ GPs/social prescribers and other family settings
 - Ensure those that have disclosed a problem receive prompt, holistic advice through a variety of media.
- Consider more intensive prevention approaches in parts of Crewe, Macclesfield, Nantwich and Rural, and SMASH (Sandbach, Middlewich, Alsager, Scholar Green and Haslington) Care Communities. Alcohol attributable hospital admissions data suggests that the Crewe 6 wards are of particular concern (also identified in the Crewe JSNA).
- Understand the barriers to seeking and accepting treatment. Explore learning from people with lived experience to improve treatment pathways and support.
- Work on breaking down the stigma in seeking help for alcohol. Synergise with regional Cheshire and Merseyside Public Health Collaborative (CHAMPs) campaigns.
- Ensure that clear pathways are in place and signposted to optimise the services available, including brief intervention and discharge from hospital.
- For those in treatment, we need to continue to support people back into employment, housing and to quit smoking.
- Provide tailored outreach treatment options for our homeless population.
- Further explore the impact of alcohol attributable hospital admissions on the NHS and wider community including economic impact.
- Regularly monitor a small group of indicators in the longer term

3. Action plan

The action plan that follows over the next few pages was co-produced over 12 months of extensive engagement with partners across Cheshire East. This engagement included multiple workshops, surveys, feedback sessions and individual interviews with a broad range of professionals, services, and those with lived experience of drug and/or alcohol misuse.

The five-year plan includes actions across five broad themes identified as priorities:

1. Early intervention and prevention
2. Pathways and unmet need
3. Dual diagnosis
4. Stigma and lived experience
5. Reducing supply and demand

3.1. Monitoring of progress

The key metrics for measuring the overall success of the national strategy are outlined in the [National Combating Drugs Outcomes Framework](#), summarised in Appendix II. A local dashboard will be produced to monitor these metrics at a local level, against which progress will be evaluated annually. Working groups based around each priority theme in the action plan will be responsible for delivery of relevant actions as well as reporting back every quarter on progress to the wider Cheshire East Combating Drugs Partnership and other boards as appropriate (see governance section above).

Reducing Drug and Alcohol Harm in Cheshire East: an integrated 5-year plan to improve treatment outcomes, address unmet need and build recovery capital

Priority theme 1: Early Intervention and Prevention

What do we want to achieve?	How are we going to do it?	Measures of success	When?	Who?
A consistent and accessible training and education offer: <i>Widen our education offer to increase the reach and impact of drug and alcohol information, upskilling our workforce and providing targeted sessions where the need is greatest.</i>	Create a modular training package for professionals across the system, which raises awareness and builds confidence to: <ul style="list-style-type: none"> View addiction as an illness and empower workforce to instigate exploratory conversations with customers/clients/patients/service users Provide basic harm reduction advice Understand treatment services available and provide support to access Clearly communicate pathways, eligibility and referral processes 	Less young people A&E admissions over time Number of schools / pupils engaged. Number of referrals to YP services Look at targeted cohorts and impact that we have made on this.	Year 1	Substance use service provider. Cheshire East Family Hubs
	Create a consistent age-appropriate training and education offer for all schools, which can be easily incorporated into the PHSE curriculum	Geographic targeting and results Increase number of sessions delivered in partnership with other agencies.	Year 1	Substance use service provider Schools Cheshire East Council Education
	Work with partner agencies (e.g. Police, sexual health service) to deliver shared education sessions in schools			Year 2

Priority theme 2: Pathways and Unmet Need

What do we want to achieve?	How are we going to do it?	Measures of success	When?	Who?
Improving communication and building relationships: <i>Create new, and reinforce existing communication networks to make sure key messages around drugs and alcohol use are communicated, utilising existing expertise to help people work smarter together to achieve the best for those in need of support.</i>	Create a platform for regular communications across agencies to facilitate a coordinated approach to promoting substance use services.	Improved referral rates from partners.	Year 2	Combatting drugs partnership
	Embed Making Every Contact Count across the system, ensuring all assessment opportunities include a question around drug & alcohol use	Improved referral rates from partners.	Year 2 – 5	Primary care
	Improve communication and links with Primary Care to achieve more effective signposting to substance use services and capture referral rates	Improved referral rates from partners	Year 1	Substance use service / primary care.
	Build links with ethnic minority groups to understand and consider cultural and language barriers to accessing substance use services.	Improved links with ethnic minority groups. Improved understanding of cultural and language barriers.	Year 2	CEC Commissioning
	Provide accessible information in a variety of formats (easy read, alternate languages etc) when required (paper and online)	Information available on request in a variety of different formats	Year 2	Substance use provider
Take a targeted approach to engaging cohorts who are at risk of unmet need: <i>Identify key groups and develop a bespoke offer to support those who are unlikely to engage in mainstream services. Working in partnership with key services to ensure we target the right people in the right way.</i>	Provide targeted early intervention to cohorts identified as potentially high risk: <ul style="list-style-type: none"> • Children in care • Children living with family members experiencing substance misuse • Homeless families in temporary accommodation • Victims of domestic abuse • Children excluded from school • Children at risk of child sexual exploitation • SEND / mental health 	Further work required to consensus build around this area.	Year 2 – 3	Healthy young minds providers Substance use provider Housing Social care Family hubs 0-19 service Youth Support service
	Provide an intensive outreach offer in collaboration with homelessness services to support individuals with complex and multiple needs.	Outreach support being delivered to those with complex and multiple needs.	Year 1	Substance use provider Housing

	Engage with existing forums (such as SMI, physical health checks, talking therapies, GP) to offer bespoke targeted packages of support.	Further work required to consensus build around this area.	Year 2 – 3	Primary care Substance use service
	Improve take-up of community sentence treatment requirements (ATR / DRR / MHTR)	Increase in numbers of ATR / DRR / MHTR.	Year 1	Probation Magistrate Substance use provider
	Place-based approach	Services available in all 8 care communities.		Care communities Substance use provider
Refine pathways to improve continuity of care and access to services: <i>Work together to make sure transitions between services are streamlined, reducing the number of times people have to tell their story and making sure people get the most appropriate support, when and where they need it.</i>	Provide clarity on pathways in, out and between services, including: <ul style="list-style-type: none"> • Prisons • Hospitals • Police custody • Mental Health • Housing / Hostels 	Clear pathways produced, agreed, and followed by all partners.	Year 2	Substance use provider CWP MCHT ECHT Police Housing Primary care
	Improve continuity of care between hospital trusts and community substance misuse service by creating multi-agency Alcohol Care Teams	Alcohol care teams in MCHT and ECHT	Year 2	Substance use provider MCHT ECHT
	Provide a bespoke recovery support pathway for those who have coexisting mental health and substance misuse support needs (adults and young people)	Clear pathway in place with no gaps in service	Year 2	Healthy young minds providers Substance use provider Housing Social care Family hubs 0-19 service

Priority theme 3: Dual Diagnosis

What do we want to achieve?	How are we going to do it?	Measures of success	When?	Who?
<p>Provide collaborative support to those with coexisting substance misuse and mental health issues: <i>Improve the way in which mental health and substance misuse services work together, developing a more holistic approach to supporting those with a dual diagnosis.</i></p>	<p>Create opportunities for co-location and joint assessments between substance misuse and mental health services.</p>	<p>Services are co-located.</p> <p>Clear pathway in place with no gaps in service.</p>	<p>Year 1</p>	<p>CWP Substance use provider Social work MH teams</p>

Priority theme 4: Stigma and Lived Experience

What do we want to achieve?	How are we going to do it?	Measures of success	When?	Who?
Reducing stigma: <i>Change attitudes so that people view substance misuse as an illness and feel confident to approach services without fear of shame or judgement.</i>	Create an insights-led health promotion campaign to: <ul style="list-style-type: none"> • Normalise access to substance use services and educate the public that it is a health condition that can be treated. • Paint a picture of what does a substance misuser look like, include drugs and alcohol • Put materials where people will see them • Promote risk awareness and harm reduction 	Further work required to consensus build around this area.	Year 1	CEC public health / commissioning
	Increase visibility of substance misuse service and normalise conversation – more events, public-facing	Further work required to consensus build around this area.		
	Create a non-stigmatised culture surrounding access to substance use support and demonstrate a marked improvement on unmet need	Further work required to consensus build around this area.	Year 3 – 5	All partners
	Refine volunteer recruitment journey	Further work required to consensus build around this area.	Year 1 – 2	Substance use provider
Capitalise on and celebrate lived experience: <i>Utilise the wealth of knowledge of those who have lived experience, providing support throughout the recovery journey, showing those in treatment that recovery is possible.</i>	Facilitate opportunities for Lived Experience Recovery Organisations to develop and flourish with support to embed sustainability	Increase in number of LERO in Cheshire East.	Year 1 – 5	Substance use provider

Priority theme 5: Reducing supply and demand

What do we want to achieve?	How are we going to do it?	Measures of success	When?	Who?
Enforcement and Regulation	<ul style="list-style-type: none"> • Combat sales to underage drinkers. • Targeted operations to 'hot spot' areas for crime drug and alcohol, including licenced premises. • Effective communication of successful police operations. • Disrupt supply of drugs through effective sharing of intelligence and enforcement. 	Existing monitoring via SCEP and Police	As per SCEP plan	SCEP Police

Appendix I – Key related strategies and plans

The alcohol component of this strategy replaces the 2017 Cheshire East alcohol strategy. In that strategy five key areas were focused on: prevention, protection, treatment, recovery, and enforcement & control. These overlap with the key priorities in this update considerably as there is still progress to be made in these areas.

This new strategy places a greater emphasis on dual diagnosis of substance misuse and mental health conditions. This complements the [Cheshire East Place Mental Health Plan 2024-2029](#), which focuses on six areas spanning from preventative measures to crisis support and wider community change. The Cheshire and Merseyside Public Health Collaborative (CHAMPs), has also developed a [pan-Cheshire and Merseyside suicide prevention strategy 2022-2027](#) and notes that substance addictions as a risk factor. CHAMPs has been engaging in diverse [alcohol harm reduction work](#), including research, prevention, early detection, and a focus on both physical and mental health.

Many of the factors which contribute to individuals developing a drug or alcohol problem sit outside out the purview of the Cheshire East Combating Drugs Partnership but are covered by work done elsewhere. For example:

- The [Safer Cheshire East Partnership Annual Strategic Assessment](#) outlines plans to disrupt county lines and reduce other substance related crimes
- The [Cheshire Serious Violence Strategy 2024-2029](#) includes measures such as drug awareness sessions in schools, reducing harms from drug and alcohol use, and disrupting drug markets.
- Cheshire East Council's [Homelessness and Rough Sleeping Strategy 2021-2025](#) includes establishing links with our drug and alcohol services as an action, to enable more people to be able to stay in their home following homelessness and in those at risk of becoming homeless. In turn being homeless and sleeping rough are risk factors for substance misuse and reducing this problem would reduce a driver of substance misuse.

The Cheshire East Combating Drugs Partnership will continue to be a place where partners involved in all the above strategies can meet regularly to discuss progress, challenges, and collaboration.

Appendix II – National Combating Drugs Outcomes Framework

Key strategic outcomes and supporting metrics

The [framework](#) sets out the Government’s three strategic outcomes of reducing drug use, reducing drug-related crime, and reducing drug-related deaths and harm, delivered through the intermediate outcomes of reducing drug supply, increasing engagement in treatment and improving recovery outcomes.

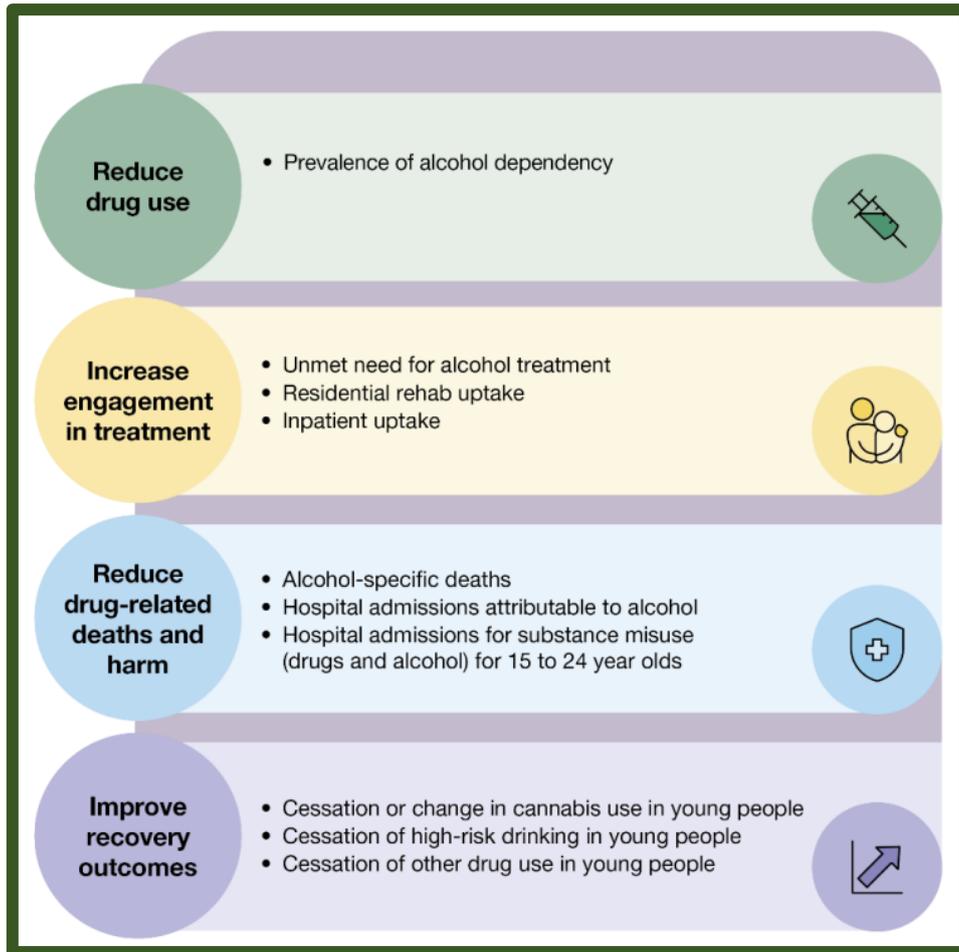
Strategic outcomes and metrics		
 Reduce drug use	 Reduce drug-related crime	 Reduce drug-related deaths and harm
Headline metrics	Headline metrics	Headline metrics
<ul style="list-style-type: none"> • Proportion of individuals reporting use of drugs in the last year • Estimated prevalence of opiate and/or crack cocaine use (OCU) 	<ul style="list-style-type: none"> • The number of neighbourhood crimes; domestic burglary, personal robbery, vehicle offences and theft from the person • The number of homicides that involve drug users or dealers, or have been related to drugs in any way 	<ul style="list-style-type: none"> • Deaths related to drug misuse • Hospital admissions for drug poisoning and drug-related mental health and behavioural disorders (primary diagnosis of selected drug)
Supporting metrics	Supporting metrics	Supporting metrics
<ul style="list-style-type: none"> • Number and proportion of households owed a homelessness duty with a drug dependency need • Rate per population of children of referral and assessments by social services with drugs as a factor • Number of permanent exclusions and suspensions and the proportion that are drug and alcohol related • Proportion of 11 to 15 year olds who think it is OK to take drugs to see what it is like, and think it is OK to take drugs once a week 	<ul style="list-style-type: none"> • Proven reoffending within 12 months • Police recorded trafficking of drugs and possession of drugs offences • Hospital admissions for assault by a sharp object 	<ul style="list-style-type: none"> • Hepatitis C prevalence (chronic infection) in people who inject drugs • Number and percentage of people in treatment that have died during their time in contact with the treatment system

Appendix 2 - Reducing Drug and Alcohol Harm in Cheshire East: An integrated 5-year plan to improve treatment outcomes, address unmet need and build recovery capital.

Intermediate outcomes and metrics		
 Reduce drug supply	 Increase engagement in treatment	 Improve recovery outcomes
Headline metrics	Headline metrics	Headline metrics
<ul style="list-style-type: none"> • Number of county lines closed • Number of major and moderate disruptions against organised criminal groups 	<ul style="list-style-type: none"> • Continuity of care: engagement in community-based structured treatment within three weeks of leaving prison (adults) • The numbers in treatment for adults and young people 	<ul style="list-style-type: none"> • Showing substantial progress by completing the treatment programme (free of dependent drug use and without an acute housing need) or still in treatment and either not using or having substantially reduced use of their problem substances measured over the preceding 12 months
Supporting metrics	Supporting metrics	Supporting metrics
<ul style="list-style-type: none"> • Volume and number of drugs seizures • Number and proportion of National Referral Mechanism referrals with a county lines flag 	<ul style="list-style-type: none"> • Number of individuals in treatment in prisons and secure settings • Number of community or suspended sentence orders with drug treatment requirements • Number and proportion of adults starting treatment in the establishment within three weeks of arrival (from community or other custodial setting) • Unmet need for OCU treatment 	<ul style="list-style-type: none"> • Proportion of people in treatment that have reported no housing problems in the last 28 days • Proportion of people in treatment that have reported at least one day of paid work, voluntary work, or training and education in the last 28 days • Proportion of people in treatment reporting a mental health need who received treatment or interventions • Proportion of parents that have received specific family or parental interventions

Additional National Drug Treatment Monitoring System local metrics

In addition to the key metrics above that will be used for monitoring the overall performance of the strategy nationally and locally across central Government, the Office for Health Improvement and Disparities (OHID) will be monitoring the treatment and recovery system both nationally and locally in greater detail with the additional outcomes metrics outlined below. These metrics are also important for use by CDPs to monitor local treatment and recovery systems and will be included in local-facing reports produced by OHID.



OPEN

BRIEFING REPORT

Adults and Health Committee

18 November 2024

**Care Quality Commission Assurance
Process – Self Assessment**

**Report of: Helen Charlesworth-May, Executive Director of Adults,
Health and Integration**

Report Reference No: AH/27/2024-25

Ward(s) Affected: All Wards

Purpose of Report

- 1 The purpose of this report is to provide the Committee with the self-assessment submitted to the Care Quality Commission (CQC) as the first stage of the local authority adult social care assurance process.
- 2 This work aligns to the priority within the Cheshire East Corporate Plan of: “a Council which empowers and cares about people”.

Executive Summary

- 3 The Health and Care Act 2022 introduced a new duty for the CQC to assess local authorities’ delivery of their adult social care functions under part 1 of the Care Act 2014.
- 4 The local authority assurance process begins when a local authority receives a notification letter from the CQC. Following receipt of this letter, each local authority is expected to submit a predetermined Information Return (IR).
- 5 One element of this return is a council’s self-assessment. The Cheshire East self-assessment, appended, sets out our assessment of strengths and areas for improvement against the four domains that form the basis of the assurance process; working with people, providing support, ensuring safety and leadership.

Background

- 6 The Health and Care Act 2022 introduced a new duty for the CQC to assess local authorities' delivery of their adult social care functions under part 1 of the Care Act 2014. The process known as 'local authority assurance' commenced in April 2023. When introduced it was anticipated that all local authorities would go through this process by April 2025.
- 7 The local authority assurance process begins when a local authority receives a notification letter from the CQC. Following receipt of this letter, each local authority is expected to submit a predetermined Information Return (IR) through a secure CQC portal within a 3-week timeframe.
- 8 One element of that return is the local authority's self-assessment of areas of strength and areas for improvement. At appendix 1 is a shortened version of the Cheshire East self-assessment.

Briefing Information

- 9 There is no requirement to submit a self-assessment, and there is no set format for the document. However, we have reviewed other organisations' documents and adopted a format that was structured around the four domains of the assurance process and highlighting areas of strength and areas for improvement.
- 10 The headlines from each section are as follows:

Working with People

- 11 This domain focuses on the assessment process and working with people under the headings assessing needs, supporting people to live healthier lives and equity in experiences and outcomes.
- 12 Our strengths are a:
- Strong focus on wellbeing and prevention and continued development of our offer to residents and families.
 - flexible and effective reablement service.
 - Well-established integrated working in mental health.
 - Positive partnership working with health, housing, voluntary sector, and other key agencies.
- 13 Our areas for improvement are:
- To increase the number of people receiving a direct payment.
 - Improving our service and offer to carers.
 - Develop our coproduction offer.
 - Develop our support planning with people with lived experience and carers.

Providing Support

- 14 This domain focuses on care provision, integration, service continuity, partnerships and communities.
- 15 Our strengths are a good understanding of the needs of our communities and the challenges faced by our providers. To address these challenges, we realise that we must work in partnership, doing things differently to manage demand, and deliver better outcomes for our residents within the resources that we have available.
- 16 Our areas for improvement reflect that we have too many older people receiving long term support in care homes and our average costs for supporting people with a learning disability and autism are high.
- 17 To address these significant priorities we have implemented an ambitious adult social care transformation programme. Our Prevent, Reduce, Enable programme will address the main contributory factors of why people are admitted to care homes. We will align strength-based practice to a range of interventions that support people to stay in their own homes for longer.
- 18 Our learning disability and autism programme will develop accommodation with efficient staffing ratios, increase shared lives, and develop trusted strategic partner arrangements that can deliver independent living with choice and control whilst balancing cost and efficiency.

Ensuring Safety

- 19 This domain focuses on safeguarding, including safe systems, pathways, and transitions.
- 20 Our strengths are:
- Agreed processes for safe system transfers and the management of handovers.
 - The quality assurance monitoring of providers team being part of the safeguarding provider team.
 - Managing provider failure.
 - Multi agency Complex Safeguarding Forum with a risk enablement approach.
 - Legal Gateway process to ensure senior management oversight of greatest risks.
 - An experienced Local Safeguarding Adults Board (LSAB) independent chair a stable LSAB and a robust Quality and Performance Subgroup.
 - Strong links to Safer Cheshire East Partnership with robust oversight of domestic abuse related deaths.
 - Cheshire East is recognised as performing well in the Home Office Prevent benchmarking matrix.

21 Our areas for improvement are:

- Preparing for adulthood.
- Work with children's service colleagues to respond to Ofsted inspections.
- Reinforcing pathways and transitions between teams to ensure continuity of care and consistent decision making.
- Keep systems under regular review to ensure safety.
- Further promote the work of the LSAB with the wider Council and partners.
- Further work to raise awareness of learning from safeguarding adult reviews and domestic abuse related deaths.
- Further work to embed Making Safeguarding Personal outcomes.
- Work to achieve synergy and collaboration across the various boards.

Leadership

22 This domain seeks to ensure appropriate leadership of the department. Our strengths include consistent, stable, and inclusive leadership with our Principal Social Worker (PSW) a key leader in the team. We have robust grip and oversight of governance and performance and leadership oversight and guidance relating to key operational challenges and risks.

23 Our key areas for improvement are:

- Robust and consistent financial monitoring and support to help stabilise the financial position of the service and Council.
- A transformation plan to address 'Prevent, Reduce Enable'.
- Increase and enhance equality, diversity and inclusion across under-represented groups.
- Maintain recruitment across the service.
- Reduce levels of sickness and absence.
- Complete a workforce strategy to include both the employed and commissioned workforce.

Implications

Monitoring Officer/Legal

24 The CQC local authority assurance process links directly to an assessment of how well the local authority is meeting its statutory responsibilities under Part 1 of the Care Act 2014. The Health and Care Act 2022 provides the Secretary of State with powers of intervention in local authorities who are deemed to be 'inadequate'.

Section 151 Officer/Finance

25 There are no financial implications associated with the CQC local authority assurance process attributable to Cheshire East.

Policy

- 26 CQC local authority assurance relates to “A Council which empowers and cares about people” and relates to both Cheshire East residents and staff.

Equality, Diversity and Inclusion

- 27 Equality, diversity and inclusion are central themes that run through the CQC local authority assurance process. An Equality Impact Assessment is not appropriate at this stage of the process.

Human Resources

- 28 There are no human resources implications associated with this process other than allowing staff time to attend focus group discussions with the CQC.

Risk Management

- 29 The CQC assurance process includes a review of the management of risk.

Rural Communities

- 30 CQC assurance process includes a review of equity and experience in outcomes. Access to information, advice, and services by those who live in rural communities will be considered as part of this process.

Children and Young People including Cared for Children, care leavers and Children with special educational needs and disabilities (SEND)

- 31 The CQC assurance process will include a review of the transition of young people between Childrens and Adult Social Care Services, particularly in respect of Preparing for Adulthood.

Public Health

- 32 Individual wellbeing is central to the Care Act 2014. Additionally, one of the CQC Quality Statements relates to equity and experience in outcomes. The Public Health team have been actively involved in the preparing for the CQC assurance process. It is anticipated that there will be a positive impact on the health and wellbeing of Cheshire East residents.

Climate Change

- 33 There is no direct impact on climate change.

Access to Information	
Contact Officer:	Helen Charlesworth-May, Executive Director – Adults, Health and Integration helen.charlesworth-may@cheshireeast.gov.uk
Appendices:	Appendix 1 – Cheshire East CQC self-assessment
Background Papers:	Local authority assessments - Care Quality Commission

Cheshire East Council **CQC LA Assurance** **Self-Assessment** **Summary** **September 2024**



Open

Fair

Green

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Section A: Overview and summary About Cheshire East Council

Overview

Cheshire East Council, established in 2009, is the third largest unitary authority in the Northwest and the 17th largest in England. The Borough includes several towns, with Crewe and Macclesfield being the largest. The Borough, characterised by a higher-than-average older population, faces stark health inequalities despite an overall good quality of life. Between 2011 and 2023, the over 75 population grew by 41% compared to 28% for the whole of England. The over 65 population projection is estimated to rise by approximately 20% between 2021 to 2030. The Council is committed to promoting equality, diversity, and inclusion, aiming to integrate these values into all aspects of its operations.

Key challenges:

- There are significant differences in life expectancy across the Borough, for females there is a 14-year difference in life expectancy between the highest and lowest wards, for males the figure is slightly less at 11 years.
- Financial pressures are significant, particularly in social care services.
- The Council is experiencing overspending due to high inflation, interest rates, and increasing demand in social care.



As a unitary authority the Council provides a wide range of services based on our knowledge of people we support, delivered by a committed workforce and by a range of strategic partners. The Council aims to change to better respond to the needs of residents and businesses and provide most cost-effective services.

Strategic Priorities

- **Open, Fair, and Green:** The Council aims to be an open and enabling organisation, caring about people and promoting sustainability.
- **Equality, Diversity, and Inclusion:** Efforts are focused on making these principles integral to the Council's operations. Cheshire East to be an area of equal opportunity where people from all backgrounds take part in community life.
- **Direct engagement exercises with residents completed,** including establishing a people panel to generate ideas around how the Council can support residents in the cost-of-living crisis. The Council has also spoken with residents about their ideas for priorities for the Council and Borough.

Financial Context:

- The Council's budget relies heavily on council tax (80%) and business rates (15%).
- Exceptional support from the Secretary of State has been secured to manage financial pressures.
- Quarterly and annual reports outline performance, performance reporting is underpinned and supported by detailed reporting and scrutiny at Service and Directorate level.

Transformation and Improvement:

- An ambitious transformation program is underway to improve outcomes and adapt to changing priorities.
- The Local Government Association (LGA) corporate peer challenge identified 18 recommendations for financial stability and organisational improvement with the need for engagement with residents and clarity around decision-making and scrutiny.

About Adults Social Care (ASC)

Adults Social Care Vision

We all want to live in a place we call home with the people and things we love, in communities where we look out for one another, doing things that matter to us. Where individuals, communities and organisation work together to build on our strengths to reduce inequalities and improve health and wellbeing.

Vision reflects the one developed by Social Care Future

Adult Social Care sits within the Adults, Health and Integration Directorate and is made up of Commissioning, Public Health, and Adult Social Care Operations. Adult Social Care is facing its toughest challenges to date, the financial pressures are great. Service demand and complexity are increasing, and we must make changes in the way we work so that the people who draw on care and support can thrive.

To achieve successful and sustained change we need:

- to put the people at the heart of their own care and support, which requires a strong person-centred approach.
- strong, effective leaders at all levels of the organisation who understand the purpose of the change, communicate this message clearly, and support the involvement of others to achieve it.
- robust financial and performance information and management.
- the full involvement and participation of the workforce in planning and achieving change.
- genuine participation of a wide range of interested parties.

Our Values

**Priorities – Adults Social Care**

- Work together with our residents and partners to support people and communities to be strong and resilient.
- Reduce health inequalities across the Borough.
- Protect and support our communities and safeguard children, adults at risk and families from abuse, neglect and exploitation.
- Increase the opportunities for children, young adults and adults with additional needs.
- Reduce the reliance on long term care by improving services closer to home and providing more extra care facilities, including dementia services.
- Build on the prevention and early intervention offer to expand innovative, person-centred solutions.

A council which empowers and cares about people



91% of Adults Social Care users say our services have made them feel safe and secure.



37% of total Council budget is allocated to ASC.

In 2023/24, 19,227 new requests for support, increase of 1,299 on the previous year (+7.2%). Of the requests: 87.8% were from the community; 1,972 (10.3%) were for hospital discharge, 111 were from self-funders with depleted funds, there were 5,937 contacts relating to safeguarding adults' concerns and 3,302 contacts for Deprivation of Liberty Safeguarding.

35.5% were signposted or received universal services and around 29.6% did not require a service. Approximately 20.6% people received short-term support the majority of these didn't need long-term support.

Working Together

- Strong partnerships with health services, community and the voluntary sector.
- Partner in the Cheshire and Merseyside Integrated Care System (ICS) nine local authorities, Cheshire East, Cheshire West and Chester, Halton, Knowsley, Liverpool, Sefton, St Helen's, Warrington, and Wirral.
- Initiatives like the Home First program and Connected Communities Centres aim to provide integrated, community-based support.
- Joint Local Health and Wellbeing Strategy approved by all partners setting out vision to enable people to live a healthier, longer life; with good mental and physical wellbeing, living independently and enjoying the place where they live. Delivery plan prepared.
- Joint outcomes framework agreed by partners to help measure progress building on development of the Joint Strategic Needs Assessment (JSNA).
- Place, Health and Care Partnership Board meet regularly.
- The ICB Place Director is a member of the Corporate Leadership Team.
- ICB managers based in LA offices.
- Joint ICB/Council posts exist overseeing different aspects of commissioning. Allows a focus on key operational areas ie Home First programme.
- Live Well for Longer Plan adopted by the Cheshire East Place Partnership for Health and Social Care as framework for co-production to develop our services with local people.
- Eight care communities include clinicians, social care and public health, tackle local priorities such as poor housing, poverty, and poor education and address significant operational issues.
- Health Protection Forum, chaired by the Director of Public Health, monitors and plans for responses to infectious and environmental threats to health.

Commissioning

Market Position Statement provides key market intelligence and information about the local economy and current and future plans for adult social care and health. Jointly developed by Cheshire East Council and Cheshire East Integrated Care Board. Commissioning narrative will be used for future communications and engagement strategies, reviewed annually.

Prevention and early intervention

Delivery of services requires effective use of technology and digital solutions to allow people to take responsibility for their own health and wellbeing. Technology development will equip teams with the data, digital tools and equipment to work efficiently and effectively in an agile and flexible way. Digital Inclusion Plan sets out how we will support people to get online and where this is not possible that can still access or receive services.

Working with people

Focus for all services to be developed together with our residents and communities, so services work together with families and residents to achieve the best outcomes, embedding a culture of co-production.

Consulted on:

Learning Disability Plan	Neglect Strategy	Autism Strategy	Mental Health Strategy
Day Opportunities Strategy	Connected Communities Strategy	Live Well for Longer Strategy	Market Position Statement
Assistive Technology Charging Policy	Dementia Strategy.	End of Life Strategy	Sensory Impairment Strategy

Equality, Diversity and Inclusion

Mainly white British (94.4%) Cheshire East is home for many immigrant communities from Eastern Europe, East Timor, Syria, India, Bangladesh and the Caribbean. We have work to do to embed the voices of seldom heard audiences and those with protected characteristics within ASC and Corporately to promote equal opportunity and putting EDI at the centre of everything we do. This includes accessible information, advice and guidance, (Live Well Directory).

Adult Social Care Outcomes Framework (ASCOF) Set out below are the 2023/24 performance indicators, commentary in the themes illustrates the directorate's response including plans to manage and improve performance as appropriate.

2023/24 Performance			
22/23 Quartile*	Declining Performance in 23/24 from 22/23	About the Same as 22/23	Improving Performance in 23/24 from 22/23
Quartile 1		<p>1C(1A) The proportion of people who use services who receive self-directed support</p> <p>1I(1) The proportion of people who use services who reported that they had as much social contact as they would like</p> <p>2D The outcome of short-term services: sequel to service</p> <p>4B The proportion of people who use services who say that those services have made them feel safe and secure</p>	<p>1E The proportion of adults with a learning disability in paid employment</p>
Quartile 2		<p>1D Carer-reported quality of life*</p> <p>1G The proportion of adults with a learning disability who live in their own home or with their family</p>	<p>2B(1) The proportion of older people (aged 65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services</p> <p>3D(2) The proportion of carers who find it easy to find information about support*</p>
Quartile 3	<p>3B Overall satisfaction of carers with social services*</p>	<p>1I(2) The proportion of carers who reported that</p>	<p>1A Social care-related quality of life score</p>

		<p>they had as much social contact as they would like*</p> <p>2A(1) Long-term support needs of younger adults (aged 18-64) met by admission to residential and nursing care homes, per 100,000 population</p>	<p>3A Overall satisfaction of people who use services with their care and support</p> <p>3D(1) The proportion of people who use services who find it easy to find information about support</p>
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22/23 Quartile*	Declining Performance in 23/24 from 22/23	About the Same as 22/23	Improving Performance in 23/24 from 22/23
Quartile 4	<p>1C(1B) The proportion of carers who receive self-directed support</p> <p>1C(2A) The proportion of people who use services who receive direct payments</p> <p>1C(2B) The proportion of carers who receive direct payments</p>		<p>1B The proportion of people who use services who have control over their daily life</p> <p>2A(2) Long-term support needs of older adults (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population</p> <p>3C The proportion of carers who report that they have been included or consulted in discussion about the person they care for</p> <p>4A The proportion of people who use services who feel safe</p>

* Measures sourced from the Survey of Adult Carers in England (SACE) - this survey takes place every two years, therefore, there was no survey in 2022/23. Survey results from 2021/22 are used for comparison with 2023/24.

Section B: Self-assessment against the CQC themes

1. Working with People

1.1 Assessing Needs

We maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing, and communication needs with them.

I have care and support that is coordinated, and everyone works well together and with me.

I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and goals.

Our strengths

Strong focus on wellbeing and prevention and continued development of our offer to residents and families.

A flexible and effective reablement service.

Well-established integrated working in mental health.

Positive partnership working with health, housing, voluntary sector and other key agencies.

Areas for Improvement

Increase the number of people receiving a Direct Payment.

Improvement of service and offer to carers.

Further develop our coproduction offer.

Develop our support planning with people with lived experience and carers.

Ambition

People with care and support needs, including unpaid carers, those who fund or arrange their own care and communities have the best possible wellbeing outcomes.

Because:

- Their care and support needs are assessed in a timely and consistent way.
- Assessments, care and support plans are co-produced, up-to-date and regularly reviewed.
- Support is co-ordinated across different agencies and services.
- Decisions and outcomes are transparent.
- People's care and support reflects their right to choose, builds on their strengths and assets, and reflects what they want to achieve and how they wish to live their lives.

Assessing Needs

People with care and support needs can access adult social care services through various methods, including online and self-assessment options. Referrals are triaged and risk assessed, with the main access points being contact teams at Macclesfield Town Hall and Delamere House. These teams provide information, advice, and signposting to universal services and community resources, aiming to prevent, reduce, or delay health and social care needs. They also help individuals connect with their communities to reduce reliance on statutory services and prevent loneliness.

Outcomes are identified using a strength-based conversational approach, focusing on individuals' assets and strengths working closely with individuals and where appropriate their families or carers. If there are risks, the conversation addresses what needs to change for safety and control. Further support may include personal budgets, assistive technology, or occupational therapy. If initial needs are unmet, a needs assessment is conducted following the Care Act 2014. Adult Social Care collaborates with various services, including the Cheshire East Consultation Service (Children's Service first point of contact), Domestic Abuse Hub, housing, health colleagues, and partners in police, probation, and children's services.

Care Planning

Following assessment, a Care and Support Plan for individuals with eligible care needs is developed. It includes both informal support and potentially funded care from Adult Social Care. The Reablement Service offers short-term, non-chargeable support to help individuals maintain independence (physical, mental health and dementia), direct payments are also an option. Care planning is recorded in the Liquid Logic system, the current format is under review for better clarity. This approach aims to incorporate the voices of local people, especially diverse communities and those with protected characteristics, into the planning and design of support. There is a need for developing consistent recording of outcomes to analyse the impact of services.

The Quality, Performance and Authorisation Board (QPAB) ensures the Council meets its statutory responsibilities and delivers effective, value-for-money services. It consists of senior managers who review care solutions to ensure they maximise independence and involve community support. The Board also ensures a consistent, person-centred approach and that individuals can express their right to self-determination.

Reviews

We aim to review long term care annually, but due to areas of staffing shortages/sickness we do not have capacity to achieve this. Unscheduled reviews are recorded and whilst most scheduled reviews are face-to-face, we do have some provider led and telephone reviews where appropriate to do so. We ensure the person, carers and providers know how to contact us if there are concerns or changes in the person's needs.

Occupational Therapy (OT) Service

Our Occupational Therapy Service, similar to the national picture, has long waiting times and had issues recruiting, resulting in a high level of agency staff. Service model has two OT practice managers, and will have a part-time OT professional lead, we have implemented a progression pathway for OT social care assessors and OTs. The service is all age and includes complex needs, there are challenges in waiting times, but these are improving.

Waiting Lists, Waiting Times and Risk

In Adult Social Care, a risk-based approach is applied to the management of waiting lists that has been agreed by senior managers. Managers are aware of and monitor waiting lists for assessments in their teams and use a RAG rated approach to review on a weekly basis. Managers can oversee and review the work waiting times for assessment using Power BI. The DoLS team use the official ADASS tool for their triaging and decision making.

Hospital Discharge

We have two general hospitals within Cheshire East Leighton, Mid Cheshire Trust and Macclesfield District General Hospital East Cheshire Trust. We have two social care teams working within and alongside Health colleagues. The two hospital teams have different processes and offers of post hospital care. Cheshire East residents also access hospitals in Stoke-on-Trent and Greater Manchester, our community teams in the East of the Borough and the hospital team in the South assess those people who require further support upon discharge. We are aware of these variations in offer and try and ensure equity and consistency where possible.

Community Reablement

Cheshire East Council and Cheshire and Merseyside Integrated Care Board jointly fund the Community Reablement Service, which offers short-term, person-centred support to maximise independence. This service, free of charge and funded by the Better Care Fund, operates 21 hours a day, year-round, across

Cheshire East. It aims to help individuals regain independence within a maximum of six weeks, with potential extensions discussed individually. The service integrates with health services under the Home First model to avoid long-term dependency. Between April and July 2024, 531 people were assessed, with 354 needing no ongoing services.

Quote for Community Reablement Service from



Seldom has Healthwatch come across such high praise and support for a service for which there is a genuine need.

It is clear from conversations with people receiving reablement support and their families that this is a highly respected and valued service providing invaluable support to people during the transition from hospital to home. The responses strongly suggest that people are given tailored support to help with their physical recovery and their overall confidence.

Feedback from people

This has been a critical part of being able to live independently. It gave the family and my mother the confidence for her to try living independently which has been successful, and residential care is no longer in our thoughts thanks to the Reablement.

Went through small tasks to help me achieve my independence. I had physio two to three times a week, and the house was altered so I could move upstairs.

Learning Disability and Housing

The learning disability teams, in collaboration with the Strategic Housing team and commissioning colleagues, have created the Cheshire and Merseyside Housing Strategy 2032/33. This strategy includes developing 132 new self-contained units, with 136 more planned. Strong partnerships with benefit services, social housing providers, and social care providers help influence housing design, development, location, and cost. Social workers use strengths-based approaches for care and support planning, involving individuals and their families. There is a need to develop new strategies for vulnerable and older people's housing and accommodation for care and support, focusing on specialised, transition, and stepdown options. This will be a key part of the Directorate's transformation program.

Support for Carers

Cheshire East Council commissions services to support carers, addressing both preventative and urgent needs. This includes accommodation-based respite and the All-Age Carers Service (Cheshire East Carers Hub), which offers a single contact point for support, assessments, information, and advice. Eligible carers receive a support plan, which may include direct payments or short breaks. Bed-based respite care is available year-round for planned or emergency respite for residential, nursing and dementia beds.

The Carers Hub collaborates with Social Care, Health, and VCS partners to tailor support for adult and young carers. Social workers may refer carers to the Hub or complete assessments themselves. A joint improvement action plan with Carers Hub, Adults Social Care and Children's Services is being developed to enhance support, with regular multi-agency meetings to monitor progress.

The All Age Carers Strategy 2021-2025, developed with carers and partners, aims to ensure carers receive timely support. Plans are underway to update the strategy beyond 2025. Forums like the Carers Partnership Board and Parent Carers Forum, LD and MH Partnership Boards allow stakeholders to shape local support. The Carers Partnership Board last convened in March 2024, and is due to be re-launched in Autumn 2024 with a refreshed membership, governance, and priorities, including greater representation from carers. This will provide a more effective mechanism for monitoring the commitments that were set out in the Carers Strategy and coproducing the new strategy, further enhancing partnership working at a strategic level and developing the offer for carers across the Borough.

Efforts are focused on modernising flexible carer support, enabling independence for cared-for people and providing carers with breaks. Joint initiatives across Cheshire and Merseyside partners aim to enhance carer breaks, offering more choice and positively impacting carers' wellbeing.

A survey of assessed carers provided feedback on service quality, leading to an action plan for improvements. This includes planned breaks and crisis intervention for carer respite, provided by the Care4CE Team.

So, kind to me. No nothing different. I would ring anytime, or any worries. Good source of support

I feel what is on offer is very limited – services and funding available.

Access to shared records with Health

The Cheshire Care Record (CCR) enables Health and Social Care staff to access summary records from various systems, providing a comprehensive view of peoples details and reducing the need for them to repeat their information. Managed collaboratively by primary care, mental health support provider, community services, and hospitals, the CCR supports continuity of care. It is part of the Cheshire and Merseyside Connected Care Record (C&MCCR), with ongoing efforts to enhance its development and usage. Information is also shared via the mental health system, SystemOne.

Direct Payments (DPs)

Gives me a sense of self-worth in being able to direct the care I need.

Much more personalised and flexible care than care through a care agency enjoying a better quality of life with P.A. support

Cheshire East Council commissions PeoplePlus to provide a Direct Payment Support Service for adults, offering independent advice on managing direct payments and brokering care. Training for Personal Assistants (PAs) and employers is funded by Skills for Care hosted by a local provider (Disability Positive). Several initiatives aim to increase direct payment uptake and improve support, including a new All-Age Direct Payment Policy [All-Age Direct Payment Policy](#) launched in July 2024. A DP Transformation Project Group supports policy implementation, with DP Champions within social work teams, training, and new procedures. Other initiatives include pre-paid cards for direct payments, a personal assistant recruitment campaign, and a refreshed online directory [Direct Payments and Personal Assistants \(cheshireeast.gov.uk\)](#).

1.2 Supporting people to live healthier lives.

We support people to manage their health and well-being so they can maximise their independence, choice and control, live healthier lives and where possible, reduce future needs for care and support.

I can get information and advice about my health, care, and support and how I can be as well as possible – physically, mentally, and emotionally.

Early intervention/prevention/Assistive Technology

The wellbeing principle is central to how information and support are provided to residents and carers. Contact teams, including social care assessors, social workers, and occupational therapists, use direct phone lines to engage with residents and their families, promoting independence and control through strength-based approaches. Local Area Coordinators (LACs) work with people who have eligible care needs to connect them with community services, initially providing support until individuals gain confidence.

As part of the Council Transformation programme, ASC is enhancing its “prevent, reduce, enable” approach to promote wellbeing, prevention, independence, and self-care. Local Citizen’s Advice organisations offer an Information and Advice Service to help manage finances and benefits, aiming to build residents’ long-term financial resilience. This Service is accessible face-to-face, by phone, and by email.

Supported Employment

The number of Supported Interns for 2024/25 is expected to grow to at least 60, up from 42 the previous year, with a 74% progression rate into paid employment. Development areas include job coaching, recruiting in-work PA job coaches, and exploring supported apprenticeships. A successful business event in March 2024 promoted these internships. A draft Supported Employment Strategy, focusing on best practices and funding opportunities, will be presented to Adults and Health Committee in September. Cheshire East, West, and Warrington expect £13.5m in April 2025 for employment support, including for young NEET people. The Shared Prosperity Fund (SPF) supports employment and numeracy for care leavers and funds a Business Engagement Officer to promote inclusive recruitment.

Live Well [Live Well Cheshire East](#)

Live Well offers information and advice on health and wellbeing for Cheshire East residents, including adults, children, families, and professionals. The site features a directory of around 3,000 services, such as care for adults and children, community clubs, mental health support, and family hubs. The Care Finder tool helps users source care services. An online form hub allows for submitting forms and referrals, integrating with the case management system. Accessibility features like text-to-speech, language translation, and page simplification are provided by Reach Desk software. Feedback from users is collected and used to improve the site, with follow-up provided if requested.



Information and Advice

Information and advice are available at all stages of a person’s journey through various means, including verbal, digital, and postal communication. The Contact Team directs people to the Live Well Cheshire East site [Live Well Cheshire East](#) for further information and arranges home visits if needed. Interpreters are provided for non-English speakers.

Contact teams and duty workers across various community and specialist teams have extensive knowledge of universal services and work closely with the Deafness Support Network. Local Area Coordinators share updates on community resources, and the service collaborates with eight Care Communities to strengthen links with community workers and social prescribers. Social Care staff assist with accessible information, using easy-read documents and translation services as needed.

1.3 Equity in experiences and outcomes

We actively seek out and listen to information about people who are most likely to experience inequality in experience or outcomes. We tailor care, support and treatment in response to this.

I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths, and goals.

EDI in ASC

Cheshire East Council's EDI and co-production initiatives focus on supporting and connecting communities through innovative approaches. Key work includes:

- Developing and reviewing a joint Dementia Strategy and conducting an end-of-life survey working with partnership agencies to assess the knowledge and understanding within our workforce.
- Addressing gaps in data for protected characteristics to improve strategic planning and equity. Relevant analysis for ASC managers being developed for strategic knowledge/monitoring of population and social care support needs, monitored by the ASC EDI group.
- Commissioning bespoke support to meet cultural needs and using translation services as needed.
- Quarterly meetings of the Adults Service EDI group to share information and develop EDI resources, including training and embedding peoples' wishes into support plans.
- When required bespoke support is commissioned to meet the cultural needs of residents ie accommodation with care due to specific religious and cultural needs.
- A Gypsy and Traveller transit site being developed to reduce unauthorised encampments, with a focus on improving outcomes for these communities. Efforts include cultural awareness training for schools and GP surgeries, and a training program for ASC staff.
- A single point of contact for ASC with translation tools and a dedicated post to support refugees into work has been established. Regular engagement with BAME, Gypsy, Roma, Traveller, and veteran communities ensures their input in service development. Support groups and hubs for veterans and the armed forces community have also been created.

Equality in care provision.

Recruitment and retention of staff is a significant challenge for care providers, especially in rural and affluent areas of the Borough. To support external provider recruitment, campaigns have included videos, bus advertising, posters, and social media, resulting in the employment of multi-lingual staff who speak languages such as Polish, Romanian, Turkish, Ukrainian, Dari, Pashto, Farsi, and Urdu. Many staff have personal experience integrating into Cheshire East, which they share with others. Care providers are required to have active Equality and Diversity policies, monitored through Quality Assurance processes. Equality Impact Assessments are conducted on policies, strategies, and during service recommissioning to ensure fairness and equity.

Homes for Ukraine and Afghan resettlement scheme

Integration and development support within the Afghan Relocation and Assistance Policy (ARAP) scheme for Afghan families, with 12 families resettled into Cheshire East. There are 282 Ukrainian guests with sponsors matched with 165 households (all in education, training or work.) and a further 284 Ukrainian guests living independently in either social housing, or private rented sector accommodation.

Work to support Armed Forces and Veterans

The Council has been awarded the gold standard for the Ministry of Defence’s employer recognition scheme (Armed Forces Covenant). Supports the annual Crewe Armed Forces weekend and created a veterans’ staff network to identify and help veterans and serving families within the Council. Veterans Officer works with groups such as the Royal British Legion to organise Armed forces events across the Borough. This includes continued support of the eight Veteran breakfast clubs all throughout the Borough.

Listening to people

In June 2022 Cheshire East hosted the first Learning Disability Conference since lockdown, held at Cranage Hall with support service partner, the David Lewis Centre. Delegates heard first-hand the views and experiences of children, young people and adults with learning disabilities, parents, carers, and support services on what’s good and what needs to get better. More than 200 delegates attended, following the event three actions were agreed: Make things better for people who want to stay up late, give people more chance to have their say on services and what they want to do, and provide better access to information for people with learning disabilities and carers.



Progress on actions:

Stay Up Late	Giving people more chance to have their say on services and what they want to do.	Provide better access to information for people with learning disabilities and carers.
<ul style="list-style-type: none"> Engaged with Complex Needs providers, who are committed to enhancing “stay up late” opportunities and adopting new approaches. New contracts for Complex Needs services, set to start in September 2025, will include these improvements in their service specifications and contract monitoring. 	<ul style="list-style-type: none"> A self-advocates forum has been established which feeds into the main LD Partnership Board A new all-age Learning Disabilities Plan, co-produced with key priorities, was launched in April 2024, including an easy-read version. A review of Learning Disabilities Respite in 2023/24 involved surveys, face-to-face, and online meetings with people with lived experience and their carers. The new service, fully co-produced, includes carers and self-advocates on the tender panel. 	<ul style="list-style-type: none"> New Learning Disability Partnership Board website went live in 2022/23. Membership of the LD Partnership Board reviewed with more representatives from community, voluntary and carers groups increasing opportunities to participate and receive information. Produced information in a range of different accessible formats including videos and easy read material as part of the new LD Plan.

Working with people.

Well-established Learning Disability Partnership Board co-chaired by the Director of Adult Social Care and a self-advocate, includes representatives of people with lived experience taking an active role in the work of the Board. Self-advocates participate in the group are supported by the ASC staff and provided with easy read material. Recent consultations to shape service transformations and projects have been:

- Learning Disability Respite – consultation events in 23/24 face to face and online with self-advocates and carers and conducted surveys (including easy read).
- Complex Needs Framework – easy read surveys and face to face meetings for self-advocates and carers.

Both major recommissions are currently in progress and will be due to go live in 2025/26.

Current Performance - plans to improve.

Sign off process for Statutory Returns between Business Intelligence and ASC Director agrees scores and emerging themes, communicated to ASC managers at meetings including the ASC Budget and Performance Group. Good, maintained, or poor performance areas noted with improvement actions agreed. CQC will have viewed the national statistics for the various Statutory Returns for Cheshire East.

Based on the LG Inform CQC theme-based report – For Working with People Cheshire East is above the England or Regional average for 5, the same for 4 and below average for 4, total 13.

	Current Performance	Plans to improve
	<p>% of carers who receive self-directed support 2022/23 % (Higher is better) Cheshire East – 30.1% England – 89.3%</p>	Cheshire East is reviewing the assessment and support planning process for Carers to enhance their services. We face challenges in recruiting Personal Assistants (PAs) but are implementing initiatives to increase Direct Payments (DPs) uptake and improve support and information for residents and staff through a DP Transformation Project Group. Additionally, we have secured accelerated reform funding and are exploring community-based carer respite options alongside their existing bed-based respite offer.
	<p>% of care users who receive direct payments 2022/23 % (Higher is better) Cheshire East – 17% England – 26.2%</p>	Ongoing challenges with recruiting PAs; with initiatives currently underway to increase the uptake of DPs and improve the support and information offer for residents and staff, facilitated through a DP Transformation Project Group.
	<p>% of carers who receive direct payments 2022/23 % (Higher is better) Cheshire East – 30.1% England – 76.8%</p>	We are working on enhancing the assessment and support planning process for Carers with our provider. There are challenges in recruiting Personal Assistants (PAs), but various initiatives are in progress to boost Direct Payments (DPs) uptake and improve support and information for residents and staff. Facilitated by the DP Transformation Project Group.
	<p>Long-term support needs of adults (65+) met by admission to residential and nursing care homes per 100,000 2022/23 Ratio per 100,000 (Lower is better) Cheshire East – 754.6 England – 560.8</p>	In CE, the high population of people over 85 is increasing the demand for residential and nursing care. To address this, we provide support, guidance, and assessments for self-funders and are piloting an appointment system to reduce waiting times. Our transformation efforts aim to enhance the “prevent, reduce, and enable” strategy to maximise residents’ independence, ensuring residential and nursing care are considered only when other options are exhausted.
	= Performance below England or Region	

2. Providing Support

2.1 Care provision, integration and continuity

We understand the diverse health and care needs of people and our local communities, so care is joined-up, flexible and supports choice and continuity.

I have care and support that is co-ordinated, and everyone works well together and with me.

Our strengths

We have a good understanding of the needs of our communities and the challenges faced by our providers. To address these challenges, we realise that we must work in partnership, doing things differently to manage demand and deliver better outcomes for our residents within the resources that we have available.

Areas for Improvement

We have too many older people receiving long term support in care homes and our average costs for supporting people with a learning disability and autism are high (although paradoxically our hourly rates are low compared to our neighbours).

To address these significant priorities:

- **We have implemented an ambitious Adult Social Care Transformation Programme.**
- **Our Prevent, Reduce, Delay Programme will address the main contributory factors of why people are admitted to care homes. We will align strength-based practice to a range of interventions that support people to stay in their own homes for longer.**
- **Our Learning Disability and Autism Programme will develop accommodation with efficient staffing ratios, increase shared lives, and develop trusted strategic partner arrangements that can deliver independent living with choice and control whilst balancing cost and efficiency.**

Assessing Need

The Cheshire East Joint Strategic Needs Strategy (JSNA) [here](#) informs commissioning and includes chapters on various health topics. Recently published chapters covered smoking, substance misuse, and falls. Upcoming chapters will address loneliness, social isolation, and care of older people, SEND JSNA due this autumn. Previous chapters on learning disabilities [Learning Disabilities JSNA](#) and autism were published in 2019, and a new style chapter on poverty [Poverty](#) published recently.

The JSNA now integrates Equality Impact Assessments (EIA) to ensure all chapters consider protected characteristics. Additionally, place-based JSNA reviews are being conducted for each Care Community area, with the Crewe chapter published and the Macclesfield chapter in development. These reviews follow a life course and place-based approach to reduce health inequalities, as outlined in the All Together Fairer report.

Shaping the Market

The Council prioritises enabling people to live independently for as long as possible by investing in care at home services and offering premium payments to encourage growth. This approach, along with international recruitment, has reduced the need for short-term residential and nursing placements and decreased the waiting list for home care. The Council is also developing extra care housing schemes with care providers and private developers to lessen reliance on traditional bed-based care. Operational and commissioning staff collaborate to identify and address service gaps, supported by a comprehensive commissioning and contracts handbook.

Prevent, Reduce, Enable, Transformation Programme

The Council faces challenges with a high number of older people in long-term care homes and high costs for supporting individuals with learning disabilities and autism. To address these, the Adult Social Care Transformation Programme, 'Prevent, Reduce and Enable,' has been implemented. This program aims to support people at home and avoid permanent care home placements by increasing service capacity, filling gaps, and ensuring consistent decision-making. The Prevent, Reduce and Enable program's scope includes evaluating decision points across ASC pathways, access and quality assurance, performance metrics, geographical coverage, and identifying service gaps.

The Brokerage Team arranges 48% of commissioned care for hospital-discharged individuals, providing short-term interventions like community connectors and reablement. Proper management of these interventions is crucial to allow recovery and reduce care home admissions, while also considering ongoing care costs and negotiating best prices.

Learning Disabilities Accommodation Programme

There are 660 people with learning disabilities (LD) and autism in supported housing and residential care, costing £51.4 million. A new model of accommodation with care and support is needed, this will involve detailed analysis and data collection to ensure accuracy. The data will be analysed to inform the design phase, evaluating short and long-term opportunities and financial benefits. Plans include reducing voids, reviewing night cover and shift patterns, and developing efficient staffing ratios. The goal is to increase shared lives and develop strategic partnerships to provide independent living with choice and control, balancing cost and efficiency.

Winter Planning

System plans ensure that local systems manage increase in demand effectively ensuring people remain safe and well during Winter. Planning process considers impact and learning from last Winter, as well as learning from the system response to Flu and Covid 19 to date. Plans developed based on demand and capacity modelling and system mitigations to address system risk.

TEC Enabled Care

The Council's TEC (Technology Enabled Care) service provides various at-home technologies to ensure safety and independence, including pendant alarms, falls detectors, activity monitors, and automated medication dispensers. It features a contact centre and falls pick-up service, and supports early hospital discharge with four weeks of free TEC. The service aims to expand its support options and pilot new devices. Recognising the importance of technology in current and future support, the Council is exploring strategic opportunities to enhance TEC. A Service Improvement Plan was implemented to address identified areas for improvement, with most actions resolved and remaining actions expected to be completed by November 2024. Progress is closely monitored through regular meetings with the service provider.

Care at Home

The Council has seen an 18% increase in care at home capacity, thanks to incentives such as rural rate covering eight geographical areas, extended hospital retainer, and rate uplifts for prime and framework providers in 2023 also workforce and international recruitment, reducing the waiting list significantly. We are developing an outcomes-based approach to give more flexibility in care delivery and are exploring models for better integration with Health services providing holistic and joined up approach for people with support needs. We will pilot different approaches over the next 12 months and engage with providers, people and other stakeholders to assess the effectiveness. Over the next year, the focus will be on consistent provider

payments and addressing challenges related to safeguarding around the alleged treatment of migrant workers resolved through redeployment and safe reallocation of staffing resources and care packages across the provider market. Formal relationships with various authorities have been established to manage these concerns.

Integration

The Council has strong strategic relationships with health partners, enabling integrated commissioning and delivery. External reviews by DHSC, LGA, and NHS England have praised the maturity of these relationships, which help develop joint approaches to resolve system-wide issues, such as joint investment strategies for care at home. Regular reports on integration are produced for the Health and Wellbeing Board, covering the development of Integrated Care Boards (ICB) and 'Place' working. The Health and Care Partnership Board and Place Leadership Group provide forums for senior leaders and stakeholders to discuss key issues and opportunities, including feedback on joint strategies like the Joint Market Position Statement, Live Well for Longer Plan, and Dementia strategy.

Joint /Integrated Commissioning example.

Engagement with Health over joint commissioning for Care at Home and complex care services currently in progress to be re-commissioned in 2025/26. A Communication Strategy has been developed to support the recommissioning of Care at Home services. This will include a survey of people based on their experiences of the service relating to I Statements, engagement with various groups representing people who use social care and with Healthwatch.

The Council and ICB use joint dashboards to monitor care market performance, with oversight from various governance meetings Cheshire East Operational Delivery Group and ICB Place meetings. Data on system pressures, such as high criteria to reside figures and waiting lists for people in short term care awaiting a care package and number safeguarding and care concerns, helps identify risks and plan joint interventions. This supports resource deployment and quality improvement.

Collaborative efforts across the Integrated Care System include the Community Reablement, Home First Programme, Stroke Rehabilitation Pathway, and Transfer of Care Hubs. The System Blueprint outlines the vision for services by 2030, emphasising care closer to home through eight Care Communities. Enhancing Community Reablement capacity, virtual wards and hospice service and assistive technology is a priority.

The Discharge to Assess (D2A) model is jointly managed by commissioners of the ICB and LA and was recently evaluated for performance and value for money. The review highlighted the need to understand high re-admission rates and improve capacity management.

Dementia Strategy

Cheshire East Place Dementia Strategy sets out the strategic framework for reducing the risk of dementia (or delaying its onset) and enabling people living with dementia, their families, and carers to live the best lives they can. Cheshire East Council and Cheshire and Merseyside Integrated Care Board have a joint responsibility to help shape and deliver a better model of health and social care by building a collective response.

Some of the key achievements

- Dementia Friends training provided to organisations including the Council and ICB. This is due to be extended to Primary Care Networks.
- Ongoing work to raise awareness of dementia and domestic abuse (including workshops, and safeguarding guidance)

Area For Improvement:

- Develop our community-based model of support for people living with Dementia.
- Reduce the Length of stay for people living with dementia and ensure a timely discharge given this is above the average set target.

2.2 Partnerships and Communities

We understand our duty to collaborate and work in partnership, so our services work seamlessly for people. We share information and learning with partners and collaborate for improvement.

Connected Communities

Cheshire East has partnered with a range of churches, community centres and other settings to enable them to become Connected Communities Centres/Venues. [Connected Communities Social Franchise opportunities \(cheshireeast.gov.uk\)](https://www.cheshireeast.gov.uk) These buildings host a range of activities and support services closer to where people live. There are 34 Connected Communities Centres and Venues across Cheshire East.

Home First Programme

Over the past year, Cheshire East system partners, including operational teams, have developed and implemented the Home First model. This model involves the entire Health and Social Care system, voluntary organisations, and the faith sector working together to provide person-centred support at the point of crisis. The goal is to offer more care at home, prevent hospital admissions, and support timely discharges, ensuring people spend more time at home. Strong partnerships and a collaborative culture among Health and Social Care staff have been key to delivering positive outcomes.

The principles of Home First are.

**Support me when things go wrong.
Support me to find out what's going on.
Support me to stay independent.
Support me with the end of life.**

A Home First video has been made to introduce the approach
<https://youtu.be/158am3FNpq0?feature=shared>

Discharge from hospital.

The establishment of Transfer of Care Hubs (ToCH) in hospitals has improved timely and appropriate discharges, helping maintain patient independence. Brokerage staff and Social Workers work with Hospital Integrated Discharge Teams, holding monthly multi-agency meetings. The integrated team will implement national guidance on discharge requirements. This integrated approach has reduced No Criteria to Reside (NCtR) figures significantly at both Mid Cheshire Hospital Foundation Trust and East Cheshire Trust. Mid Cheshire Hospital Foundation Trust rates have reduced from 124 to 66 as of August 2024 and have been consistently below their NCtR target of 75 throughout August. East Cheshire Trust have reduced from 78 to 46 consistently since May 2024.

A Standard Operating Procedure outlines the roles and responsibilities within the ToCH, aiming to ensure safe and timely discharges. The ToCH links relevant services to coordinate care and support, preventing acute hospital admissions.



Super-MADE event

A multi-agency discharges event (MADE) brought together the local ICB/health system to support improved patient flow across the system area. Super MADE looked at flow across Cheshire and Merseyside to coordinate and drive a system response to reduce patient delay, creating opportunities to work with partners to address challenges.



Aims:

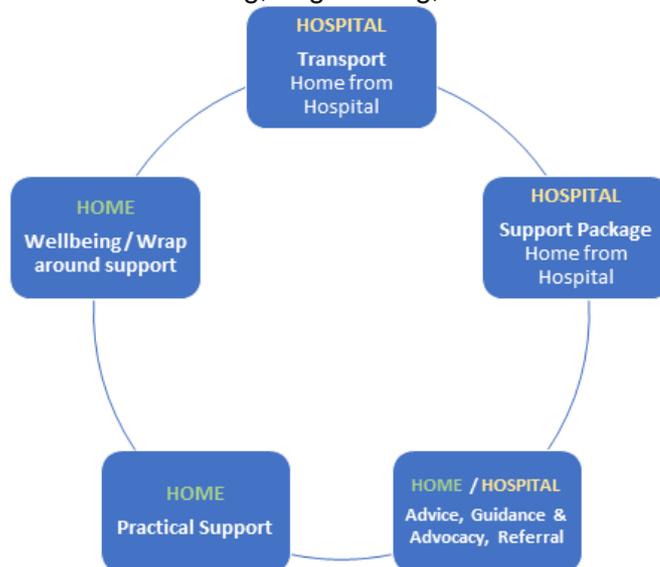
Unblock delays and simplify process across the whole system	Free up beds and increase flow as part of an escalation process	Reduce length of stay	Increase morning discharges	Help support all partners to achieve performance standards.
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★ Key learning points from Friday 22 March

1. Fresh eyes on the issues can lead to different ways of working
2. Senior intervention from those with authority to make changes has increased discharges today
3. In person interaction leads to better outcomes

Community Support

The Community Support cycle for hospital patients ensures timely and safe discharges, supporting 1,400 people in 2023/24. This initiative, aided by the VCFSE sector and community groups, helps prevent, reduce, and delay escalating needs. Support includes transport home, care packages, advice, advocacy referrals, practical home support, and wellbeing services. Specific assistance ranges from emergency food parcels and medication collection to befriending, dog walking, and access to social activities.



Community Support Connectors working for the Council and supported by St Pauls – Extra Miles third sector Service, are based in hospitals and receive referrals from internal teams. They support patients in hospital who are medically fit for discharge, through use of VCSFE providers where appropriate, delivering support such as transport from hospital, safe and well checks, emergency food parcels, short term shopping calls and equipment.

What Hospital staff say about LA Community Connectors

Your service is excellent and has made a big difference to the patients you have helped us with. Both in terms of length of stay for our patients and their experience.

Discharge would have been delayed if you hadn't helped us with transport home, shopping for patients and taking equipment home. The service has also assisted patients to access services such as home cleaners. It is very useful for patients who are particularly anxious.

Better Care Fund (BCF)

The Cheshire East Health and Wellbeing Board (HWB) has responsibility for governance and oversight of the Better Care Fund. Over the last twelve months Cheshire East system partners, including operational teams worked together to design, deliver, and adopt the Home First model of support. The whole Health and Social Care system, voluntary organisations and the faith sector developed trusted working relationships, supporting people and building person centred support packages of care in partnership with the person and their support circles.

Better Care Fund Priorities and Impact:

Better Care Plan 2023/25 focus	Weekly impact since April 2024
Improving discharge from hospital	296 discharges from hospital
Reducing pressure on UEC	Care at Home investment increase resulting in 7280 hours of home care delivered.

Supporting intermediate care	41 discharges into spot purchase/D2A cluster model beds to support facilitated discharge reablement and rehabilitation.
Supporting mental health	64 people supported into mental health reablement and rapid response service.
Supporting admission avoidance	Bespoke investment into Care Communities to support high intensity needs and frailty.

Healthwatch Cheshire

Healthwatch reports are used in strategy development, improvement planning, and service delivery, with findings published on the Healthwatch Cheshire website. Healthwatch participates in Care Community Steering Groups and the Health and Wellbeing Board, and conducts 'Enter and View' visits to assess service quality, sharing reports with the LA, CQC, and ICB. A Healthwatch citizens focus panel provides regular feedback, and unresolved issues can be referred to the Council's scrutiny process, though this hasn't been needed yet.

The D2A (Discharge to Assess) engagement project by Healthwatch will support the Council's preparation for a CQC Assurance Assessment, focusing on safe hospital transitions and bed-based provision. This project aims to improve continuity of care, ensuring collaborative, joined-up service delivery and effective communication with service users. The project will go live in September 2024.

Working with Providers

Commissioners gather provider feedback through various channels, including contract management, forums, calls, webinars, and surveys. Monthly focus groups address operational and strategic issues, with common themes discussed in a monthly briefing. Provider engagement was crucial for the cost of care exercise and Market Sustainability Plan, highlighting recruitment and retention challenges due to competition and care fees. Pressure in the wider system can inhibit effective communication, care providers have fed back where improvements can be made e.g. hospital discharge process, information on support plans and redesigning commissioning models.

In the Care at Home recommissioning process, providers' views on commissioning locations were sought, leading to a coproduced mapping exercise. The aim is to enhance the provider forum for better communication and consistency in delivering high-quality services.

Providers feedback:

We all as a team wanted to pass on what a fantastic, supportive and empathetic experience the QA inspection was. We are so lucky to have the LA staff involved who have been an amazing support to us throughout what has been incredibly hard years recently with Covid. It was so lovely to have an inspection that was done so thoroughly but also by people who are not only approachable but also so knowledgeable. I know people are always so vocal about complaining so I think it's important that we don't only tell each other here how great it was as an experience but also share this information with yourself.

Contract monitoring arrangements.

Care providers are expected to coordinate with health professionals and the voluntary sector to deliver person-centred services, adhering to key performance indicators for continuity of care. Performance and quality are managed through regular contract meetings, with providers monitored against set standards. Feedback from the Care Quality Commission and quality assurance visits, including input from individuals and families, informs these discussions.

Currently, one care home in the Borough is rated inadequate by the CQC, while 77% are rated Good or Outstanding. The Care Concerns process allows providers to report low-level quality incidents, which, combined with other information, helps identify areas for improvement and better outcomes for adults at risk.

Voluntary, Community, Faith and Social Enterprise (VCFSE) sector

The Cheshire East Social Action Partnership (CESAP) has formed a VCFSE Leaders Group to address local issues and co-produce a Social Action Charter, connecting VCFSE, Local Government, Health, and Business sectors. A volunteer website has been developed to help residents find volunteering opportunities. The Healthy Neighbourhoods and Care Community priorities are jointly administered, with input from various teams and leads to ensure alignment with local priorities. The Cheshire East Strategic Planning and Transformation Group set the approach for VCFSE Grants in September 2022, and applications for 2024/2025 projects were accepted to support these objectives.

<p>Communities providing opportunities for all people to connect and feel part of their local area.</p>	<p>Reducing Isolation and loneliness.</p>	<p>Reduce the need for people to access urgent and emergency care by enhancing the “healthy neighbourhood offer” and supporting people to “step down” or out of health and care services into community provision.</p>
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In June 2023 a new Cheshire East Local Infrastructure Alliance (CELIA) group was formed, bringing together partners from the ICB, CWP, CVSCE, Cheshire Community Action, ChALC (Cheshire Association of Local Councils), Cheshire Connect and Caritas to discuss opportunities for collaborative working. This alliance has a coproduced terms of reference which is also in the form of visual minutes taken from a coproduction partner away day.



The Growing Our Communities Commission and CELIA worked together to inform a service being commissioned which started in April 2024 for two years. The aim being to grow and shape the VCFSE sector, the communication channels between the VCFSE, public and private sector and influence public sector decision making. Health, LA and VCFSE established a grants programme in October 2023 [Community Grants \(cheshireeast.gov.uk\)](https://www.cheshireeast.gov.uk) worth £1.3M, the programme is administered by the Council. The purpose of the programme is to support the sector to address local issues and system pressures across health and care. [CEC Report Template \(cheshireeast.gov.uk\)](#)

In April 2023 the Council commissioned a VCFSE provider for two years for an ‘Extra Miles’ contract, supporting discharge support and at home wellbeing to prevent re-admission. Over 1400 people during 2023/24 return home, mostly with VCFSE intervention to allow safe and timely discharges. Effective use of Social Value in public sector contracts and contributions through Corporate Social Responsibility, in February 2024 we launched an online platform where the VCFSE sector can request a range of support and the public/private sector can offer support. [Connected communities notice board \(cheshireeast.gov.uk\)](https://www.cheshireeast.gov.uk)

Social Value

Cheshire East Council working alongside health and care partners through the [NHS Cheshire and Merseyside Integrated Care Board on social value](#). Cheshire and Merseyside are one of a group of Social Value Accelerator Sites across the UK, exploring and learning how social value can be embedded across Cheshire and Merseyside, within the NHS, Local Authorities and Voluntary, Community, Faith and Social Enterprise sector (VCFSE) organisations.

The three key areas defining this work are:

- [social-value-charter.pdf \(cheshireandmerseyside.nhs.uk\)](#) sets out a consistent approach to building capabilities, strengths and assets to enable people to live a valued, dignified life.
- [Social Value Award - NHS Cheshire and Merseyside](#) aims to help organisations to achieve staff and volunteer recruitment and retention strategy, deliver Corporate Social Responsibility (CSR), Social Value and recognises organisations as an ‘Anchor Institution’.
- System Themes Outcomes & Measures (TOMS) [toms-infographic-jan-24.pdf \(cheshireandmerseyside.nhs.uk\)](#) is a consistent approach on measuring impact and embedding into commissioning activity.

We have been successful in our application and been awarded the Social Value Award, we can apply for the quality mark free via the [Social Value Business](#). Developing a local [Social Value Policy](#) and [Social Value Framework](#) which underpins the Policy:

Co-production

Cheshire East aims to develop services collaboratively with residents and communities to ensure they meet local needs and achieve positive outcomes. Focus on co-production and have consulted on various strategies, including those for learning disabilities, mental health, live well for longer, sensory impairment, day opportunities, end of life, connected communities, and dementia. People with lived experience and carers are actively involved in service development and interview processes. The preparing for adulthood booklet was developed with young people and their carers, this is an area we recognise as requiring further development.

The Learning Disability Partnership Board, refreshed in 2019, includes professionals, self-advocates, carers, and the voluntary sector, providing feedback and monitoring progress on the All-Age Learning Disability Strategy. Similarly, the All-Age Mental Health Partnership Board, established in 2019, involves diverse partners and people with lived experience to improve service provision and ensure equitable access.

Taking a co-production and engagement approach as commissioners or service providers is key to service improvement and development and ensuring quality service provision. Our promise is that we will work TOGETHER as equal partners towards a common goal people living in Cheshire East. [TOGETHER in Cheshire East](#) Working Together pledge with partners:



We Will	We Won't
Listen to your views	Use jargon
Communicate honestly	Give too much information
Trust each other	Rush meetings
Be person centred	Take too long to complete our actions
Adapt to people's needs	Be judgemental

Respect and value all opinions	
Do what we say we will	

2.3 Current Performance - plans to improve.

Also see note at 1.4 current performance. Based on the LG Inform CQC theme-based report – For Providing Support compared to England or Regional average out of 19 indicators, 17 were neutral polarity 2 were the same.

3. Ensuring Safety

3.1 Safe systems, pathways, and transitions

We work with people and our partners to establish and maintain safe systems of care, in which safety is managed, monitored and assured. We ensure continuity of care, including when people move between different services.

When I move between services, settings or areas, there is a plan for what happens next and who will do what, and all the practical arrangements are in place.

I feel safe and am supported to understand and manage any risks.

Our strengths

**An agreed process for safe system transfers and the management of handovers.
The quality assurance monitoring of Providers team being part of the Safeguarding provider team.
Managing provider failure.
Multi Agency Complex Safeguarding Forum with a risk enablement approach.
Legal Gateway process to ensure Senior Management oversight of greatest risks.**

Areas for Improvement

**Preparing for Adulthood.
Work with Children’s Service colleagues to respond to Ofsted inspections.
Reinforce pathways and transitions between teams to ensure continuity of care and consistent decision making.
Further work is required to ensure each Safeguarding Partnership Board owns and updates its own risk register and shares relevant risks with other Boards.
Keep systems under regular review to ensure safety.**

Our commitment is to ensure residents live free from harm by working in partnership. To avoid delays and bring clarity during case transfers between teams, Practice Managers are expected to discuss cases. The Contact team quickly transfer cases with long-term support needs to minimise repeated storytelling by individuals. Mid Cheshire and East Cheshire Hospital Trusts are addressing differences in their processes, with both using the Safeguarding Portal for referrals.

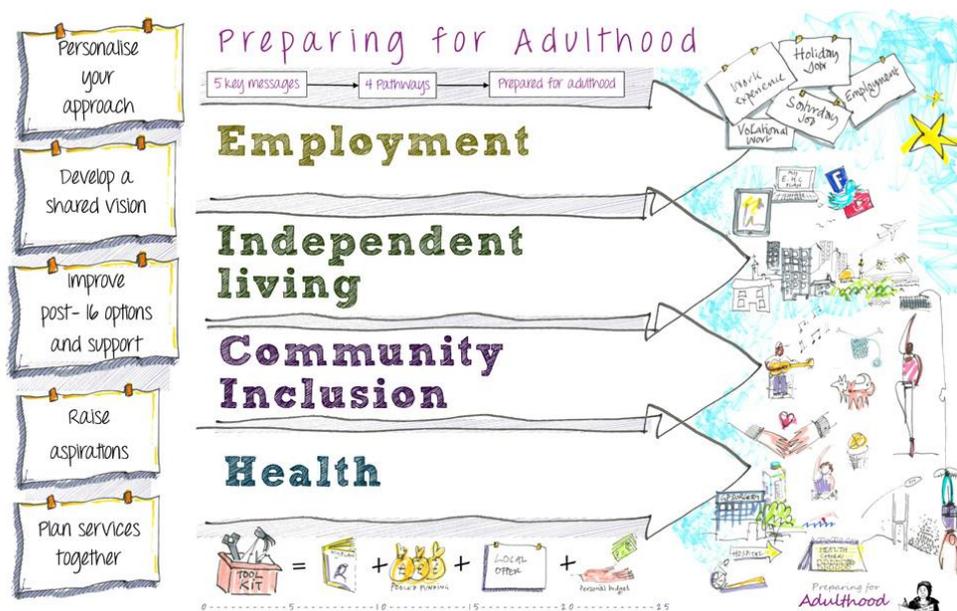
Transition from Children’s Service to Adults – Preparing for Adulthood

The Preparing for Adulthood (PfA) team supports young people from age 17 through Care Act assessments, aiming to help them achieve goals in education, employment, accommodation, and community inclusion. The team collaborates with various services, including Children’s Social Care and the SEND team, to identify and support at-risk young people with an Educational Health Care Plan (EHCP). We are working with Cheshire and Wirral Partnership (CWP), establishing working relationships with CAMHS, identifying young people most at risk and contributing to the Council’s statutory function as a Corporate Parent. PfA team liaise with Cheshire and Wirral Partnership Community Health team ensuring eligible

people and carers have a holistic service. Young people at risk are flagged up at Legal Gateway Meetings and discussed in the Cheshire East Quality, Performance and Authorisation Board. Efforts are underway to start involvement from age 14. Training was provided in April 2024 to improve early planning and understanding of care processes and Care Act eligibility.

In Cheshire East, the number of children with EHCPs and autism has significantly increased from 641 in January 2021 to 801 in May 2024 (+25%). In the same period, the number with autism has grown from 611 to 717 (+17%). In May 2024, the total number of EHCPs was 4,738 we are working with the DfE to address these needs and improve transitions into adulthood, including new initiatives for Care Leavers.

The Quality Assurance (QA) Team ensures care providers meet standards and contractual obligations. They monitor and evaluate services, promote best practices, and work with key partners to ensure holistic care, further education, employment and accommodation options. The QA team focuses on effective systems, good governance, and person-centred services, aiming to minimise disruptions and improve care quality.



The Quality Assurance Team

The Quality Assurance (QA) Team ensures that contracted Care Providers adhere to Care Standards and contractual obligations. They monitor and evaluate services to maintain quality, working with the Safeguarding Service, ICB, and other partners for a holistic approach. The QA team focuses on:

- Effective systems and processes.
- Good governance.
- Involving people and their families.
- Developing workforce skills.
- Measuring and auditing performance.
- Using multiple methods to maintain quality.
- Building staff confidence to report concerns.
- Reviewing processes.
- Ensuring person-centred services.
- Adhering to statutory commitments.

Their interventions have minimised disruptions, especially following provider failures during the COVID-19 pandemic.

Falls Prevention

The Adults and Health committee agreed a new Cheshire East Falls Prevention Strategy for 2023-2026. The strategy was produced by a multi-agency partnership steering group and finalised following consultation. The Cheshire East Falls Prevention group meets every 6-8 weeks to implement an action plan. Work has included recruiting to the post of two Falls Leads at local acute Trusts to develop practice and to pilot multifactorial risk assessment work.

Out of Area Placements

Cheshire East has established a procedure for placements outside the Borough, ensuring information is shared with the host authority and an emergency contact is identified. Officers conduct in-person reviews and participate in safeguarding meetings as needed. In cases of market failure, there is close communication between the Local Authority arranging care/funding and the failed provider to secure alternative care promptly. The responsibility remains with the authority that arranged or funded the care.

Safeguarding risk

Risk assessments and protection plans are integral to S42 Enquiries, supported by a specific Risk Assessment Policy and recording system. These assessments guide decisions in organisational and large-scale enquiries, such as suspending placements. Multi Agency Risk Panels facilitate information sharing and risk management. Clear referral pathways exist to MARAC, MAPPA, Legal Gateway, and Complex Safeguarding Forums, with involvement from individuals or families when appropriate.

Further work is needed for Partnership Boards to maintain their Risk Registers. The ICB NHS Delivery Group oversees systems and risks in hospitals and communities, reporting to the Safeguarding Adults Board in Cheshire East and Cheshire West and Chester Councils. The Health Protection Committee oversees Public Health issues and risks.

3.2 Safeguarding

We work with people to understand what being safe means to them and work with our partners to develop the best way to achieve this.

We concentrate on improving people's lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm, and neglect, we make sure we share concerns quickly and appropriately.

I feel safe and am supported to understand and manage any risks.

Our strengths

Adult Social Care staff have effectively managed increased safeguarding demand and complexity in the past year.

We have an experienced LSAB Independent Chair a stable LSAB and a robust Quality and Performance Subgroup.

Strong links to Safer Cheshire East Partnership with robust oversight of Domestic Abuse Related Deaths.

Cheshire East is recognised as performing well in the Home Office Prevent benchmarking matrix.

Areas for Improvement

Further promote the work of the LSAB with the wider Council and partners.

Further work to raise awareness of learning from Safeguarding Adult Reviews and Domestic Abuse Related Deaths.

Further work to embed MSP outcomes.

Work to achieve synergy and collaboration across the various Boards.

In April 2024, the Quality Assurance team joined the Adult Safeguarding Service to enhance information sharing and response to low-level incidents. Safeguarding Concerns increased from 5029 in 2022/2023 to 6088 in 2023/2024. Monthly performance reports track safeguarding alerts and outcomes, identifying gaps and risks.

Safeguarding referrals are triaged by qualified workers and managed by Community teams. Managers oversee assessments and referrals. Focus groups and knowledge exchange sessions were held in 2024 to improve practice. Quarterly case file audits by professional leads identify good practice and areas for improvement. Regular safeguarding reports are reviewed in Adult Social Care Budget and Performance meetings.

Safeguarding and Providers

Monthly CQC provider ratings are tracked in NW ADASS dashboard reports, showing an increase in care homes rated good or outstanding from 68% in 2019 to 77% in July 2024. This improvement is due to robust safeguarding and quality assurance policies, and strong collaboration between teams and partner agencies.

Underperforming care providers are identified for action within a multi-agency governance framework. Themes and trends are analysed from various sources to prioritise interventions. The approach with providers is collaborative and supportive, aiming to improve outcomes for people. The quality assurance, DoLs, and adult safeguarding provider teams operate under a single management structure.

Mental Capacity and Deprivation of Liberty and Safeguarding Team

The Mental Capacity Act and Deprivation of Liberty Safeguarding team provide a person-centred service for vulnerable individuals lacking mental capacity. They ensure people's views and feelings are considered in decision-making. The team collaborates with Voiceability and the Legal team to handle Court of Protection cases and keeps Best Interest Assessors (BIAs) updated through meetings and training.

In 2023/24, six additional Social Workers qualified as BIAs, and staff from Children's Services and the in-house provider team received training. The team works with the Quality Assurance Subgroup on Mental Capacity compliance and is creating YouTube films to help practitioners with best practices in Mental Capacity Assessments.

Safe Communities

Cheshire East and its partners gather community feedback through various means, including days of action, surveys, and police data, to understand how families feel about their environment. They respond proactively to new issues, demonstrating collaboration with partner agencies to help vulnerable people feel safer. Examples include the Violence and Intimidation against Women Strategy and work with asylum seekers and SERCO. Joint efforts with the Anti-social Behaviour Team, Trading Standards, Age UK, and taxi drivers raise awareness about safeguarding. In May 2023, Cheshire East hosted the Knife Angel sculpture to highlight the impact of violent behaviour and knife crime, leading to many knives being handed in to police stations.

The Safer Cheshire East Partnership completes a Strategic Intelligence Assessment and produces a three-year plan to address these issues. [Strategic Intelligence Assessment \(SIA\) 2022-2025 FINAL CENSORED v2 \(cheshireeast.gov.uk\)](#)

Homelessness and Hard to Reach Communities

Cheshire East holds quarterly safeguarding meetings with housing providers to promote peer learning and consistent reporting, chaired by the Head of Housing. A recent SAR highlighted the Housing Team's positive engagement with a self-neglecting adult at risk who couldn't speak English.

To address complex safeguarding and homelessness, the Housing Team secured funding for a multi-disciplinary team using a person-centred, trauma-informed model. The impact will be measured over time. A Multi-Agency Operational Group works with the Roma community to improve outcomes for Gypsy, Roma, and Traveller communities. Partners from Adult and Children's Social Care and Housing Teams are using the Housing Support Fund to help those in financial hardship, preventing eviction, homelessness, and self-neglect.

Safeguarding Prevention and Awareness Raising

People with lived experience created a spoken word piece available on the SAB website.

<http://www.stopadultabuse.org.uk/home.aspx>. The SAB regularly publishes newsletters and bulletins and maintains an active social media presence, addressing issues like Anti-Slavery Day and Suicide Awareness. <http://www.stopadultabuse.org.uk/professionals/information-for-professionals.aspx>. They host conferences to share learning and improve service delivery. <http://www.stopadultabuse.org.uk/pdf/annual-reports/final-annual-report-cesab-22-23.pdf>

In November 2023, National Safeguarding Week focused on economic abuse, trauma-informed practice, and safety awareness. This year, the focus will be on self-neglect and related issues such as homelessness/substance misuse/hoarding behaviour and non-engagement. The Safeguarding Service, along with commissioners and Domestic Abuse Services, has facilitated preventative work around domestic abuse, dementia, carers and young carers. Over 100 staff attended workshops by Odd Arts, receiving excellent feedback.

Safeguarding Learning

Since 2020, the Safeguarding Adults Board has conducted three Statutory SARs and five discretionary reviews, with recommendations combined into an overarching action plan by the Quality Assurance and Performance subgroup. The Safer Cheshire East Partnership completed seven **Domestic Homicide Reviews (DHRs???)**, identifying key actions for partner agencies, such as early multi-agency meetings and awareness of suicide and domestic abuse risks.

A June 2023 report highlighted overlapping themes from SARs and **DARDs**, including risk assessments, mental capacity, domestic abuse, carer stress, and professional curiosity. Good practice noted include timely referrals to other agencies, knowledgeable staff, and consistent professional relationships. Analysis from these reviews was shared at development days and themed meetings in 2023. Families are invited to contribute to SARs and DHRs, with their input included in final reports, ensuring their voices are heard. Reports and recommendations are shared with families upon completion. A SAR was held on a young man in 2023, the family were invited to provide comments which were included in the final report, families feel that their voices had been heard. Reports and recommendations are shared with families upon completion.

Channel and Prevent

Cheshire East is performing well in the Home Office benchmarking matrix, self-assessments provide assurance around partnership working, and ongoing learning, development and governance. Feedback from the 2022/2023 PREVENT benchmarking was graded by the Home Office as good to outstanding. The annual benchmarking exercise provides assurance that the work in preventing individuals being drawn into terrorism is working well.

My CWA

My CWA is the commissioned provider working with survivors of domestic abuse, planned programmes are co-produced ensuring they are effective and based on people's experience. A good example is current work to hear from Trans and Non-Binary people who have experienced domestic abuse.

<https://www.mycwa.org.uk/transgender-and-non-binary-resources>

Making Safeguarding Personal (MSP) and SAB Audits

Making Safeguarding Personal (MSP) audits assess responses to safeguarding alerts and decision-making quality. Feedback from people, practitioners, and managers aims to improve outcomes. Areas for improvement include completing Risk Protection Plans and Mental Capacity Assessments. The SAB conducts multi-agency audits to identify good practices and areas for development. A recent mental capacity audit revealed staff challenges, including confidence in applying the MCA. Staff seek more training and opportunities to shadow experienced BIAs and benefitted from focus groups to discuss practice issues.

MSP outcomes are captured in the SAC return, with audits indicating the need for better individual consultation. The SAB Manager and Adult Safeguarding provider team manager are working on embedding MSP practices. A report in October 2023 showed improved MSP outcomes, with 88% of people achieving their desired outcomes in 2022/2023, up from 83% in 2021/2022 at the conclusion of a S42 Enquiry.

However, some families expressed dissatisfaction when enquiries did not lead to prosecutions or home closures.

Community Safety Strategic Needs Assessment

The Community Safety Partnership's Strategic Needs Assessment, produced every three years, identifies crime hotspots and types of criminal activity impacting adult safeguarding, such as domestic abuse and cyber-crime. The Safer Cheshire East Partnership (SCEP) funds an analyst from Cheshire Police to produce quarterly crime reports, which are reviewed by SCEP partners to raise community safety awareness.

The SCEP Annual Report [scep-annual-report-2022-2023-final.pdf \(cheshireeast.gov.uk\)](https://www.cheshireeast.gov.uk/sites/default/files/2023-03/scep-annual-report-2022-2023-final.pdf) highlights joint efforts to prevent and reduce crime, including the Violence and Intimidation Against Women and Girls Programme, the Safer Streets Initiative, and safeguarding training for taxi drivers. Feedback from care providers and stakeholders is gathered to improve safeguarding practices, with officers now also consulting selected individuals, social workers, and Practice Managers for their insights.

3.3 Current Performance - plans to improve.

Also see note at 1.4 current performance.

Based on the LG Inform CQC theme-based report – For Ensuring Safety, Cheshire East is above the England or Regional average for 3 indicators, the same for 4 and neutral polarity for 8, and below average for 1 total 16.

	Current Performance	Plans to improve
	<p>% of section 42 safeguarding enquiries where desired outcomes were asked for and expressed, where outcomes were fully achieved 2022/23 % (Higher is better)</p> <p>Cheshire East – 55.8%</p> <p>England – 67.1%</p>	<p>Since 2022/23, a group of people with care needs created an MSP wallet card, launched at the June 2023 development day and distributed to ASC staff and partner agencies. The Chief Exec of Disability Positive, people supported by ASC, and the LSAB subgroup monitor MSP outcomes, which are reported monthly in the Safeguarding performance report. We are aware that for Organisational Safeguarding when Providers are asked for MSP outcomes these are not as forthcoming, plans are in place to address this.</p>

4. Leadership

We have clear responsibilities, roles, systems of accountability and good governance. We use these to manage and deliver good quality, sustainable care, treatment, and support. We act on the best information about risk, performance, and outcomes, and we share this securely with others when appropriate.

We focus on continuous learning, innovation and improvement across our organisation and the local system. We encourage creative ways of delivering equality of experience, outcome and quality of life for people. We actively contribute to safe, effective practice and research.

Together Values

Together we are the future of Adult Social Care in Cheshire East.
 Together we will feel empowered to ask questions, challenge decisions and contribute to our development.
 Together we take this authority to meet the challenges of the future.
 Together we will develop a culture and style that is valued and respected both internally and externally.
 Together we will review and restructure our services to meet the challenges.

Our strengths

Consistent, stable, and inclusive Leadership Team with our PSW integral to the team.
 Robust grip and oversight on Governance and Performance
 Leadership oversight and guidance relating to key operational challenges and risks.
 Robust and consistent financial monitoring and support
 Transformation Plan to address 'Prevent, Reduce Delay'.

Areas for Improvement

Increase and enhance equality, diversity and inclusion across under-represented groups.
 Move at pace towards transformation.
 Maintain recruitment across the service.
 Reduce levels of sickness and absence.
 Complete workforce strategy to include both internal and external workforce.
 Stabilise the financial position of the service and Council.

Leadership in Adults Social Care

Cheshire East is proud of its experienced and stable senior management team in Adult Social Care Operations and Public Health. An interim Director of Commissioning is currently bringing new perspectives. The executive director, directors, and heads of service actively participate in various NW ADASS Networks, including those focused on improvement, safeguarding, and mental health.

All senior leaders are part of the Cheshire East Council Wider Leadership Team, attending monthly events to address corporate challenges and share learning also receive the weekly Corporate Core Brief to cascade to their teams. A new Council Leader took office in July 2024. The organisation values strong, effective, and inclusive leadership, which has fostered mutual respect and stability and will help to meet many challenges faced by the organisation. This leadership style is appreciated by staff, many of whom return to Cheshire East after pursuing higher pay elsewhere.



Governance, Accountability and Risk

Cheshire East takes performance monitoring seriously in Adult Social Care, Health, and Integration. The Corporate Risk Register is regularly updated and cross-referenced with the Strategic Plan. The Directorate Risk Register is also maintained and discussed in leadership meetings. Operational assurance is reported weekly by directors and informed by business intelligence, with actions agreed at monthly Budget and Performance meetings attended by senior Adult Social Care Operations and Commissioning Managers, Finance, Business Intelligence and HR representatives and is chaired by a Head of Service.

Additional assurance comes from weekly Quality, Performance, and Authorisation Board discussions, monthly Legal Gateway meetings, and a multi-agency complex safeguarding forum. The forum, chaired between the Head of Adult Safeguarding and a senior Cheshire Police officer, allows staff from any agency to seek advice and includes participation from people for whom concerns have been expressed, includes oversight of MAPPA decision making, and updates of progress with cases going through the Court of Protection. LSAB has a Quality Assurance subgroup and there is a newly created Adults, Health, and Integration Transformation Portfolio Governance structure. All managers have access to 'Power BI' system to monitor performance and to identify demand and pressure in the teams.

The Executive Director chairs a monthly technical meeting with Operational Director, PSW and Head of Adult Safeguarding to manage risks and discuss high-profile cases including QA reports relating to Provider embargos. The response to major incidents, such as a recent evacuation of over 300+ individuals and families ensuring that they had access to food and beds for two nights during a fire in Crewe, is highly valued.

Financial challenges for Cheshire East and ASC are addressed with a robust action plan and Transformation Plan, focusing on areas with the greatest service and financial challenges. Finances are monitored at all service levels, with weekly meetings and financial challenge sessions. Feedback from a CIPFA review indicates the right actions are being taken for future financial stability.

Equality, Diversity, and Inclusion

The Directorate EDI Group meets bimonthly following the Corporate EDI Board to discuss staff EDI issues and improve community interaction, focusing on underrepresented groups. Recent topics include Gypsy and Roma Travellers' welfare, digital applications, and LeDer Reviews. Also reviewed Equality Impact Assessments, staff survey outcomes, and network group involvement. Minutes of our Directorate EDI Group are shared with DMT and passed on to the Corporate EDI Board.

Corporately, staff network group membership has grown to nearly 200 officers, with new networks for younger employees and veterans. These groups help assess and review policies early ensuring that any policies are co-produced and consider equalities at the outset. The Council supports the Sunflower Lanyard Scheme for hidden disabilities, with training available via Learning Lounge. The Equality Champions network has been refreshed with a new training plan.

Learning Lounge offers mandatory eLearning modules on equality and dignity at work there is a policy for 'reasonable adjustments' for staff with training for all to use it. EDI Boards in each Directorate meet regularly and receive updates from the Corporate EDI Board. The Communities team engages with VCFSE providers interest areas for minority groups, including asylum seekers and refugees, and the Cohesion team supports migrant populations and veterans, expanding to other underrepresented groups.

Complaints

Complaints from users of Adult Social Care services in Cheshire East are reviewed and managed centrally, with quarterly reports circulated to relevant Directorates/Services. The central Complaints team ensures timely responses, achieving over 90% compliance within the timeframe. The Complaints and Compliments report is discussed at Budget and Performance meetings, and a weekly Complaints Tracker is reviewed by the Director of Adults Social Care.

The Social Care Reform, Practice Assurance, and Development team analyse complaints to identify themes for further development and training. Most complaints concern financial assessments, fees, and charges, leading to a more transparent policy update. This analysis informs ongoing staff training and practice improvements.

Strategic Planning

Strategic planning in Adult Social Care is guided by Joint Strategic Needs Assessments. The Cheshire East 'Blueprint 2030' outlines the desired health and care system for 2030, aiming to empower individuals, families, and communities to manage their own health and receive care in community settings. This Blueprint, developed to communicate future ambitions to stakeholders, residents, and the workforce, will be integrated into future Adult Social Care plans.

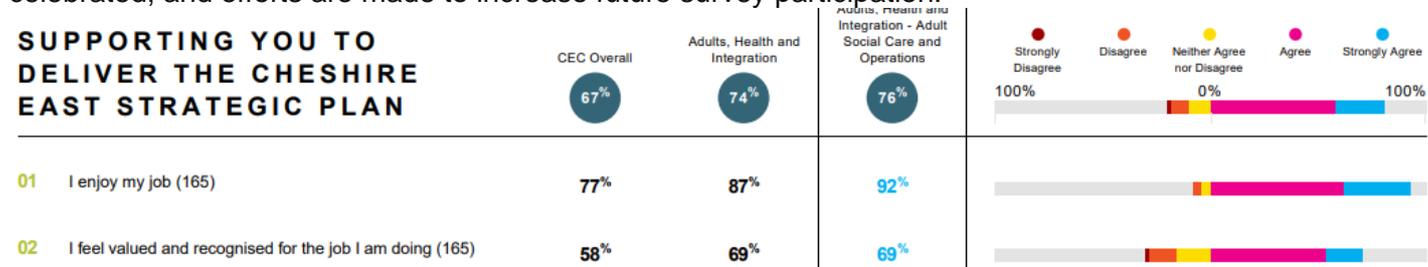
Information Security

The Adult Services Operations Director serves as the Caldicott Guardian and is part of the Corporate Information Governance Group (IGG). Monthly IGG meetings are attended by the Strategic Lead for Practice Assurance and Development and the Lead for Business Support and Finance Systems who work closely with the Adult Social Care Operations Director and the Head of Improvement, Assurance and Development/Principal Social Worker for Adults to address issues raised at IGG meetings. All staff must annually complete the mandatory Protecting and Managing Information (PAMI) eLearning module. Currently, there are no data breaches in Adult Social Care, but vigilance and continuous monitoring are maintained. Best practices and mandatory training are regularly shared and reported to senior managers.

Staff Pulse Survey

The annual staff survey, last conducted in November 2023, is analysed at both Corporate and Directorate responses. Managers work with staff groups to discuss results and develop action plans. Each Directorate holds focused discussions and team meetings to consider specific results and plan improvements.

Adult Social Care received higher scores than the corporate average, with 87% of staff indicating job satisfaction. This reflects confidence in leadership and stability within the Directorate. The results are celebrated, and efforts are made to increase future survey participation.



In response to the Pulse Survey, we produced this Storyboard to give a visual action plan:

ADULTS, HEALTH AND INTEGRATION PULSE SURVEY RESULTS. 2022. The key themes from the pulse survey. This is our overarching plan.

We will ensure our staff:

Cheshire East Council

Corporate Plan 2021-2025



Open Fair Green

Understand a clear vision for the future of the council from Senior Leaders. Understand the priorities of the Corporate Plan and how they contribute



Well-informed about what is going on across the council, and decisions are made at the right level



Able to speak up and challenge the way things are done



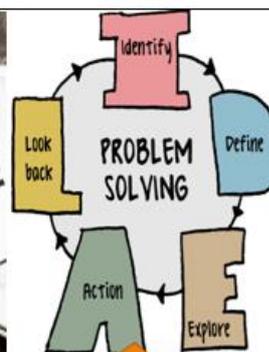
Supported by line managers. line manager's approach is fair and equitable



Listened to by Line Managers regarding their views and opinions and they are consulted on things that affect them at work



Receiving formal performance review with their line manager in the last 12 months. Receive regular constructive feedback



good at identifying issues and then quickly taking appropriate action



Good at working with other teams across the Council to ensure our work is streamlined

Learning Improvement and Innovation

Over the past 12 months, Cheshire East Council has undergone extensive external scrutiny and contributed to national initiatives, including the Government's Charging Reform Trailblazer work. In 2023, IMPOWER reviewed Adult Social Care Functions, and their recommendations were incorporated into the Transformation Plan.

The Chief Executive, appointed in January 2024, commissioned the Local Government Association for a Corporate Peer Review and DMA for a review of delegated decision-making. The draft Corporate Peer Challenge Action Plan, endorsed by the full Council, addresses significant challenges, including financial stability and long-term transformation. Partners have praised the dedication and commitment of Adult Social Care staff and the leadership of the Directorate.

Building the Right Support Peer Review

We had the opportunity during June 2024 to engage with a piece of work commissioned by NHSE with the LGA which focused on reviewing LD and Autism services and practice across the Cheshire East, Cheshire West and Wirral footprint in line with our Health provider CWP. Through this work colleagues from the three LA areas identified key priorities to join together to deliver improvement to ensure better outcomes for local people, these included: Supporting people with LD into employment, Direct payments, Autism Board and developing on the CWP Ambassador Model, Dynamic Support Register development, ASC engagement around CETRs. At the current time we are working through the report and will be in discussion with the LGA to produce our action and learning plan from the recommendations.

NW ADASS Peer Challenge

Senior Managers in Adult Social Care are actively involved in Sector Led Improvement within the Northwest ADASS region and contribute to the LGA Peer Review process. In March 2023, NW ADASS conducted a Peer Challenge in Cheshire East against the CQC Single Assessment Framework, highlighting strengths such as the First Point of Contact Teams, safeguarding user group, and staff dedication. Areas for improvement included reducing reliance on agency staff, which has since been addressed through active recruitment.

The Peer Challenge also helped identify resources needed for CQC Local Authority Assurance. Following this, the Social Care Reform, Practice Assurance, and Development team was established to help align business intelligence with operational practice. This team, led by the PSW, includes the Social Work and Occupational Therapy Apprenticeship scheme. June 2024 Peer Challenge recognised the emphasis on professional development and the PSW's role at the senior management level. A follow-up with the NW ADASS Peer Challenge team is planned for later in 2024.

Continuous Learning and Improvement and Professional Development

Cheshire East has established various apprenticeship and progression programmes for Social Work, Occupational Therapy, and Sensory Rehabilitation. We are part of the West Midlands Teaching Partnership and subscribe to Research in Practice, providing extensive resources and training. The Council is known for high-quality student placements and growing its own staff, with many current managers starting as newly qualified social workers.

Team and individual successes are celebrated through annual awards and the through the corporate 'Made my Day' scheme. Continuing professional development is supported by a comprehensive programme, including eLearning and personal development annual reviews. The Corporate system allows managers to review the ongoing learning of all staff and to ensure that staff are up to date with mandatory training. A Workforce Development Strategy is being implemented for internal and commissioned provider workforce, with interest in the development of a Care Academy, with efforts to promote careers in Adult Social Care through local partnerships and a promotional video. Provider managers work closely with local colleges, the local Enterprise Partnership, Skills for Care, Job Centres and with colleagues in Supported Employment to actively promote careers in Adult Social Care, a video has been produced to actively promote Social Care employment in Cheshire East.

Flexible working is a key strength, with performance maintained both pre- and post-COVID. The Principal Social Worker and other leaders actively participate in regional boards and initiatives, sharing best practices

and promoting flexible working benefits including a podcast. Our flexible working is a real strength for the Authority and demonstrates our trust in our staff.

National and Regional leadership roles

The Strategic Practice Assurance and Development Manager chairs the External ASYE Moderation Panel for Greater Manchester and Cheshire East, which meets quarterly and includes members from twelve Local Authorities, two Trusts, and Skills for Care. They ensure effective moderation within their organisations, with 10% of ASYE candidates' portfolios externally moderated annually.

The Principal Social Worker for Adults, also a Head of Service, has co-chaired the NW ADASS PSW Network and continues to attend regional and national PSW meetings, contributing to sector-led improvement. The Executive Director is a member of the NW ADASS Executive Board and chairs the Future Markets Board.

4.3 Current Performance - plans to improve.

Also see note at 1.4 current performance.

Based on the Skills for Care 2022/23 figures – Leadership, Cheshire East is above the England or Regional average for 7 indicators, the same for 1 and neutral polarity for 15, and below average for 4 total 27.

	Current Performance	Plans to and improve
	<p>Turnover Rate Social Workers (Lower is better) Cheshire East – 20% England – 17.1% Region – 18.6%</p>	<p>Cheshire East has faced recruitment challenges in certain areas and teams, leading to high agency staffing, which has now been significantly reduced. Experienced and new Practice Managers are well-supported, improving team stability. With increasing demand and case complexity, support for social workers includes confidential counselling via the employee assist programme and forums for discussing complex cases. Progression opportunities are available for social care assessors to train as social workers through the apprenticeship scheme.</p>
	<p>Sickness Days Occupational Therapists (Lower is better) Cheshire East – 18.2 days England – 9.1 days Region – 12.7 days</p>	<p>Cheshire East has successfully filled all vacancies in the past six months despite previous recruitment challenges. The operating model has been revised, and Practice Manager OTs have been appointed, strengthening the service foundation. A progression system and apprenticeship training for social care assessors are in place. OT waiting lists have decreased, reducing workforce pressure. However, high demand persists, and proactive support for OTs in managing increased case complexity remains essential.</p>
	<p>Turnover Rate All ASC Staff (Lower is better) Cheshire East – 20.6% England – 15.4% Region – 14.8%</p>	<p>Cheshire East has a large internal workforce with in-house reablement and Care4ce staff. Recruitment has been challenging due to competitive nature of the employment market, but recent pay grade changes are improving recruitment. The physical demands of care work, especially for older employees, and the difficulty in attracting younger people to social care remain significant challenges.</p>

	Current Performance	Plans to and improve
	<p>Full-time equivalent annual pay for Social Workers (Higher is better) Cheshire East - £35,700 England - £39,100 Region - £37,200</p>	<p>Cheshire East acknowledges that its pay rates are lower than the regional average, impacting recruitment due to competition with neighbouring authorities. However, good terms, conditions, and a flexible working policy help attract and retain employees. The successful apprenticeship program has trained and retained social workers and students, with many agency social workers transitioning to permanent roles, reflecting job satisfaction.</p> <p>Annual celebrations recognise the contributions of social care staff and teams. Some staff who left for higher-paying positions have reapplied to Cheshire East, valuing the support and guidance over higher pay.</p>

Cheshire East Council, CQC LA Assurance Self-assessment, Summary

This self-assessment reflects the way Cheshire East operates with a focus on our residents, and our staff wellbeing and development, it describes systems, processes, performance, practice and governance and areas for improvement including Service transformation. Our focus is to fulfil our ambition for people:

We all want to live in a place we call home with the people and things we love, in communities where we look out for one another, doing things that matter to us. Where individuals, communities and organisation work together to build on our strengths to reduce inequalities and improve health and wellbeing.

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CHESHIRE EAST COUNCIL

Minutes of a meeting of the **Cheshire East Health and Wellbeing Board** held on Tuesday, 24th September, 2024 in the Committee Suite 1,2 & 3, Westfields, Middlewich Road, Sandbach CW11 1HZ

PRESENT**Board Members**

Helen Charlesworth-May, Executive Director Adults, Health, and Integration
Councillor Janet Clowes, representing the main opposition group, Cheshire East Council

Sam Corcoran (Chair), Cheshire East Council

Councillor Carol Bulman, Chair of Children & Families, Cheshire East Council

Councillor Jill Rhodes, Chair of Adults & Health, Cheshire East Council

Louise Barry, Chief Executive, Healthwatch Cheshire

Ian Moston, Chief Executive, Mid Cheshire Hospitals NHS Foundation Trust

Peter Skates, Acting Executive Director of Place, Cheshire East Council

Theresa Leavy, Interim Executive Director of Children's Services, Cheshire East Council

Kathryn Sullivan, Chief Executive, CVS Cheshire East

Mark Wilkinson, Place Director, NHS Cheshire, and Merseyside Integrated Care Board

Superintendent Claire Jesson, Area Commander, Cheshire East (Joined remotely via Microsoft Teams)

Cheshire East Officers and Others

Hayley Antipas, Public Health Development Officer

Dr Matthew Atkinson, Public Health Consultant

Lucy Baker, Wellbeing Engagement Officer for Green Spaces for Wellbeing

Annie Britton, Participation Lead, Youth Support Service

Alex Jones, Better Care Fund Programme Manager

Guy Kilminster, Corporate Manager Health Improvement

Dr Susie Roberts, Public Health Consultant

Josie Lloyd, Democratic Services Officer

Ruth Morgan, Parks and Recreation Manager and Programme Manager for Green Spaces for Wellbeing

Anna Moreton, Cheshire East Youth Council

Angela Murney, Participation Worker, Youth Support Service

Rachael Nicholls, Project Worker, Health Improvement Team

Rachel Zammit, Health Promotion, and Improvement Manager

The Chair varied the order of business. Notwithstanding this the minutes are in the order of the agenda.

14 APOLOGIES FOR ABSENCE

Apologies for absence were received from Dr Paul Bishop (NHS Cheshire and Merseyside Integrated Care Board), Michelle Davis (Guinness Housing), Claire Williamson (Children's Services - CEC), Charlotte Wright

(Cheshire Fire and Rescue Service) and Isla Wilson (Cheshire East Health and Care Place Partnership).

Ian Moston attended as a substitute for Isla Wilson.

15 **DECLARATIONS OF INTEREST**

In the interests of openness and transparency Councillor S Corcoran declared an interest by virtue of his wife being a GP.

16 **MINUTES OF PREVIOUS MEETING**

RESOLVED:

That the minutes of the meeting held on 2 July 2024 be confirmed as a correct record.

17 **PUBLIC SPEAKING TIME/OPEN SESSION**

There were no registered public speakers.

18 **LIFESTYLE PRESCRIPTION UPDATE**

The Board received an update relating to the Cheshire East Lifestyle Prescription resource which had been developed over 2022-23. The resource was developed through partnership working to support the prioritisation of prevention and to help residents think about acting upon lifestyle changes, so they avoid, where possible, the development of long-term conditions.

The update included simplifying the language used, changing the title, translated versions of the adult resource, and designing a children and young people's version of the Lifestyle Prescription resource.

In respect of a question raised about evaluation of the resource officers responded that by working with GPs they would be able to see if it made the process easier for them (the GP) and it was hoped that there would be a follow up with patients to discover if it had encouraged them to make a lifestyle change.

Members offered support in respect of the challenges faced around engaging pharmacies and the Waiting Well programme.

In respect of evaluating how well the resource was working for the adult population it was noted that although the number of times the resource had been viewed or downloaded could be identified from the site, it was more challenging to evaluate the outcomes post download and work was ongoing with partners around this.

RESOLVED:

That the Health and Wellbeing Board

1. Note the update.
2. Raise awareness regarding the Lifestyle Prescription resources for adults and children.

19 CHILDREN AND YOUNG PEOPLE 'MAKE YOUR MARK' BALLOT RESULTS

The Board received a presentation from the Cheshire East Youth Council, The Youth Council was made up of a group of young people who campaign on and create positive change for others. They help to make services and the support that children and young people receive better.

Board members heard about what young people thought leaders could do to help support their Health and Wellbeing, what the outcome of the national Make Your Mark campaign was and what the Youth Council had been involved in since the Make You Mark campaign.

Board members provided feedback and comments in relation to

- What they could do to influence getting more mental health professionals in school as well as considering support for those not in school.
- The reporting mechanism in relation to bullying.
- Emphasis on the importance of Family Hubs when providing support to children and adults.
- Recognised challenges in engaging with communities, both co-producing and information sharing.
- How to link initiatives together to ensure people are not working in silos.

RESOLVED:

That the presentation be noted.

20 ALL TOGETHER SMOKE FREE/TOBACCO CONTROL UPDATE

The Board received an update on the All Together Smokefree – Cheshire and Merseyside framework. The update outlined the key programme objectives, what work was being undertaken and the opportunities for future developments.

Board members shared their concerns about the rise in the number of those vaping and agreed that there was a need to be explicit about dangers of vaping particularly with younger generations.

Members provided feedback and comments in respect of

- Messaging - There was lots about life expectancy but there was a need to also think about healthy life expectancy.
- Managing expectations – Until there had been a decrease in levels of smoking and people stopping taking it up altogether, it needed to be accepted that it was a slow downwards trajectory. In order to stop people taking up smoking in the first place there was a need to understand the role of home conditions, for example parental role models. It was acknowledged that it was a complex public health issue, and it was not going to happen quickly but everything being done was heading in the right direction and it was about keeping the momentum going.
- The branding of ‘Altogether Smoke Free’ links with the ‘Altogether Fairer’ and ‘Altogether Active’ branding at the Cheshire and Merseyside level demonstrating, a common theme being used by the Integrated Care Board (ICB) towards the branding of programmes of work aimed at reducing health inequalities.
- Trading Standards – There was a need for a campaign to make vaping less appealing e.g. colours/flavours.

RESOLVED:

That the Health and Wellbeing Board

1. Note the update.

21 GREEN SPACES FOR WELLBEING UPDATE

The Board received an update on the Greenspaces for Wellbeing project from April 2023 - March 2024 which included how the Green Spaces for Wellbeing programme was designed, the delivery models, the referral and lifestyle outcomes, the approach to marketing and the priorities for 2024/25.

Although the project had been undertaken without any national funding there was evidence nationally that schemes such as this worked.

Members welcomed the project and noted that although there were a number of people who dropped out before completing the course, it was a new service and there were several factors which affected attendance. Those factors included people having a range of health conditions, those with mental health conditions could sometimes struggle with motivation, older people drop out to help with childcare, and other conflicting appointments. It had been recognised that the 12-week model may not be best for everyone and following the model being adapted there had been an increase in numbers in the second year.

Priorities for 2024/25 included increasing taster sessions, targeted cohort sessions, continued development of the marketing strategy, developing volunteering and exploring new funding avenues.

RESOLVED:

That the Health and Wellbeing Board

1. note the progress made with the project.

22 BETTER CARE FUND END OF YEAR ANALYSIS 2023-2024 AND PLAN FOR 2024-2025

The Board received a report which provided an end of year overview of the Cheshire East Better Care Fund plan for the period 2023-24. In addition, the report outlined the plan for 2024-25 which was a continuation of the plan agreed for 2023-25.

11 new schemes had been added for 2024-25 and Changeology had been commissioned to help understand the barriers and identify opportunities to improve capacity and demand planning capability to enhance overall system resilience.

Members welcomed the fact those schemes that were not working had been cancelled and were encouraged by the additional investment for care communities.

RESOLVED:

That the Health and Wellbeing Board

1. Notes the performance for 2023-24 and approves the plan for 2024-25.

23 HIV FAST TRACK CITIES

The Board considered a report which sought support for Cheshire East to become part of the Cheshire and Merseyside work to end new HIV transmission in the sub-region by 2030.

Joining the Cheshire and Merseyside approach would help Cheshire East support good health and wellbeing for everyone by reducing inequalities between men and women and for those in marginalised communities, reducing the risk of HIV transmission across the Borough.

The Fast Track Cities (FTC) initiative on HIV was launched globally in 2014 through the Paris Declaration, developed and led by the International Association of Providers of Aids Care (IAPAC).

In relation to a question raised in respect of what happens when people choose not to go to places in Cheshire and Merseyside, would there be the same reciprocal arrangements with neighbouring areas, officers reported that there was no intention to change commissioning arrangements or people's choices if they wanted to go elsewhere, and at present that would still be done under the current arrangements.

RESOLVED:

That the Health and Wellbeing Board

1. Support the sign up to the HIV Fast Track Cities agenda, and therefore commit to the Paris and Sevilla declarations.
2. That a Consultant in Public Health be put forward as a key representative from our local sexual health and HIV partnership to be the nominated 'Key Opinion Lead' for Cheshire East.
3. That the Cheshire & Merseyside Sexual Health and HIV Commissioners network be the main strategic group to map needs and gaps and develop a relevant regional plan, reporting to Directors of Public Health on a minimum quarterly basis.
4. That members/councillors support the planning and delivery of an HIV Fast Track launch event for Cheshire and Merseyside

The meeting commenced at 2.00 pm and concluded at 3.40 pm

Councillor S Corcoran (Chair)

Adults & Health Work Programme 2024-25

Adults & Health Committee	Report Reference	Title	Purpose of Report	Corporate Plan Priority	Lead Officer	Exempt Item	Consultation	Equality Impact Assessment	Part of Budget and Policy Framework	Is the report for decision or scrutiny?
January 25										
20/01/25	AH/13/2024-25	Third Financial Review of 2024/25 (Adults & Health Committee)	To note and comment on the Third Financial Review and Performance position of 2024/25, including progress on policy proposals and material variances from the MTFS and (if necessary) approve Supplementary Estimates and Virements.	Open	Director of Finance and Customer Services	No	No	No	Yes	Scrutiny/Decision
20/01/25	AH/15/2024-25	Medium Term Financial Strategy Consultation 2025/26 - 2028/29 Provisional Settlement Update (Adults & Health Committee)	All Committees were being asked to provide feedback in relation to their financial responsibilities as identified within the Constitution and linked to the budget alignment approved by the Finance Sub-Committee in	Open	Director of Finance and Customer Services	No	No	No	Yes	Scrutiny/Decision

Adults & Health Work Programme 2024-25

Adults & Health Committee	Report Reference	Title	Purpose of Report	Corporate Plan Priority	Lead Officer	Exempt Item	Consultation	Equality Impact Assessment	Part of Budget and Policy Framework	Is the report for decision or scrutiny?
			March 2024. Responses to the consultation would be reported to the Corporate Policy Committee to support that Committee in making recommendations to Council on changes to the current financial strategy.							
20/01/25	AH/23/2024-25	Notice of Motion re Winter Fuel Allowance	To respond to the NoM that was proposed to Full Council on 16th October by Councillor A Kolker and Seconded by Councillor A Gage	Fair	Dan Coyne	No	No	No	No	Decision
20/01/25	AH/28/2023-24	Care Provider Consortium	This report seeks approval to commission services for individuals with Complex Needs through a Cheshire East Care Provider Collaborative (CPC).	Open	Executive Director of Adults, Health & Integration	TBC	Yes	TBC	TBC	Decision

Adults & Health Work Programme 2024-25

Adults & Health Committee	Report Reference	Title	Purpose of Report	Corporate Plan Priority	Lead Officer	Exempt Item	Consultation	Equality Impact Assessment	Part of Budget and Policy Framework	Is the report for decision or scrutiny?
20/01/25	AH/33/2023-24	Care4CE report	Report for scrutiny by Committee	Open	Director of Adult Social Care	Yes	Yes	No	Yes	Scrutiny
20/01/25	AH/25/2024-25	Substance Misuse Re-commission	To ask permission for the service to be re-commissioned.	Fair	Curtis Vickers	Yes	Yes	Yes	No	Decision
20/01/25	AH/26/2024-25	Stop Smoking Incentives Project - Update	To provide an update on the smoking cessation incentive scheme aimed at pregnant women who smoke and household members.	Fair	Curtis Vickers	Yes	No	Yes	No	Decision
20/01/25	AH/17/2024-25	Smoking Cessation and Tobacco Control Update	To provide an update on Smoking Cessation and Tobacco Control Activity including; Cheshire East involvement in sub-regional work with the other 8 local authorities across Cheshire & Merseyside Re-commission of Smoking Cessation Support as part of the One You Service Evaluation of	Fair	Director of Public Health	TBC	No	No	TBC	Scrutiny

Adults & Health Work Programme 2024-25

Adults & Health Committee	Report Reference	Title	Purpose of Report	Corporate Plan Priority	Lead Officer	Exempt Item	Consultation	Equality Impact Assessment	Part of Budget and Policy Framework	Is the report for decision or scrutiny?
			Smoking in Pregnancy Incentive Pilot Scheme							
20/01/25	AH/28/2024-25	Adult Social Care Transformation Programme	To provide members with greater detail on how the Adult Social Care Transformation Programme will contribute to the savings proposed in the MTFS 2025/29	Open	Executive Director of Adults, Health & Integration	No	No	No	No	Decision
20/01/25	AH/29/2024-25	Extra Care Housing Restaurants	To provide the Committee with an update regarding two Extra Care site restaurants since the decision was made by Children and Families Committee to cease trading of the school catering service which was the provider.	Open	Daniel Coyne	No	No	Yes	Yes	Scrutiny
March 25										
24/03/25		Service Budgets 2025/26 (Adults & Health Committee)	The purpose of this report is to set out the allocation of approved budgets for	Open	Director of Finance and Customer Services	No	No	No	Yes	

Adults & Health Work Programme 2024-25

Adults & Health Committee	Report Reference	Title	Purpose of Report	Corporate Plan Priority	Lead Officer	Exempt Item	Consultation	Equality Impact Assessment	Part of Budget and Policy Framework	Is the report for decision or scrutiny?
			2025/26 for services under the Committee's remit, as determined by Finance Sub Committee							

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