

Cabinet Agenda

Date: Tuesday, 22nd July, 2014
Time: 2.00 pm
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.

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

1. **Apologies for Absence**
2. **Declarations of Interest**

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

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

In accordance with Procedure Rules Nos.11 and 35 a period of 10 minutes is allocated for members of the public to address the meeting on any matter relevant to the work of the meeting. Individual members of the public may speak for up to 5 minutes but the Chairman or person presiding will decide how the period of time allocated for public speaking will be apportioned where there are a number of speakers. Members of the public are not required to give notice to use this facility. However, as a matter of courtesy, a period of 24 hours' notice is encouraged.

Members of the public wishing to ask a question at the meeting should provide at least three clear working days' notice in writing and should include the question with that notice. This will enable an informed answer to be given.

Contact: Paul Mountford, Democratic Services Officer
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4. **Questions to Cabinet Members**

A period of 20 minutes is allocated for questions to be put to Cabinet Members by members of the Council. Notice of questions need not be given in advance of the meeting. Questions must relate to the powers, duties or responsibilities of the Cabinet. Questions put to Cabinet Members must relate to their portfolio responsibilities.

The Leader will determine how Cabinet question time should be allocated where there are a number of Members wishing to ask questions. Where a question relates to a matter which appears on the agenda, the Leader may allow the question to be asked at the beginning of consideration of that item.

5. **Minutes of Previous Meeting** (Pages 1 - 10)

To approve the minutes of the meeting held on 1st July 2014.

6. **Public Health Transformation Fund** (Pages 11 - 28)

To consider the creation of a Public Health Transformation Fund.

7. **Substance Misuse Services - Contract Award** (Pages 29 - 36)

To consider a report which informs Cabinet of the strategic review and procurement process undertaken for securing substance misuse services and which seeks authority to award a contract.

8. **Supporting Fair Access to Educational Opportunity** (Pages 37 - 40)

To approve a proposal that the role of monitoring and reporting on fair access to educational opportunity be implemented through effective working relationships with schools and by reporting annually to the Schools Adjudicator on admissions for all schools in the area.

9. **Risk Management Policy Review** (Pages 41 - 62)

To consider and approve the updated Risk Management Policy.

THERE ARE NO PART 2 ITEMS

CHESHIRE EAST COUNCIL

Minutes of a meeting of the **Cabinet**
held on Tuesday, 1st July, 2014 at Committee Suite 1,2 & 3, Westfields,
Middlewich Road, Sandbach CW11 1HZ

PRESENT

Councillor M Jones (Chairman)
Councillor D Brown (Vice-Chairman)

Councillors Rachel Bailey, J Clowes, P Findlow, L Gilbert, B Moran, P Raynes,
D Stockton and D Topping

Members in Attendance

Councillors Rhoda Bailey, G Baxendale, S Corcoran, D Flude, P Groves,
R Menlove, A Moran, B Murphy, L Smetham, A Thwaite

Officers in Attendance

Mike Suarez, Lorraine Butcher, Peter Bates, Anita Bradley, Judith Tench,
Caroline Simpson, Heather Grimbaldston, Stephanie Cordon, Tony Crane
and Paul Mountford

Apologies

Councillor Louise Brown

9 DECLARATIONS OF INTEREST

There were no declarations of interest.

10 PUBLIC SPEAKING TIME/OPEN SESSION

Mr Jeffrey Gazzard, a carer from Knutsford, was concerned that an item on the agenda relating to respite care focused specifically on Congleton and the Mountview centre and made no reference to other parts of the Borough, including Knutsford. He also expressed concern about the potentially adverse consequences of shifting beds from established facilities to the private sector and asked that a decision be deferred until Borough-wide consultation had taken place and the financial and strategic implications were better understood.

The Leader of the Council, having thanked Mr Gazzard for his comments, responded that the Council needed to look at how to meet the future growing need for respite care in Cheshire East. He went on to say that the Council had sites across the Borough and was committed to providing its residents with high quality care. The Portfolio Holder for Care and Health in the Community added that just over 1,000 additional respite bed nights per annum were now being commissioned from the independent sector. The Council would be looking at respite care in the round with its partners and would be prepared to consider each case individually.

Mr Stuart Kay, Chairman of the Crewe Branch of the Royal British Legion, thanked Cheshire East Council for its support in providing a new Outreach Centre in Crewe.

The Leader of the Council, together with Councillor G Baxendale, the Council's lead member for the Armed Forces, thanked Mr Kay for his remarks and stressed the Council's commitment to supporting the Armed Forces at all times.

11 QUESTIONS TO CABINET MEMBERS

Councillor L Jeuda expressed concern about a rumour about the closure of Hollins View, a community support centre in Macclesfield. She had learned of the matter from local residents. She said that if the services at the centre were withdrawn, this would cause hardship for carers, and she sought assurances that this would not happen. The Leader responded that the Council would always do the right thing for its residents in order to achieve the right quality of service.

Councillor S Corcoran asked why the Cabinet had had a change of heart on supporting community plans. The Leader responded that neighbourhood plans were important in defending green areas against development and the Council was committed to protecting the Borough's villages and neighbourhoods.

Councillor D Flude referred to rumours that Crewe Police Station was to be re-located to the former Redsands building. The Leader responded that there were no firm proposals at present but that the Council would support any move which would benefit local residents.

Councillor Flude also asked about the future of Lincoln House in Crewe. The Leader and the Portfolio Holder for Care and Health in the Community responded that Lincoln House was an excellent facility which would continue to receive the Council's support.

Councillor Rhoda Bailey referred to the Council's budget underspend of £900,000 and asked if this should be returned to the residents of Cheshire East. The Leader responded that it was the residents' money and not the Council's and that the Council had a duty to get the best value out of it.

Councillor B Murphy asked why there appeared to be a veil of secrecy around the future of Hollins View, Macclesfield and why local members had learned about it from distressed local residents instead of being informed as local ward members or as members of the Macclesfield Local Service Delivery Committee. The Leader responded that the Council needed to address dementia and respite care as a priority and was working closely with its staff and the unions on any changes at Hollins View. In addition, the Council had to work with its partners and could not base public information on supposition.

Councillor Murphy also referred to complaints by the Alsager Residents Action Group that their proposal for the establishment of a University Technical College on the former MMU site in Alsager was being 'stymied' by Cheshire East Council because the latter wished to see the site developed for housing. The Leader responded that the Council did not own the MMU site and therefore could not block any proposals in relation to its future use. The Council was committed to delivering a technical college for the people of Crewe and Alsager and if the Alsager Group owned a suitable site the Council would give it serious consideration. The Council would also seek to ensure that any housing developments in Alsager provided infrastructure benefits for the area.

Councillor A Thwaite sought assurances that local groups would be consulted on any proposals for the Congleton Library meeting rooms. The Leader responded that the Council would be meeting local groups and would listen seriously to what they had to say.

Councillor L Smetham asked for an update on the green waste collection service. The Leader responded that the Council was currently consulting on the matter. The Portfolio Holder for Service Commissioning added that the consultation process was a fair one and that all suggestions would be taken into consideration. The Council had to address the issue of wagons collecting very little waste at a high cost.

12 MINUTES OF PREVIOUS MEETING

RESOLVED

That the minutes of the meeting held on 27th May 2014 be approved as a correct record.

13 NOTICE OF MOTION - BLACKLISTING OF WORKERS

Cabinet considered the following motion which had been moved by Councillor R Cartlidge and seconded by Councillor S Corcoran at the Council meeting on 10th April 2014 and referred to Cabinet for consideration:

"Cheshire East Council deplores the practice of blacklisting carried out by some building and construction companies, which have denied employment to workers who were carrying out legitimate trade union activities such as health & safety representatives. In noting the Prime Minister's comments that blacklisting is 'a completely unacceptable practice, and the previous government were right to bring in legislation to make it unlawful.'

Council resolves:

To make clear to all construction companies bidding for Council contracts that any unlawful blacklisting of workers will not be tolerated.”

The Council had procedures in place to ensure that it remained vigilant when entering into contracts to ensure that it did not do so with contactors who had breached the Blacklisting Regulations.

Councillor Cartlidge, the mover of the motion, had been unable to attend the meeting but Councillor Corcoran as the seconder of the motion attended and spoke on the matter.

RESOLVED

That Cabinet

1. fully endorses the motion referred by the Council that Cheshire East Council deplores the practice of blacklisting carried out by some building and construction companies, which have denied employment to workers who were carrying out legitimate trade union activities such as health and safety representatives and the Cabinet, subject to the legal requirements incumbent on a public authority, will not work with such companies; and
2. makes clear to all construction companies bidding for Council contracts that any unlawful blacklisting of workers will not be tolerated.

14 2013/14 FINAL OUTTURN REVIEW OF PERFORMANCE

Cabinet considered a report on the 2013/14 Final Outturn Review of Performance.

The pre-audited accounts for 2013/14 showed an underspend of £0.897m, compared to an approved revenue budget of £260m. The overall financial health, performance and resilience of Cheshire East Council was strong.

The report proposed the creation of new reserves of £12.4m. This increase would secure the overall level of reserves considered sufficient to continue to protect the Council against its assessed financial risks as well as provide opportunities for future investment.

Annex 1 to the report set out further details of how the Council had achieved the best outturn in relation to performance and revenue and capital budgets since it became a unitary authority in 2009. It was structured into three sections:

- § Section 1 Summary of Council Performance
- § Section 2 Financial Stability
- § Section 3 Workforce Development

RESOLVED

That Cabinet

1. notes the outturn review of 2013/14 performance (pre-audit) in relation to the following issues:
 - § the summary of performance against the Council's 5 key outcomes (Section 1 of the report);
 - § the final service revenue and capital outturn positions, overall financial stability of the Council, and the impact on the Council's reserves position (Section 2);
 - § the achievement of the overall capital programme (Section 2, paragraphs 134 to 144 and Appendix 4 of the report);
 - § supplementary capital estimates and virements up to £250,000 in accordance with Finance Procedure Rules (Appendix 5);
 - § reductions to Capital Budgets (Appendix 7);
 - § treasury management investments and performance (Appendix 8);
 - § the Council's invoiced debt position (Appendix 10);
 - § the workforce development and staffing update (Section 3).

2. approves:
 - § supplementary capital estimates and virements over £250,000, in accordance with Finance Procedure Rules, (Appendix 6);
 - § an amendment to the approved Capital Programme regarding the funding requirement for the A500 / Junction 16 Widening Scheme with £1.1m to be financed from Council resources, (Section 2, paragraphs 135 – 138).

3. recommends that Council approve:
 - § the creation of earmarked reserves of £12.4m as set out in Appendix 9.

15 CHESHIRE EAST PUTTING RESIDENTS FIRST FUND

Cabinet considered a report on the establishment of a Putting Residents First Fund.

The fund would be used as a flexible resource to support stronger communities and to provide local facilities and services at no further cost to the Council. It would not be a competitive bidding process and its use would be determined by the Leader in consultation with the relevant Portfolio Holder in accordance with the principles and criteria set out in the report.

RESOLVED

That Cabinet agree to the

1. establishment of a Putting Residents First Fund which will have some flexibility over revenue and capital provision;
2. purpose and criteria of the fund as set out in Section 11 of the report; and
3. delegation of the decision making to the Leader and all decisions to be made in consultation with the relevant Cabinet Member and any comments arising from the consultation to be included in a six-monthly report to Cabinet.

16 COUNCIL TAX EXEMPTION FOR FOSTER CARERS (REF CE 14/15-2)

Cabinet considered a proposal that all Cheshire East foster carers be exempted from the payment of Local Authority Council tax.

The report proposed that Foster Carers approved by Cheshire East Council and living within the Borough be exempted from the Council tax liability for the duration of their fostering careers. Carers approved by Cheshire East but living outside of the Borough would receive reimbursement on a monthly basis equivalent to the amount of Council tax for which they are liable. Further details of the proposal and the financial implications were set out in section 3 of the report.

It was anticipated that the proposals would contribute to both the recruitment and retention of local authority foster carers for cared for children.

RESOLVED

That the proposals set out in section 3 of the report be approved.

17 DEMENTIA COMMISSIONING PLAN

Cabinet considered a report on the Council's Commissioning Plan for Dementia.

The Council intended to lead the way in engaging with and providing support to both people living with dementia and their families and carers.

Some of the key priorities to which the Council was committed were:

- § Early diagnosis
- § Early support and reablement
- § Crisis support

The Council's Commissioning Plan for Dementia was set out in detail in Appendix 1 to the report.

RESOLVED

That Cabinet endorses and supports the Dementia Commissioning Plan as set out in the report and Appendix 1 thereto.

18 MOUNTVIEW SERVICES REVIEW - BLOCK PURCHASING RESPITE PROVISION IN THE INDEPENDENT SECTOR (REF CE 14/15-3)

Cabinet considered a report on the commissioning of residential respite care.

The Council was taking positive action to increase the range of respite provision to increase the choice for carers. Mountview resource centre in Congleton would remain open, providing day care for local residents. Quality provision had also been secured in the independent sector to ensure that the needs of carers in the Congleton area continued to be met effectively.

RESOLVED

That

1. Cabinet notes the block purchase of three residential respite care beds in the independent sector in the Congleton Area representing 1,095 respite bed nights per annum to be reviewed in 12 months' time; and
2. officers be authorised to take all necessary steps to implement the decision taken by Cabinet on 24th June 2013 to commission residential respite care in the independent sector.

19 STRATEGIC HOUSING - DELIVERING AFFORDABLE HOUSING PROVISION (REF CE 13/14-91)

Cabinet considered a report which brought forward two policies to help stimulate and accelerate the development of affordable homes. These involved the allocation of commuted sums to provide affordable housing and the approval of a capital allocation of £500,000 a year to invest in the provision of affordable housing, which could be funded partly or completely through right to buy receipts.

The policies would help to provide new affordable housing, as well as an opportunity to explore new innovative ways to bring empty homes back into use or contribute towards the regeneration of deprived areas.

Further details of the policies were set out in the report and Appendices 1 and 2 thereto.

RESOLVED

That Cabinet

1. approves the policy and the process outlined in Appendix 1 to the report for the allocation of commuted sums for the provision of affordable housing;
2. approves a supplementary capital estimate for an annual sum of £500,000 for the provision of affordable housing initiatives and the process for allocation as outlined in Appendix 2; and
3. delegates authority to the Director of Economic Growth and Prosperity in consultation with the Portfolio Holder for Housing and Jobs to make the award of funding in line with the agreed criteria.

20 VARIATION TO DETERMINED ADMISSION ARRANGEMENTS (REF CE 14/15-8)

Cabinet considered a report on new guidance issued by the Department for Education, recommending that admission authorities give the highest priority in their arrangements to all children adopted from care who were of school age.

Ministers had recommended that the current School Admission Code 2012 should be interpreted more widely to give highest priority to all children adopted from local authority care. The recommendation of the DfE was that this change should take effect immediately and that it was intended that the necessary amendments to the Code would be made at the first available opportunity.

The variation necessary to ensure that all children adopted from care were given priority within the admission arrangements was set out in paragraph 9.1 of the report.

RESOLVED

That Cabinet approves

1. a variation to determined admission arrangements for Cheshire East community and voluntary controlled schools for September 2015 and subsequent years, subject to any review; and
2. a variation to determined admission arrangements for Cheshire East community and voluntary controlled schools for September 2014.

21 TERMS OF VOLUNTARY REDUNDANCY AND VOLUNTARY EARLY RETIREMENT

Cabinet reviewed the terms that the Council offered to employees volunteering for redundancy/early retirement.

There appeared to be no immediate requirement to increase the current voluntary termination package. Equally, reductions to the voluntary severance scheme would have the effect of making the scheme less financially attractive for some employees than compulsory terms. Cabinet was therefore minded to continue to support the ambitious change programme with the current scheme for voluntary redundancy and to review the scheme in September 2015.

RESOLVED

That the existing terms offered to employees volunteering for redundancy/early retirement as outlined in paragraph 10.1 of the report be retained and a further review be carried out in September 2015.

22 CONTRACT FOR THE SUPPLY OF SALT FOR WINTER GRITTING (REF CE 13/14-90)

Cabinet considered a report outlining the options available to the Council for the re-procurement of a salt supplier.

The Yorkshire Purchasing Organisation had recently re-tendered and put in place a Framework Agreement for a further period of four years from 1st April 2014. Salt Union Ltd. had again tendered the most competitive price which was for the supply of brown salt. This met Council's requirements and was available at the lowest price. The benefits of using the framework arrangement were outlined in paragraph 11.3 of the report.

RESOLVED

That the use of the Yorkshire Purchasing Organisation Framework Agreement to enter into a contract with Salt Union Ltd for a period of four years be approved.

23 PROCUREMENT OF DRY AND FROZEN FOOD PRODUCTS (REF CE 13/14-92)

Cabinet considered a report on the procurement of dry and frozen food products.

It was proposed that a new contract be procured for a period of three years with two possible extension periods each of 12 months. In total the proposed contract value was estimated to be in the region of £6.5 million, with a possible increase of 20% dependent upon the uptake of the Universal Infant Free School Meals. The preferred procurement route was outlined in the report.

RESOLVED

That

1. the procurement route outlined in the report continue, together with the actions proposed therein; and
2. delegated authority be granted to the Chief Operating Officer, in consultation with the Portfolio Holder, to award a single or multiple contracts to the highest scoring bidder for each Lot.

24 FARMS ESTATE - STRATEGIC OPPORTUNITY TO PURCHASE LAND

Cabinet considered a proposal to acquire land in connection with the County Farms Estate.

A property identified as Bulkeley Grange Farm, bordering the Council's Ridley Farms Estate, was being sold on the open market. This presented an opportunity for the Council to consider purchasing land to improve the structure of the farms estate.

A decision on the matter was considered urgent as it would need to be acted upon with immediate effect. The Chairman of Jobs, Regeneration and Assets Scrutiny Committee had therefore agreed that the decision should be treated as urgent and that the call in procedure should not apply.

RESOLVED

That

1. the Director of Economic Growth and Prosperity acquire part or all of either or both of Lots Part 5 and 6 of Bulkeley Grange Farm at a price that does not exceed the open market value of the property; and
2. the value be determined by the Assets Manager by formal valuation plus ancillary costs of acquisition, funded from within the existing Farms Strategy capital budget.

The meeting commenced at 2.00 pm and concluded at 3.40 pm

M Jones (Chairman)

CHESHIRE EAST COUNCIL

Cabinet

Date of Meeting: 22nd July 2014
Report of: Director of Public Health – Dr Heather Grimbaldston
Subject/Title: Public Health Transformation Fund
Portfolio Holders: Cllr Janet Clowes, Care and Health in the Community

1.0 Report Summary

1.1 The Public Health Transformation Fund has been specifically created to improve the health and wellbeing of residents in Cheshire East. The dedicated, flexible and time-limited financial resource will enable residents to access and benefit from innovative approaches to health not previously available in Cheshire East through statutory, voluntary, community, faith and private sector* transformation initiatives.

2.0 Recommendations

- 2.1 That Cabinet agrees the creation of the Public Health Transformation Fund.
- 2.2 That Cabinet delegates the decision to make the awards to the Public Health Transformation Fund Panel Chaired by the Portfolio Holder.

3.0 Reasons for Recommendations

3.1 Background

The Health and Social Care Act 2012 transferred the responsibility for some public health services to Local Authorities and included a new duty to improve the public's health. There are many beneficial health and wellbeing services in place across Cheshire East and Outcome 5 of the Council's Three-Year Plan provides an influential vehicle with which to enhance these further. There are also many factors outside of traditional 'health services' which help to improve an individual's quality of life and life expectancy, some of which are recognised throughout the Council and CCG's two, three and five year plans. An effective commissioning cycle requires an individual and their circumstances to be considered as a whole across a spectrum of services and organisations. Departments across the Council and all its wider partner organisations will have ideas about how services can be improved towards meeting this goal but may not have had the opportunity to develop these without support or funding. The Public Health Transformation Fund has been developed to offer this opportunity.

*Also referred to as Partner Organisations in this paper

3.2 Aims

The Public Health Transformation Fund aims to:

- Support the delivery of priority local health and wellbeing activities
- Facilitate collaborative and integrated approaches to population health and wellbeing
- Improve quality of potential future services through targeting the right people with the right service in the right place and at the right time
- Improve value for money by evaluating the outcomes of activities and the associated impact on Cheshire East residents, the Council and its partners before longer term funding is committed.

The Public Health Transformation Fund will help realise the vision of the future whereby health and wellbeing is central to residents, Council wide services and the initiatives of local partner organisations. The Fund offers the opportunity to develop prevention and early intervention initiatives, improve health and wellbeing now and over the long term and reduce reliance on 'treatment' focussed services. Potential applicants should focus on areas of need identified in:

- The Director of Health's Annual Report
- The Health and Wellbeing Board's Health and Wellbeing Strategy
- The JSNA.

Projects should seek to improve outcomes highlighted in the:

- Public Health Outcomes Framework
- Outcome 5 of the Council's 3 Year Plan.

Examples of the types of projects that the Fund may attract are:

- Reducing binge drinking in those aged 15-17 years by introducing non-alcoholic cocktail hours where teenagers can socialise, learn new skills such as beauty therapy and have access to health and care professionals
- Making every contact count – building on the work exemplified by the Fire Service which identifies a wide range of health improving measures open to older people (such as flu immunisation and falls prevention) in addition to confirming fire safety compliance in their homes.

3.3 Approach

Bidders from statutory, voluntary, community, faith and private sectors may submit business cases and be provided with funding within the financial period

01st April 2014 to 31st March 2015. Funding may cover projects lasting up to 2 years (to 31st March 2016).

Bidders will be able to submit proposals in two or three tranches. Projects are routinely expected to be between £30,000 and £150,000.

Proposals will be formally evaluated by a Transformation Fund Panel. The Panel has a mandated minimum membership and includes an external, independent assessor from Public Health England and is Chaired by the Portfolio Holder for Health. The Panel Criteria for award will include assessment of the evidence base, population need, delivery planning, quality, identified risks and finance.

4.0 Wards Affected

All

5.0 Local Ward Members

All

6.0 Policy Implications

The Health and Social Care Act 2012 transferred some public health responsibilities and services to Local Authorities in April 2013.

7.0 Financial Implications

Funding will be made available from the public health ring fenced budget. The Finance team have noted that there is sufficient available funding within the Public Health ring-fenced budget for the transformation fund outlined in this report. Any organisation submitting a bid will be subject to an assessment of their financial position to reduce any risk to Cheshire East Council.

8.0 Legal Implications

The Transformation Fund will be advertised locally and on The Chest.

There are no legal issues preventing the establishment of this fund. Awarding of the grant will be in line with criteria above.

The award of funding is subject to a grant agreement and terms of reference currently under review by the Council's legal team.

Successful bidders will be asked to evaluate their progress on a quarterly basis to the Transformation Fund Panel to enable full benefits to be

realised and reported to Cabinet. In line with project methodology a template has been designed to guide them in the type of evaluation criteria to consider.

In delivering the objectives of the Fund, care must be taken to ensure that when funding is provided it is truly a grant. Any attempt to dictate the way in which outcomes are to be achieved or apply terms and conditions could, dependent on the value, inadvertently create a service contract that may breach public procurement rules. Essentially, the terms of the grant should set out the purpose of the grant, what it can be allocated to and only claim back, suspend or withhold funding in accordance with the circumstances outlined in the grant agreement.

There is a small risk that State Aid could apply to the grants being made. However, it is understood that these grants are unlikely to exceed the threshold of 200,000 euros. Assistance under this amount is regarded as “de minimis” and unlikely to distort competition. However, “de minimis” payments over the last three years should be taken into account so when a grant is awarded the recipient should be made aware that the funding qualifies as de minimis aid and the Council will need to check that the recipient has not received similar aid which means it would cumulatively exceed the threshold for State Aid.

9.0 Risk Management

The release of funding is subject to clear terms. Cheshire East Council reserves the right to reduce or withdraw funding at any time during the period of the agreement where the agreed proposals are not being delivered.

Good governance arrangements have been put into place as outlined in the Agreement and Terms of Reference.

Legal and procurement advice has been sought in developing the terms of the grant agreement.

10.0 Access to Information

The draft Agreement and Terms of Reference for the Public Health Transformation Fund and associated documentation are attached.

Further background can be sought by contacting the report writer:

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Cheshire East Council
Public Health Transformation Fund 2014/15

Terms of Reference

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1.0 The Public Health Transformation Fund

1.1 Background

Local Authorities in England assumed responsibility for the commissioning of some public health services from the National Health Service (NHS) under the Health and Social Care Act 2012 on April 01 2013. This provided the Council with an opportunity to commission more effective and seamless services which improve the health and wellbeing of the local community whilst also achieving greater value for money. The Council recognises that whilst many beneficial health and wellbeing services are in place there is still more that can be done to improve health outcomes across Cheshire East. Staff from across the Council and our wider partnerships will have ideas of how services can be significantly improved or enhanced but may not have the opportunity to develop these ideas without support or funding. The Public Health Transformation Fund has been specifically developed to offer this opportunity.

1.2 Purpose

The Public Health Transformation Fund provides a flexible, time-limited financial investment with which to support innovative and pilot approaches to protecting, maintaining and improving the health and wellbeing of residents in Cheshire East.

1.3 Aims

The Transformation Fund aims to provide funding for pilot, time-limited projects which:

- Protect, maintain and improve the health and wellbeing of the local population
- Support the delivery of priority local health and wellbeing activities
- Facilitate collaborative and integrated approaches to population health and wellbeing
- Improve quality through targeting the right people with the right service in the right place and at the right time
- Gain better value for money by investing in activities which evaluate their outcomes and the associated impact on Cheshire East residents, the Council and its partners before long term funding is committed.

1.4 Objectives

- To provide a dedicated funding stream which enables the Council and its partners to pilot innovative initiatives and activities which improve the health and wellbeing of the local population
- To support approaches to innovation through a structured framework of good corporate governance
- To evaluate new initiatives before a longer term commitment to investment is made.

1.5 Accountability

The Director of Public Health is accountable for ensuring that funding is made available in 2014/15 from the ring fenced public health budget.

Members of the Transformation Fund Panel are responsible for ensuring attendance at Panel meetings and they are equally accountable for the decision to release or refuse funding.

Individual bidders are accountable for providing accurate and timely bids and where successful, for the accurate and timely reporting data and for the delivery of the pilot to the agreed timeframe, specification and expenditure. It is expected that those bidding for funds will be available during Panel meetings to outline their business case and answer any queries as required before a decision is made.

1.6 Finance

Funding will be allocated from the public health ring fenced budget for a period of one year (2014/15). All applications must be submitted and funding provided within the financial period 01st April 2014 to 31st March 2015. Funding may cover projects lasting up to 2 years (to 31st March 2016). Cheshire East Council reserves the right to reduce or withdraw funding at any time during the pilot period in agreement with the bidder where the agreed proposals are not being delivered (refer to section 1.14).

It is expected that bids for pilot projects will be between £30,000 and £150,000 inclusive however bids below or above this value may be considered on an individual basis. Bidders should not submit more than one proposal for the same pilot once funding has been approved and released.

The Council recognises that it is legitimate for organisations to include the relevant element of overheads in their cost estimates for providing a given service under this agreement. Where applications include staffing costs, proposals should demonstrate the direct link between the member of staff and the activities or project.

The success of the Fund will be subject to an interim evaluation at the end of 2014/15 to determine whether to continue the scheme from 2015/16.

1.7 Eligibility

Cheshire East Council's departments, services and its local partner organisations are eligible to bid for Transformation Fund funding. Bidders will need to evidence that they have:

- The ability to deliver and provide the day to day management of public health related services and activities in Cheshire East
- An appropriate organisational structure or legal status for the activities for which funding is being sought
- Financial stability with sound financial/business planning and organisational management
- Processes for good corporate governance and where appropriate clinical governance
- An Equal opportunities policy and can demonstrate how this is put into practice
- Appropriate types and levels of insurance for the activities or services that will be delivered
- A bank account in the name of the organisation.

1.8 Restrictions and Exemptions

The Transformation Fund will not be used to:

- Fund major capital investment
- Fund areas which would be more suitably funded through another area of the Council or NHS
- Offset or substitute other defined service areas, in particular acute hospital, primary or social care interventions
- Fund non-health improving proposals
- Provide long term investment
- Provide funding for people living outside of Cheshire East.

1.9 Transformation Fund Panel

A Transformation Panel will meet in 2014/15 to assess all bids that are submitted for funding from within Cheshire East Council and from its local partners. Meetings will be arranged according to the number of submitted bids but it is expected that the panel will meet at least three times between June 2014 and January 2015. The Panel will be led by the Portfolio Holder. Table 1 shows the Panel representation.

Approval or refusal of a bid will normally be based on scoring criteria and the consensus verdict of the Panel. However the Chair has the deciding vote where a consensus is not reached or where one or more Panel members are undecided.

The Panel will only be able to make a decision when all members are in attendance for each of the bids available that day. Where the Panel is not quorate, the Panel may meet to discuss the bids but will not make a decision about the outcome of the bid or provide feedback to the bidder. Another date will be convened for the Panel to meet at the earliest opportunity and bidders informed of the new date.

Designation	Organisation	Voting Member	Deputy Allowed
Director of Public Health	Cheshire East Council	Yes	No
Councillor and Portfolio Holder for Health & Wellbeing	Cheshire East Council	Yes	No
Executive Director of Strategic Commissioning	Cheshire East Council	Yes	No
Section 151 Officer	Cheshire East Council	Yes	Yes
CCG Representative	South or East Cheshire Clinical Commissioning Group	Yes	Yes
Director of Public Health	Public Health England	Yes	Yes

Table 1: Transformation Fund Panel Composition

1.10 Declaration of Interests

All Panel members will declare any conflicts of interest they may have at the start of each meeting. The conflict of interest declared will include anything undertaken in the 12 months before the meeting and anything planned to be undertaken whilst the pilots are in place. The appropriate course of action will be decided by the Chair.

1.11 Proposal Evaluation

All bids will be evaluated through a set of pre-determined criteria which includes:

- Project aims and objectives
- Evidence of need
- Strategic fit (the extent to which the proposal meets relevant national and local strategies, priorities and outcomes)
- Stakeholder communications and feedback
- Partnership working
- Value for money
- Quality
- Performance
- Level of risk
- Monitoring and evaluation
- Sustainability.

The Panel will evaluate each proposal using an evaluation sheet (appendix 1). Proposals will need to:

- meet 75% or more of the maximum score of 56 **and**
- achieve the maximum score of 4 in questions 1, 5,6,7,9,13 **and**
- receive agreement from the Panel for funding to be approved.

Question 11 (collaborative working) may not be applicable to all pilots. In these cases the Panel will record 'Not Applicable' and the total score will be based on the number of applicable questions.

1.12 Decision- Making

Applications will be reviewed and evaluated by the Transformation Fund Panel using a scoring system (appendix xx). Offers of funding will be decided by the panel based on the results of this assessment. The Panel may make one of four decisions:

- Approved – funding for the proposal will be given in full
- Approved subject to amendment – the Panel agree to funding subject to the bidder agreeing to make the amendments they suggest
- Deferred – the Panel require further information from the bidder in order to make a decision. The bid will be reviewed again once the relevant information is received
- Declined – funding will not be provided for the proposal even with amendment

The decision of the panel is final. Feedback will be provided upon request.

1.13 Award Process

Bidders will be informed of the Panel's decision within 48 hours of the Panel meeting taking place. All funding offers will be subject to this signed agreement which includes a commitment by the recipient organisation to deliver the proposal and report on progress. Funding will only be released once this agreement has been signed by all parties.

1.14 Pilot Monitoring and Evaluation

Bidders who have proposals approved by the Transformation Fund Panel will provide quarterly progress reports and a final evaluation report using the template provided in appendix 2. The Panel will monitor the amount of funding being allocated to successful bidders. Progress of the pilot against key milestones and performance indicators and expenditure will be through these quarterly and final reports.

Cheshire East Council may request and validate further data and information during the term of the pilot. Pilots may be subject to periodic inspection by Cheshire East Council.

1.15 Transformation Fund Monitoring and Evaluation

The Panel will close applications to the Transformation Fund when funding is nearing expiration. This may occur at any time during the financial year 2014/15. Stakeholders will be informed.

The success of the Transformation Fund will be evaluated by the Transformation Fund Panel at the end of 2014/15.

2.0 Applications to the Transformation Fund

2.1 Method of Application

All applications should be for funding within the financial period 1 April 2014 to 31 March 2015 using the Transformation Fund Proposal template specified in appendix 3. Copies of the template are available in MS Word format for electronic completion on The Chest (www.the-chest.org.uk).

2.2 Submissions

By submitting a proposal bidders are agreeing to all the terms set out in this document. Please note that all funding must be spent by the 31st March 2015. Proposals must be submitted and have the funding in place by this date.

Proposals will be considered at specific dates throughout 2014/15. Five meetings of the Transformation Fund Panel have provisionally been planned. These are detailed in table 2 below together with the last submission date for bids to each panel.

Any proposal received after the proposal submission date will be automatically referred to the next panel. The last panel meeting is expected to be held in February 2015. The dates of the Panel meetings will be maintained on The Chest and will be updated as circumstances change. Bidders are therefore advised to review The Chest on a regular basis and note any changes. The Chest can be found at www.the-chest.org.uk.

Transformation Fund Panel Meeting Date	Submission Date
Monday 18th August 2014	Tuesday 05th August 2014 (5pm)
Wednesday 10th September 2014	Friday 29th August 2014 (5pm)
Friday 10th October 2014	Tuesday 30th October 2014 (5pm)
Thursday 15th January 2015	Wednesday 07th January 2015 (5pm)
Wednesday 04th February 2015	Friday 23rd January 2015 (5pm)

Table 2: Planned Transformation Fund Panel Meeting Dates and Bid Submission Dates

Completed proposal forms and supporting documentation should be returned to:

The Chest on www.the-chest.org.uk.

Further enquiries:

If you have any questions about using the Chest or completing the Transformation Fund documentation please contact Lianne Halliday on telephone number 01270 685766 or via e-mail at lianne.halliday@cheshireeast.gov.uk.

If you have any general enquiries about the Public Health Transformation Fund please email publichealth@cheshireeast.gov.uk.

2.3 Information Sharing

Details of applications including the purpose and level of funding applied for or awarded may be released to other agencies as required and in accordance with information governance and the Freedom of Information Act 2000.



Cheshire East Council

Public Health Transformation Fund Proposal

Organisation:

Name of bid:

Total amount of funding being requested: £

Pilot Lead:

Designation:

Telephone Number:

About the Pilot

Please describe what the pilot is and its key aims and objectives

Scope

Please detail the areas and populations to be included in, and excluded from, the pilot and how it addresses any inequalities in health outcomes if appropriate

Population Health & Wellbeing

Please describe who the population is, what needs the pilot will meet, why this is important and references to local priorities. Include also any evidence base/rationale for this proposal's effectiveness in addressing the need identified

Outcomes

Please detail the outcomes that the pilot will achieve, by when and include any associated measures such as key performance indicators

Quality

Please detail what arrangements you have in place to maintain quality. Please include access and equality

Finance

Please detail the cost of the project, how the project will provide value for money, and provide a breakdown of the costs, including overheads

Resources

Please detail the physical and human resources required for the duration of the pilot

Delivery Plan

Please detail how you intend to deliver the pilot. Include information such as key milestones, monitoring and reporting arrangements and set up and close down arrangements

Risk Management

Please detail the financial, clinical and project risks and your plans for governance, mitigation, monitoring and reporting of incidents

Partnership Working

Please detail how the pilot will contribute to the work of the Council and/or its partners and how this will be achieved

Communications

Please detail how service users, their families and carers and local partners will be made aware of the pilot

Pilot Evaluation

Please detail what you intend to evaluate at the end of the pilot and by when. This should include, but is not limited to, population demographics, service utilisation and demand, expenditure, achievement against milestones, key performance indicators and outcomes, service user feedback and where applicable, the effectiveness of partnership working

Sustainability Plan

Please detail any plans you have for the pilot beyond its completion date or detail how you would continue the work if funding were available in the future

Supporting Information

Please provide any additional information in support of your proposal

Contact Details**Pilot Lead**

Tel:
Address:

Email:

Pilot Contact

Name:
Tel:
Address:

Designation:
Email:

Signatories and Declaration of Interests

Pilot Lead:

Date:

Please declare any interests those involved in the pilot may have. Please state 'none' where no interests arise:

Guidance Notes:

Please complete all sections of the form. The information provided should be clear and succinct but provide enough detail to enable the panel to make an informed decision. The form should be signed by the pilot lead.

Pilot Lead: This is the person who has overall responsibility for the pilot and its delivery.

Pilot Contact: This is the person who will manage the pilot on a day to day basis.

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Cheshire East Council Public Health Transformation Fund
Panel Assessment Sheet

	Bid:	Panel Member:	
	Organisation:	Date:	
	Evaluation Criteria	Comments	Score
1.	The pilot demonstrates evidence of local need		
2.	The pilot has a clear population specified and demonstrates any equalities issues		
3.	The pilot has clear aims and objectives specified		
4.	The pilot has a clear rationale of effectiveness (e.g. research, datasets)		
5.	The pilot demonstrates alignment with one or more of the following: <ul style="list-style-type: none"> • Public Health Outcomes Framework • Outcome 5 of the Councils 3-Year Plan and/or health and wellbeing related areas of Outcomes 1,2,3 and 4 • Local priorities identified in the Health & Wellbeing Strategy • JSNA • Health and wellbeing responsibilities of the Council 		
6.	The pilot has a clear delivery plan including: <ul style="list-style-type: none"> • A start and finish date with start up and close down plans • Key performance indicators and outcomes to be achieved • Delivery methods and milestones • Monitoring arrangements and reporting criteria 		
7.	The pilot has a clear financial plan including: <ul style="list-style-type: none"> • Projected expenditure including overheads • An explanation of achieving value for money • Monitoring arrangements and plans for managing under/overspend 		
8.	The pilot identifies financial, physical and human resource requirements		
9.	The pilot has identified risks (including financial, clinical and project risks) and has a plan to mitigate against these		
10.	The pilot clearly sets out how service quality will be achieved and maintained		
11.	The pilot demonstrates collaborative or Partnership working (the extent to which the project contributes to, or includes, the work of other Council teams and its partners)		
12.	The pilot has a clear strategy for communicating with stakeholders including partners and service users and for advertising of the service		
13.	The pilot has clear evaluation criteria which includes measuring health and wellbeing outcomes, service demand and stakeholder feedback		
14.	The pilot has a clear sustainability plan including longer term resource investment/plans for mainstreaming		
Total Score			
Other Comments			

KEY			
Criteria	Score	Key Notes	
Strong evidence provided	4	<ul style="list-style-type: none"> • Questions 1, 5,6,7,9,13 require a minimum score of 4 for approval. These questions have been shaded in grey above. • Where question 11 is not applicable, a N/A will be added and the question will not be included in the overall score 	
Good evidence provided	3		
Some evidence provided	2		
Weak or unclear evidence	1		
No evidence provided	0		

Cheshire East Council Public Health Transformation Fund

Pilot Progress Report

Pilot Name: Organisation: Report Date:	Project Start Date: Project End Date: Date of Scheduled Final Progress Review:			
Evaluation Criteria	Target	Progress	Actions & Mitigations	RAG Status
Key Successes and Challenges to Date				
Key Milestones				
1.				
2.				
3.				
4.				
Key Performance Indicators				
1.				
2.				
3.				
4.				
Finances				
<i>Please provide a breakdown of anticipated and actual expenditure to date and detail the reasons for variances</i>				

Current Issues and Risks				
<i>Please detail any current project, financial, physical and human resource concerns</i>				
Issues and Risks Expected in Next Quarter				
<i>Please detail any potential project, financial, physical and human resource concerns</i>				
Final Pilot Review Only				
<i>Please provide an evaluation of the project. This should detail::</i> <ul style="list-style-type: none"> • <i>Key successes, outcomes, challenges and learning points</i> • <i>Stakeholder feedback</i> • <i>Plans for close down or longer term resource investment</i> • <i>What in place for communicating the end of the project and/or next steps to stakeholders</i> 				
Further Bidder Comments				

CHESHIRE EAST COUNCIL

Cabinet

Date of Meeting: 22nd July 2014

Report of: Director of Public Health – Dr Heather Grimbaldeston

Subject/Title: Substance Misuse Services – Contract Award

Portfolio Holders: Cllr Janet Clowes, Care and Health in the Community

1 Report Summary

- 1.1 The responsibility for commissioning Substance Misuse Services transferred to the Council in April 2013. This provides Cheshire East Council with a real and positive opportunity to bring about significant change to how our future services are delivered. Reframing services to focus, where possible, upon early intervention and prevention, and will reduce pressures upon acute services and lead to the improvement in the health and wellbeing of Cheshire East residents. This report informs Cabinet of the strategic review and procurement process undertaken for securing substance misuse services and seeks Cabinet's authority to delegate to the Portfolio Holders [Health & Adult Social Care and Children & Families], the Director of Public Health and the Executive Director of Strategic Commissioning, the authority to award and conclude contractual documentation with the successful tenderer.
- 1.2 During 2013/14 the existing Drug and Alcohol Misuse Services were monitored and costs were controlled, realising improved value for money. The inherited contractual arrangements focused predominantly on treatment and steps towards recovery. There is currently little capacity for earlier intervention and prevention. The key challenges are the longer term adult cohort in treatment, the under 18yrs admissions to hospital and the development of robust prevention and earlier intervention capacity. These are contained within the new contract as covered in 9.2 of this report.
- 1.3 Work commenced on the 'review' of the transferred services, best practice, and population need in September 2013. A continuation of existing contractual arrangements, for 2014/15, [until the new contract can be awarded] was agreed by Cabinet on 4/2/14 thus allowing existing arrangements to continue until the strategic review and procurement process was complete.

- 1.4 Progress on the strategic review and tender was reported to the Corporate Leadership Board on the 15/4/14 and Informal Cabinet on the 13/5/14. This review work included an Equality Impact Assessment, Engagement, Consultation, and Market Engagement. The initial results informed Councils decision to undertake a procurement exercise to appoint a lead supplier. The procurement process has now reached the stage of identifying a preferred supplier.
- 1.5 To complement this commissioning review the Council continues to work with partners across the sub-region to reduce alcohol related harm. With the costs to the public purse of dealing with the consequences of Alcohol related harm in excess of £136 million per annum in Cheshire East, and the significant, often hidden, impact on individuals, families and communities this is a priority for the Council and the Health and Wellbeing Board. This will include a number of initiatives such as exploring the feasibility of introducing a minimum unit price across Cheshire and Merseyside; improving the sharing of data between health and the Police in relation to alcohol related incidents and ensuring high quality interventions in schools to advise children and young people about the harm of alcohol and drug misuse.

2 Recommendations

- 2.1 That Cabinet note that an EU compliant procurement exercise has been undertaken.
- 2.2 That Cabinet grant the necessary delegated authority to the relevant Portfolio Holders, the Director of Public Health and the Executive Director of Strategic Commissioning to award and conclude contractual documentation with the successful tenderer.

3 Reasons for Recommendations

- 3.1 The council has a responsibility for commissioning Drug and Alcohol Services for the prevention and treatment of substance misuse.
- 3.2 The strategic review enabled the Council to determine the commissioning approach to fulfil its statutory duties and involved appropriate others in this work:
- Police and Crime commissioners representative
 - ECCCG & SCCC&G commissioning representatives
 - Children & Families commissioning representative
 - Adult Services commissioning representative

- Probation service representative
- DWP representative

Links and the involvement of additional stakeholders was also achieved:

- Public Health England Substance Misuse lead
- NHS Local Area Team for Cheshire and Lancashire for CCG & Offender Health Commissioning
- The Councils Strategic Housing commissioners who are developing a vulnerable persons housing strategy

3.3 The engagement and consultation process concluded that **a recovery orientated service** should be commissioned for adults, with a particular focus on those held in long term treatment and **an early intervention service for young people, families, and carers** was needed. [Almost 400 people responded to the consultation in total either by questionnaire or through focus group discussion].

3.4 The Council tendered a contract with an initial two year term with the potential to extend the term up to a maximum of four years.

The Council sought a lead / prime supplier or consortia to sub commission or join with other suppliers to deliver the service across the 'lifecourse' in Cheshire East to provide the following:

Communication, information and advice

Early help and prevention

Evidence based treatment and harm reduction

Recovery to support 5 Ways to Wellbeing

Safeguarding & protection, partnership working

Reducing substance misuse related offending in collaboration with Criminal Justice Services

Consultation & engagement with children/YP, adults, families, parents, partners, and carers

Consultation & engagement and communication with wider stakeholders and professionals

Working as part of a 'Whole System'

With:

- An emphasis on **local** recovery, Asset Based Community Development, mutual aid, empowered self care, peer support, peer challenge and treatment services.
- An offer of Step up and Step down treatment and support with follow up for gathering learning from sustained recovery/ and or relapse.
- Services for Children/Young People, Adults, Families, Parents and Carers with clear support pathways that are connected with wider system entry point.
- A “No wrong door” approach; early help, crisis avoidance, recovery focused towards a substance free life
- Provision of specialist advice and guidance for the wider system services around substance misuse.
- The key service challenges within the current arrangements being addressed to ensure continuous service development in line with the changing needs of our population.

3.5 Market Engagement - We were keen to seek the views of potential Service Providers to further inform the specification, and to also measure interest in the tendering process. An engagement session was held on 11th February 2014 and 70 participants attended. This had been advertised on three procurement portals – Blue Light [Police], Supply to Health [CCGs], and The Chest [Council]. Attendees received a presentation on the commissioning intentions of the Council and were able to raise questions and provide specific feedback on the outlined intentions. Compliments were received regarding the clarity of the vision and intentions for the future service.

The contribution of CVS Cheshire East was particularly valuable, as they facilitated the attendees time to talk session, as well as outlining the range of support they could provide to the voluntary not for profit sector in preparing for their tenders with the ‘Lead Supplier’ when determined.

3.6 The procurement process and the collaborative Evaluation Panel review has been robust, the evidence of which supports the requested Cabinet decisions outlined in section 2. This is a key decision¹. We recognise that the current

¹ A Key Decision is one which results in the local authority incurring expenditure which is, or the making of savings which are, significant having regard to the local authority’s budget for the service or function to which the decision relates.

substance misuse service focus' predominantly on treatment. The move to a Lead Supplier model means that the Council can start to drive change towards a whole system approach to effective substance misuse -prevention, early help and treatment services. The Council will hold to account the lead supplier for the substance misuse performance under the contracts, and work with them to enable the transition and service delivery change to be realised. The market will require continued development and this will be explored over the contract duration in collaboration. This recognises that the underlying causes of substance misuse are complex and multifunctional. The particular areas we would want to consider with our Health colleagues would be Child Adolescent Mental Health Services and Adult Mental Health services.

4 Wards Affected

4.1 All

5 Local Ward Members

5.1 All

6 Policy Implications

6.1 The Councils PH responsibilities for commissioning Substance Misuse Services noted in section 1.2 of this report.

7. Financial Implications

7.1 The current Substance Misuse service cost £3.661m for 2013/14 which includes services provided by a foundation Trust Hospital, VCFS providers of Treatments & Recovery Services, Pharmacists for supervised consumption and needle exchange, and GPs for Shared Care co-ordination to support the step down from specialist service case management.

7.2 This contract award will align costs to the allocated funding that transferred to the Council and contribute a small amount to the Public Health Transformation Fund [contribution to wider preventative work under the Councils Plan - Outcome 5]. The contract price for year one will be £3.2m, with the potential for a reduction in subsequent years [between 2-5%] that could contribute to prevention and early help expansion and or to efficiency should this be required. This reduction in current costs has been factored into the Public Health services response to the Council's MTFS process. This will lead to increased investment in respect of agreed Public Health outcomes within the existing Public Health ring- fenced budget regulations.

- 7.5 Potential suppliers were assessed on a number of financial ratios to ensure that there are limited risks involved. These financial assessments include liquidity checks to ensure they have a healthy cash position, receivables and payables checks (which will establish whether they pay and receive cash in a timely manner) and a contract as a percentage of turnover check to ensure it is not above their current operation levels.

8 Legal Implications

- 8.1 The Council has a statutory duty under the Health and Social Care Act 2012 to commission Drug and Alcohol Services for the prevention and treatment of substance misuse.
- 8.2 In determining the best way of fulfilling its duty the Council has conducted a strategic review, EIA, and the necessary engagement and consultation. The Council has undertaken an EU compliant procurement process with the assistance of the Procurement Unit and Legal Services. The contract will have an initial two year term with the option to extend to a maximum four year term. The contract terms and conditions have been drafted to allow for the development of service delivery requirements and performance monitoring within the schedules.

9 Key Performance Indicators

- 9.1 Public Health England monitors the performance of drug treatment services in England against local and national targets. In addition to local contract management, comparative national performance information is published. All drug services must provide a basic level of information to the National Drug Treatment Monitoring Service (NDTMS) on their activities each month. The main areas that are covered relating to the LA are adult drug treatment, adult alcohol treatment and young people.
- 9.2 As part of the tendering process, the successful lead supplier will be required to improve performance against national indicators, to change the approach to the adult longer term drug users in treatment and admissions to hospital for young people, to help people who misuse alcohol and to improve support for families affected by alcohol and drug misuse, helping children, young people and adults to reduce harmful alcohol and drug taking behaviours.
- 9.3 Contract & Performance Requirements – The Evaluation Team have specified a strong emphasis on some requirements which will be discussed and agreed with the potential supplier prior to contract award:

- **Mobilisation** – that we require a different service delivery from a previously treatment focused one, to one that is preventative and provides early help. That we expect this to be increasingly evident from month 4 following contract start date.
- **Cultural shift** – the contract will be actively Contract & Performance Managed, via a collective commissioner group [Children, Adults, CCGs, PCC and PH]. The agreement to this will be sort via the Joint Commissioning Leadership Meeting chaired by the Executive Director of Strategic commissioning. The expectation given to the potential supplier would be that further challenge / scrutiny of the new service delivery would occur through the Councils Scrutiny process.

10 Risk Management

- 10.1 Current Service Risks – As the procurement process remains current it is possible that we may see an impact on service delivery & performance. Rigorous attention to achieving KPI's and maintaining open communication with existing providers to address concerns / risks at an early stage continues to mitigate this risk. Delayed progression of contract award could also have a potentially negative impact on the current service system.
- 10.2 Transition risks – Once the official award letter and notification occurs there is an increased risk of the current service providers failing to deliver services. This will be monitored and action taken where needed to mitigate these risks. In making this comment we acknowledge fully that we are working with treatment and recovery providers who have at the heart of their approach a commitment to achieve the best for the service users they work with.
- 10.3 During the first part of the contract term there is a risk that performance of the substance misuse service could be adversely affected due to the turbulence a major change in service arrangements brings. However the potential lead supplier approach would realise system benefits as we will have a clear contract, service specification, and performance management framework which means we can more effectively hold the potential supplier to account.
- 10.4 Should it be needed this contract can be terminated with immediate effect by serving written notice on the service provider at any point in the contract deployment. Should we need to apply a notice period then it is considered that three months is reasonable.

11 Access to Information

11.1 The background papers relating to this report can be inspected by contacting the report writer:

Name: Lucia Scally
Designation: Lead Commissioning - Public Health
Tel No: 01260 375414
Email: lucia.scally@cheshireeast.gov.uk

CHESHIRE EAST COUNCIL

Cabinet

Date of Meeting:	22 nd July 2014
Report of:	Barbara Dale, School Admissions and Organisation Manager
Subject/Title:	Supporting Fair Access to Educational Opportunity
Portfolio Holder	Councillor Rachel Bailey, Cabinet Member for Safeguarding Children and Adults

1.0 Report Summary

- 1.1 Cheshire East Council is committed to supporting parents through the school admissions process by ensuring fair access to educational opportunity.
- 1.2 The Council embraces the Government's commitment to placing trust back in schools and headteachers and it is therefore proposed that the role of monitoring and reporting on fair access can be implemented successfully through effective working relationships with schools and by reporting annually to the Schools Adjudicator on admissions for all schools in its area.
- 1.3 If approved, the role of the Cheshire East Admissions Forum, which was established by Cabinet for the new Cheshire East Council on 2 December 2008, will transfer to the Local Authority.

2.0 Recommendation

- 2.1 That the Cabinet approve the new way of working, as set out in the report summary.

3.0 Reasons for Recommendation

- 3.1 It is proposed that the role of monitoring and reporting on fair access can be implemented successfully through effective working relationships with schools. The Local Authority will continue to report annually to the Schools Adjudicator on admissions for all the schools in its area for which it coordinates admissions, making recommendations that support the interests of parents and their children and ensuring compliance with the provisions set out in the School Admissions Code and relevant legislation.
- 3.2 The proposal to revise current practice is recommended and fully supported by forum members.

4.0 Wards Affected

4.1 All Wards

5.0 Local Ward Members

5.1 All ward members

6.0 Policy Implications

6.1 None

7.0 Implications for Rural Communities

7.1 None

8.0 Financial Implications

8.1 None

9.0 Legal Implications

9.1 The responsibility for ensuring that admission arrangements are compliant with the School Admissions Code 2012 falls to the relevant admission authority. Where a school is the admission authority, this responsibility falls to the governing body or Academy Trust.

9.2 Section 88P of the School Standards and Framework Act (SSFA) 1998 requires local authorities to make reports to the adjudicator about such matters connected with relevant school admissions, as required by the School Admissions Code. This proposal reinforces and fully supports this duty.

9.3 There is no legal requirement to have an Admissions Forum following changes to the School Admissions Code 2012 and relevant legislation. The legislation that now applies is the Education Act 2011 (Schedule 10), which makes changes to the Education Inspection Act 2006 section 41 (role of admissions forums), by omitting subsections (1) to (6) (amendments to section 85A of SSFA 1998).

9.4 The Admissions Forum is not included in the Council's Constitution.

10.0 Risk Management

10.1 The monitoring and reporting function of the Local Authority is supported by this proposal. This will serve as the basis for advising and reporting on fair access and for brokering discussion with schools about their duties in respect of school admissions and admissions appeals in the interests of parents and their children.

11.0 Access to Information

The background papers relating to this report can be inspected by contacting the report writer:

- School Admissions Code 2012
- School Admissions (Admission Arrangements and Co-ordination of Admission Arrangements) (England) Regulations 2012
- Education Act 2011, Schedule 10.
- Education and Inspections Act 2006 Schedule 41
- School Standards and Framework Act 1998 (Section 85A)

Name: Barbara Dale

Designation: School Admissions and Organisation Manager

Tel No: 01270 686392

Email: Barbara.Dale@cheshireeast.gov.uk

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CHESHIRE EAST COUNCIL

Cabinet

Date of meeting: 22nd July 2014
Report of: Chief Operating Officer
Title: Risk Management Policy Review
Portfolio Holder: Councillor David Brown, Strategic Outcomes

1.0 Report Summary

- 1.1 Cheshire East Council, as a publicly accountable body, must be able to demonstrate effective management of the risks and opportunities which affect the achievement of its strategic objectives. The Council's strong risk management arrangements provide it with a structured, consistent and continuous process for identifying and reporting on opportunities and threats that affect the achievement of its 3 Year Plan objectives and outcomes.
- 1.2 The Council's risk management policy was last amended and approved by Cabinet at its meeting on 22 July 2013. At that meeting Cabinet agreed that the policy be reviewed annually. This report updates Cabinet on the review recently carried out and summarises the proposed changes in section 3. In summary, while the risk management policy remains fit for purpose, a number of amendments have been made to strengthen both the policy and the risk management framework. The updated policy is attached at Annex A for Cabinet's consideration and approval. It has been reviewed by the Corporate Leadership Board and the Audit and Governance Committee.
- 1.3 The Council's risk management framework strengthens the effectiveness of its overall governance, and provides a mechanism to ensure that the balance between risk and reward is reflected in its decision making. The Council's risk management policy forms part of the overall internal control framework and corporate governance arrangements. An internal control system with risk management at its core will facilitate the effective and efficient operation of the Council by enabling it to respond appropriately to both opportunities and risks. This increases the likelihood of the Council achieving its strategic priorities.
- 1.4 Cheshire East's strong tax base and greater independence provides financial stability and offers some 'local protection' from the impact of national economic fluctuations. Compared to most other English councils, Cheshire East is less reliant on government revenue grant as local businesses and residents provide a higher proportion of the Council's overall funding. In this context it is also important to note that total spending per head of population is below average compared to nearest neighbours.
- 1.5 In February 2013 the Council set out its three year plan to becoming a strategic commissioning council. An ambitious but measured approach has been taken to achieving the Council's ambitions whilst effectively dealing with the challenges of austerity. This approach has provided a platform to modernise and transform the Council in a systematic way. The focus has been

to deliver sustainable quality cost effective services that are needed by Cheshire East residents and businesses.

- 1.6 The published medium term financial strategy illustrates the scale of the challenge the Council faces over the next few years. But its strong financial performance in 2013/14 provides a good platform for the future. Given this national and local context its overall financial risk profile is now lower than it was a year ago. The Council's consideration and response to threats, and its ability and capacity to recognise and seize new opportunities, underpin its successful performance in 2013/14. The Council continues to strengthen its risk management framework and is working towards reaching a risk maturity level of 'risk managed'. Halfway through its 3 Year Plan, the Council is now using its risk management framework to anticipate eventualities and help it respond to changes by ensuring that it is fit for purpose to meet the needs of Cheshire East residents and businesses.

2.0 Recommendation

- 2.1 Cabinet is requested to consider and formally approve the updated Risk Management Policy. The policy is to be reviewed annually.

3.0 Reasons for Recommendation

- 3.1 Risk management is central to good governance and effective strategic management. Cheshire East Council is publicly accountable and must be able to demonstrate effective management of the kinds of risks which threaten the achievement of its strategic objectives, the effectiveness of its operations, the reliability of its financial reporting, and the security and value of its assets. Risk Management provides a structured, consistent and continuous process across the Council for identifying reporting on opportunities and threats that affect the achievement of the Council's 3 Year Plan objectives and outcomes.
- 3.2 Being able to demonstrate effective systems for managing risks is a critical step in producing supportable statements of internal control for annual reporting purposes. The benefit of a strong risk management framework from a governance viewpoint is that it gives a greater level of confidence that management have properly and adequately fulfilled their responsibility in operating an effective system of internal control. This in turn gives confidence to both Members and staff to support a higher appetite for risk, at a time when major change is necessary and desirable. Cabinet needs to provide a consistent, coherent, sustained and visible leadership in terms of how we behave and respond when dealing with risk.
- 3.3 The Corporate Risk Management Group reviewed and updated the Council's Risk Management Policy at its meeting on 23 May 2013. The updated Risk Management Policy was approved by Cabinet at its meeting on 22 July 2013. It was agreed that the Risk Management Policy be reviewed on an annual basis and so was reviewed by the Group at the meeting held on 6 June 2014. The outcome of the review was that although the Policy remained fit for purpose a number of amendments could be made to strengthen the Policy as attached at Annex A to this report. The amendments were as follows:
- The Policy now has a Foreword from Cllr David Brown as Portfolio Holder for risk management outlining the attitude of the Council to risk

management, that we are committed to best practice in risk management and that the Policy has the full support of Members and Senior Managers.

- A Contents page has been added for ease of reference
- The previous policy contained 7 key principles and 6 key objectives, the sentiments of these remain within the document but these are now concentrated into 2 main overarching risk management and internal control objectives
- A section on how risk capacity is determined has been included within the risk appetite section at para 5.3
- A new section specifically about risk tolerance and thresholds in relation to value has been inserted at 6.0, this section is to encourage costing of risks and contingency for major areas of activity
- A section on reporting has been included at 8.0
- The detailed summary of roles and responsibilities has been removed from the main but added at Appendix A
- A risk improvement plan has been added at Appendix B detailing intended behaviour change and mechanisms for the next 2 years
- A comparison of the policy content to best practice guides has been included for reference at Appendix C

4.0 Wards Affected

4.1 All

5.0 Local Ward Members

5.1 N/A

6.0 Policy Implications

6.1 Risk management is integral to the overall management of the authority and, therefore, considerations regarding key policy implications and their effective implementation are considered within departmental risk registers and as part of the risk management framework.

7.0 Implications for Rural Communities

7.1 None in relation to this report.

8.0 Financial Implications

8.1 None in relation to this report, a risk around financial control is included as a key corporate risk on the corporate risk register.

9.0 Legal Implications

9.1 As well as the need to protect the Council's ability to achieve its strategic priorities and to operate its business, general principles of good governance require that it should also identify risks which threaten its ability to be legally compliant and operate within the confines of the legislative framework, and this report is aimed at addressing that requirement.

10.0 Risk Management

- 10.1 This report relates to overall risk management; Cabinet should know about the most significant risks facing the Council and be assured that the risk management framework (which includes the role and work of the Corporate Risk Management Group) is operating effectively. The content of this report aims to mitigate the following risk:

Key Risk
That Cheshire East Council fails to properly develop, implement and demonstrate an effective risk management framework

11.0 Background

- 11.1 A copy of the updated Risk Management Policy is attached for comment at **Annex A** to this report; this includes a sub-section on Business Continuity.
- 11.2 The policy does not include details of the risk management process or the procedures and documentation. These are held separately and it is intended that these will be included in a risk management handbook or toolkit for staff and Members and will include information on risk management of partnerships and projects.

12.0 Access to Information

- 12.1 Background papers relating to this report can be inspected by contacting the report writer:

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Cheshire East Council

Risk Management Policy 2014-2015



CHESHIRE EAST COUNCIL - RISK MANAGEMENT POLICY

Foreword by Cllr David Brown, Deputy Leader and Strategic Communities Portfolio Holder



1.0 Foreword and Attitude to Risk Management:

- 1.1 This risk management policy forms part of Cheshire East Council's internal control and corporate governance arrangements. This policy, and the adoption of the overall risk process, including allocating appropriate resources to risk management, is owned by the Chief Operating Officer with delegated authority from Cabinet. The purpose of this policy is to clearly outline the council's commitment to risk management, describe the objectives of risk management and provide a framework for embedding risk management across the organisation, with defined roles and responsibilities and a structured process.
- 1.2 Guided by our underlying principle of being 'resident first', our ambition is to become a strategic commissioning Council. Given the context of developments in the public sector and during this continuing time of austerity, we are working to achieve even better outcomes for the local people of Cheshire East within the limits of our available funding. Becoming a commissioning Council means taking a 'best fit' approach to developing service delivery options e.g. Alternative Service Delivery Vehicles (ASDV), and consideration and response to existing and new threats, and the ability to recognise and seize new opportunities, is fundamental to achieving the future outcomes that we want. Effective risk management is not about eliminating or avoiding risk, indeed with active risk management we may decide to take more risks on an informed basis to innovate as effectively, and cost efficiently, as possible as we continue to transform and achieve our ambition. Through the implementation and embedding of an effective risk management framework, and ensuring an appropriate risk appetite for Cheshire East Council, we will ensure that it is better placed to manage its performance, achieve its corporate objectives and provide an enhanced level of service and outcomes to the community.
- 1.3 Cheshire East Council is committed to adopting best practice in the identification, evaluation and cost effective control of risks to ensure that they are reduced to an acceptable level or eliminated, and also maximise opportunities to achieve the council's objectives and deliver core services. The Council makes conservative and prudent recognition and disclosure of the financial and non-financial implications of risks. It is acknowledged that some risks will always exist and will never be eliminated but through risk identification we anticipate eventualities and it helps us to respond to changes in need, ensuring that we are fit for purpose to serve Cheshire East residents and businesses.
- 1.3 The council's risk management objectives are a long term commitment and an inherent part of good management and governance practices. The objectives need the full support of Members and active participation of managers. All officers must understand the nature of the risk and accept responsibility for risks associated with their area of work, including an understanding of how reputation value for the Council is added or lost. In doing this they will receive the necessary support, assistance and commitment from senior management and Members.
- 1.5 It is essential that a single risk management approach be utilised at all levels throughout the authority. The council has closely integrated risk management into its planning and objective-setting process, enabling it to manage its risks in a more consistent, uniform way. By effectively managing our threats and opportunities, which is all part of good governance, we will be in a stronger position to deliver our objectives and work better as a partner with other organisations.

CHESHIRE EAST COUNCIL- RISK MANAGEMENT POLICY**Contents**

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2.0 Introduction and Purpose

- 2.1 This Policy explains the Council's underlying approach to risk management, documents the roles and responsibilities of Cabinet, the Corporate Leadership Board and other key parties; outlines key aspects of the risk management process; and identifies the main reporting procedures. It is clear that change in the public sector is inevitable. Strategic Commissioning is about achieving even greater value for money, by doing things differently and using innovative new approaches to the way in which services are delivered, to achieve the outcomes desired by local people. It is not simply about reducing costs through arranging cheaper provision or about traditional outsourcing, as the new approach will be used to get the best from in-house services, from joint ventures between the Council and other providers, and from new delivery vehicles such as Social Enterprises or Staff Mutuals. Learning from risk management judgements gives us a key competitive advantage, enabling our leaders and managers to act proactively on their accountabilities and facilitate strategic thinking so that we are able to exploit opportunities which enable innovation and better value for public money.
- 2.2 A risk is concerned with a threat or a possible future event which will adversely or beneficially affect Cheshire East Council's ability to achieve its objectives. It is typically assessed using two dimensions, one of which is the impact of the threat or opportunity, representing the consequences to the Council's intended outcomes. The second dimension is the frequency or likelihood of the risk occurring, representing the probability of the threat or opportunity happening.
- 2.3 Risk management is the process that informs strategic development through the identification and treatment of risk such that, objectives are more likely to be achieved, damaging actions or events are avoided or minimised and opportunities maximised. Good risk management increases the probability of success, and reduces both the probability of failure and uncertainty of achieving Cheshire East Council's overall objectives.



3.0 Risk Management and Internal Control Objectives

- 3.1 There are two principle objectives detailed below which outline the council's approach to risk management and internal control:

Objective 1

Risk Governance and Culture: Embed risk management into the ethos, culture, policies and practices of the council so that risk management is an integral part of the council's decision making, management and governance practices

- 3.2 The **Risk Governance and Culture** objective will be achieved through ensuring that:-
- There are clearly defined roles, responsibilities and reporting lines within the council for risk management and that Cabinet and Council have responsibility for overseeing risk management within the council as a whole – see **Appendix A**.
 - An open and receptive approach to understanding the challenges of risk management is adopted by Cabinet and Council
 - Audit and Governance Committee provide independent assurance to Council on the effectiveness of the risk management framework and associated control environment.
 - There is appropriate leadership and monitoring of corporate risks and key corporate project risks
 - Risk management is an integral part of corporate policy decisions and is included in the council's processes, policies and documents, including commissioning, service and project planning, writing reports and considering decisions
 - For those with responsibility for achieving objectives, responsibility also lies in identifying and assessing threat and opportunity risks; developing and implementing controls and warning mechanisms; and reviewing and reporting on progress.
 - Opportunities for shared learning on risk management across the council and with other authorities, partners and stakeholders are taken where appropriate.
 - Risk management is a key and effective contributor to Corporate Governance and the Annual Governance Statement with Corporate Managers responsible for encouraging good risk management practice and completing statements as to the effectiveness, or otherwise, of their systems for identifying, monitoring and managing corporate and operational risks
 - Advice, guidance, suitable information and training on risk management is available to employees and Members – see **Appendix B** Risk improvement plan.
 - Identifying and seizing opportunities which risk management provides for the organisation.
- 3.3 **Objective 2**
- Risk Management Arrangements:** Ensure the council successfully manages risks and opportunities at all levels – strategic, operational, programme, project and partnership so that it increases the probability of achieving its objectives and outcomes.
- 3.4 The **Risk Management Arrangements** objective will be achieved through ensuring that:-
- Risk management process guidance for employees and Members on how to identify, assess and prioritise risks, determine a response, manage and control, and report and review is available. *The process to be adopted is described in the document "Risk Management Process Guide".*
 - Risk management is integrated with the council's strategic planning process, commissioning and commissioning business unit plans so we are able to monitor risks to achieving the objectives, determine which risks have the most significant impact, and prioritise resource accordingly.
 - The risk management process will be incorporated into the way the council works within partnerships through Partnership Protocols to ensure a joint successful approach to the management of risks
 - Risk management is not a one-off exercise but that it is a continuous process because the decision making processes it underpins are continuous

- A hierarchy of risk registers are maintained, which are regularly reviewed and monitored, to demonstrate the management of risks linked to the council's commissioning, corporate and operational objectives and to working in partnership.
- The most significant identified risks and relevant control measures are monitored, reported and reviewed by the Corporate Risk Management Group.
- Key risk scores and indicators of levels of risk are identified and closely monitored on a regular basis
- Contingency plans are prepared and tested to secure business continuity where there is a potential for an event to have a major impact upon the council's ability to function.
- Specialist Functions advise the Corporate Leadership Board and its Operational Management Teams on policies, procedures and implications of strategic and operational risk decisions so that the council can demonstrate control of risk and can protect and manage risks to employees and public, Council reputation and financial values.
- Ensuring that internal audit coverage is driven by a deep understanding of the risks, challenges and opportunities facing the Council. Some of the risks will be unique to individual services; others will be common to all services and other Authorities, giving opportunities for benchmarking.

4.0 Internal Control

4.1 The system of internal control incorporates risk management. This system encompasses a number of elements that together facilitate an effective and efficient operation, enabling the council to respond to a variety of operational, financial and commercial risks. These elements include:-

a. *Policies and procedures*

Attached to significant risks are a series of policies that underpin the internal control process. The policies are approved by Cabinet and Council and implemented and communicated by senior management to staff. Written procedures support the policies where appropriate.

b. *Quarterly reporting*

Comprehensive quarterly reporting is designed to monitor key risks and their controls. Decisions to rectify problems are made at regular meetings of the Corporate Leadership Board and Cabinet if appropriate.

c. *Business Continuity*

The business continuity process is essentially risk management applied to the whole organisation and its ability to continue with its service provision in the event of a catastrophic event. The council has therefore developed a complimentary policy to the Risk Management Policy on Business Continuity to address this important aspect of risk management and is attached as **Appendix C** to this Policy.

d. *Anti-Fraud and Corruption*

The council has an anti-fraud and corruption strategy, which directs the council towards ensuring a professional and ethical approach to combating fraud. As part of the council's anti-fraud and corruption framework, the council also has an anti-money laundering policy, which directs the council towards ensuring a professional approach to combating money laundering.

e. *Whistleblowing*

Cheshire East Council is committed to the highest possible standards of openness, probity and accountability. Employees, Members, contractors, suppliers to or consultants with, the authority are often the first to realise that something wrong may be happening within. The Whistleblowing Policy is



intended to help those who have concerns over any potential wrong-doing within the council.

f. *Audit, Inspectorate and Accreditation reports.*

The Council makes reference to and acts upon the results of the work of the internal and external auditors and on information and recommendations received from other council feedback mechanisms, including inspectorates, professional bodies and accreditation bodies.

5.0 Risk Appetite and Capacity

5.1 Understanding and setting a clear risk appetite level is essential to achieving an effective risk management framework and should be done before managers consider how to treat risks. Establishing and articulating the risk appetite level helps to ensure that consideration in the way management, Cabinet and Council respond to risk is consistent and that there is a shared vision for managing risk. There are risks for which the Council is custodian on behalf of the public and the environment, where risk appetite may be very low, and there may be risks with choices about investment in projects, research and delivery roles, where risk taking may be encouraged.

5.2 Cheshire East Council recognises that in pursuit of its objectives and outcomes it may choose to accept an increased degree of risk. The council will establish and articulate risk appetite for the differing areas of its business. Where the council chooses to accept an increased level of risk it will do so, subject always to ensuring that the potential benefits and threats are fully understood before developments are authorised, that it has sufficient risk capacity and that sensible measures to mitigate risk are established.

5.3 The Council's risk capacity is determined through understanding the following areas:-

- Reputation – can the council withstand pressures as they arise as a result of the activity
- Financial – is there sufficient financial contingency for the activity
- Political – what political tolerance is there for any adverse risk events materialising
- Infrastructure – is there sufficient infrastructure to manage risk
- People – is there sufficient trained and skilled individuals
- Knowledge - is sufficient knowledge available to the council

6.0 Risk Tolerance and Thresholds

6.1 Tolerance levels will be established for organisational activities at different levels across the Council and a risk contingency will be determined and defined for different business areas. Access to contingency has to be approved by the budget holder or the Chief Operating Officer. Where analysis indicates that the returns or outcomes will deviate by more than acceptable limits these will have to be referred as soon as the deviation is forecast. This includes forecasts that may enhance objectives as well as those that may erode objectives.

7.0 Roles and Responsibilities

7.1 Responsibility for risk management should run throughout the authority. Clear identification of roles and responsibilities ensure the successful adoption of risk management and demonstrate that it is embedded in the culture of the organisation. The council's reporting lines framework is shown on the diagram below:



7.2 Everyone has a role to play in the risk management process.

- ~ Council - Agree the remit of and appointments to the Audit and Governance Committee, receives reports and assurance on risk management activity and management of corporate and significant risks.
- ~ Cabinet - Approve funding for risk management, approve the risk management policy, act as the risk champions driving risk from the top down, ensure that risks are fully considered when making decisions, and regularly review the most serious risks threatening the corporate plan and outcomes.
- ~ Audit and Governance Committee - Provide independent assurance to Council on the effectiveness of the risk management framework and associated control environment, and independent scrutiny of the council's financial performance. Hold Members and officers to account to consider mitigating action for risks and how appropriate / effective it is. Receive regular reports on the management of the top council risks. Consider and endorse the risk management policy for approval by Cabinet.
- ~ Corporate Leadership Board - Responsible for identifying new corporate risks, understanding and promoting the risk management process and benefits, oversee the implementation of the risk management policy and agree any inputs and resources required supporting the work corporately. Manage strategic and cross-cutting risks. Report to elected members on the management of risks. Monitor and consider the mitigating actions for significant new and emerging corporate and operational risks as escalated and reported by the Corporate Risk Management Group.
- ~ Corporate Risk Management Group - Provide guidance on the current maturity of the council's risk management practices, make recommendations for improvement, assist in embedding risk management throughout the council, develop appropriate techniques, recommend the adoption of tools, and provide trend analysis on the council's risk exposure where possible. ensure a risk register is compiled and maintained for each major activity; escalate risks as required by this policy,

7.3 A more detailed summary of the roles and responsibilities of groups and individuals in relation to risk management is given in **Appendix A**.

8.0 Reporting

8.1 The following describes the reports that will be produced and their frequency:

- Corporate risk reports will be submitted to Cabinet and the Corporate Leadership Board on a quarterly basis.
- Monthly highlight reports (identifying key risks and risk management actions) will be prepared for each programme and project.
- Individual risk assessment sections will be prepared on decision reports to Cabinet prior to each decision.
- Commissioning areas will submit monthly key performance indicator reports which include key risk indicators (early warning indicators) which will be incorporated into the performance management framework.
- Two interim risk management update reports will be provided to Audit and Governance Committee during the year.
- An annual risk management report will be prepared to be included as part of the Council's annual review of governance and reported to Council via Audit and Governance Committee's Annual Report.

9.0 Quality Assurance and Document History

9.1 This Policy will be subject to document control, version control, be updated at least annually, and be revised to reflect changes in legislation, risk management best practice and significant changes in corporate governance. The contents of the risk management policy comply with Enterprise Risk Management (ERM) and requirements of ISO 31000 see **Appendix D**.

9.2

Version	Date	Approved by	Minute Ref
V1	17 May 2011 7 June 2011 30 June 2011 5 Sept 2011	Corporate Risk Management Group Corporate Management Team Audit & Governance Committee Cabinet	minute para 39.2 minute Item 5 minute para 10 minute 53
V2	11 May 2012 12 June 2012 28 June 2012 20 Aug 2012	Corporate Risk Management Group Corporate Management Team Audit & Governance Committee Cabinet	minute para 7.1 minute item minute para 60 (2) minute 49
V3	23 May 2013 4 June 2013 27 June 2013 22 July 2013	Corporate Risk Management Group Corporate Management Team Audit & Governance Committee Cabinet	minute para 65.1 minute item minute para 8 minute 41
V4	6 June 2014 4 June 2014 26 June 2014 22 July 2014	Corporate Risk Management Group Corporate Leadership Board Audit & Governance Committee Cabinet	

Risk Management Policy - Appendix A**Cheshire East Council Risk Management Roles and Responsibilities**

Individual or Group	Summary of Role & Responsibilities
Council	Monitors, receives reports and assurance on risk management activity and management of corporate and significant risks. Approves public statements on internal control and provides assurance on risk management to the public.
Cabinet	Oversees the effective management of risk throughout the council, ensuring officers develop and implement an all encompassing approach to risk management. Approves risk appetite / tolerance levels on behalf of Council. Approves the risk management and business continuity policies. Responsible for identifying new corporate risks. Monitor the content of the key corporate and significant risk registers and comment on mitigation as appropriate. Ensure that risks are fully considered when making decisions.
Audit and Governance Committee	Provide independent assurance on the effectiveness of the risk management framework and associated control environment, and independent scrutiny of the council's financial performance. Hold Members and officers to account to consider mitigating action for risks and how appropriate / effective it is. Receive regular reports on the management of the top council risks. Consider and endorse the risk management policy for approval by Cabinet.
Scrutiny Committee	Reviews the portfolios, Cabinet and organisational performance as a whole. Ensure that officers and Members discharge their responsibilities effectively and efficiently including the identification and management of risks.
Portfolio Holder - Lead	Take a strategic lead for risk management in the council, from a Member's perspective, promoting and supporting the development and implementation of the risk management policy and ensuring that Members take risk management into account when making decisions.
Corporate Leadership Board (CLB)	Responsible for identifying new corporate risks. Gain an understanding and promote the risk management process and benefits, oversee the implementation of the risk management policy and agree any inputs and resources required supporting the work corporately. Manage strategic and cross-cutting risks. Report to elected members on the management of risks. Monitor and consider the mitigating actions for significant new and emerging corporate and operational risks as escalated and reported by the Corporate Risk Management Group.
Strategic Commissioning Leadership Team and Chief Operating Officer Leadership Team	Ensure that risks are managed effectively in each commissioning business area in accordance with the risk management policy and procedure. Nominate and support a risk management representative to represent the Leadership Teams on the CRMG and identify risk commissioning business area leads. Identify, analyse and prioritise risks as part of the business planning process. Determine risk management action plans and delegate responsibility and control. Act as filter groups, identify and approve the top council risks, escalating emerging risks where these could have a significant and strategic impact. Consider risk as regular agenda items at Leadership Team

Individual or Group	Summary of Role & Responsibilities
	meetings reviewing the risk registers and monitoring progress.
Corporate Risk Management Group (CRMG)	Assist the Council with the management of risks to achieving its strategic priorities and service delivery by reviewing all matters concerning the development, maintenance and implementation of the council's risk management framework, including monitoring and reporting arrangements. Identify and communicate risk management issues to Corporate Leadership Board (CLB), Strategic Commissioning Leadership Team, Chief Operating Officer Leadership Team and commissioning areas.
Internal Audit	Challenge and test the risk management process, including the identification and evaluation of risk and provide independent assurance to officers and Members on the effectiveness of the risk management framework and internal controls. The audit coverage is driven by a deep understanding of the risks, challenges and opportunities facing the Council. Some of the risks are unique to individual services; others will be common to all services and other Authorities, giving opportunities for benchmarking. The programme of work is planned annually but constantly reviewed to ensure it remains up to date and appropriate and encompasses a wide range of financial and non-financial risks. The audits are creative, thoughtful and useful pieces of work. They provide robust assurance and offer pragmatic ideas for development.
External Audit	External audit provides feedback to the Audit and Governance Committee on the operation of the internal financial controls reviewed as part of the annual audit.
Section 151 Officer	Ensure that the risk management processes are considered as specified in the Finance Procedure Rules.
Performance and Risk Team	The business planning and performance management process is used to set objectives, agree action plans, and allocate resources. Progress and performance towards meeting business plan objectives is monitored regularly, including the control and operational actions to mitigate risk. Receive all the approved top risks from local registers, senior management meetings and governance committees. Act as filters to eliminate duplicates and help with consistency. Collates and coordinates a comprehensive report for presentation to CRMG. Reports back to local level, Leadership Teams, CLB, Cabinet, Council, Audit & Governance Committee, Scrutiny Committee and Corporate Governance Group. Facilitate regular meetings of Risk Commissioning Business Area Leads. Share good practice and provide professional support, guidance and training across the council on risk management. Maintain the council's corporate and significant risk registers and the risk management system.
Heads of Service and Managers	The business planning and budgeting process is used to set objectives, agree action plans, and allocate resources. Identify, analyse and prioritise risks as part of the business planning process. Progress and performance towards meeting business plan objectives is monitored regularly. Ensure that risk is managed effectively in their service area in accordance with the risk management policy and procedure. Produce, test and maintain Service Continuity Plans. Promote risk management and establish training requirements within service areas. Manage significant risks on a daily basis and report on mitigation.
Risk –Commissioning Area	Support the Commissioning Area Teams in maintaining local risk

Individual or Group	Summary of Role & Responsibilities
Leads	registers. Remind risk owners when risk update reports are required. Provide details of the top risks to the Performance and Risk Team. Liaise with Leadership Teams risk representatives to ensure operational and strategic risks are properly managed. Coordinate with the Performance and Risk Team and other Risk Commissioning Area Leads to ensure that risks affecting all services are managed cohesively. Align risk registers with relevant partners.
Programme and Project Managers	Ensure that we are capable of delivering major and complex programmes and projects across many of our commissioning areas and are key to achieving the council's objectives. Identify, analyse and prioritise project risks as part of the project management process. Ensure that project risks are managed effectively, throughout the life of the project, in accordance with the risk management policy and procedure. Report on mitigation and effectiveness and escalate project risks that could impact on the achievement of other commissioning business unit objectives and corporate objectives.
Other specialist risk support services: <ul style="list-style-type: none"> • Insurance • Health & Safety • Climate Change • Legal • Emergency Planning • Human Resources • Environmental • Communications & Media Relations 	Advise Corporate Leadership Board and Strategic Commissioning and Chief Operating Officer Leadership Teams on policies, procedures and implications of strategic and operational risk decisions. Ensure that risk management is embedded into commissioning business planning, operational and performance processes; this includes business continuity and emergency planning. Seek to develop a shared and consistent corporate approach to risk management so that the council can demonstrate a clear systematic assessment and control of risk. Protect and manage risks to employees and public, Council reputation and financial values. Provide support in the coordination and implementation of the testing of business continuity plans. Liaise with the Cheshire Local Resilience Forum, to ensure that the Council is aware of and fully incorporated into the regional emergency and continuity planning processes. Lead in the promotion of business continuity planning to local businesses and voluntary organisations
Officers	Manage risk effectively in their roles, liaising with other managers to assess areas of risk and identify new or changing risks.
Partnerships (including Alternative Service Delivery Vehicles ASDV)	Ensure there are adequate arrangements on risk management in relation to partnerships including ASDV. The Council needs to meet two key responsibilities for each partnership:- <ul style="list-style-type: none"> • provide assurance that the risks associated with working in partnership have been identified and prioritised and are being appropriately managed • ensure that partners have effective risk management procedures in place Consideration will need to be given to matters such as:- <ul style="list-style-type: none"> ~ Reporting on shared key risks to management ~ Defining arrangements for joint risk registers or escalating risks from the partnership risk register to the Council's risk register ~ Facilitating prioritisation of action plans

Risk Management Policy - Appendix B**Cheshire East Council Risk Improvement Plan - Outline****1.0 Introduction**

1.2 This risk improvement plan details the main focus of work for the Corporate Risk Management Group. The plan will develop over the course of the year and in order to reflect priorities.

2.0 Risk Maturity

2.1 Cabinet agreed that the Council should strive to consistently reach the level of maturity of risk managed, as a minimum standard. At present, the level of risk maturity for Cheshire East is judged to be between risk aware and risk defined over the previous year the Council has moved further towards risk defined which gives a good foundation to further embed risk management and improve the quality of risk identification.

Risk Naive	Risk Aware	Risk Defined	Risk Managed	Risk Enabled
No formal approach or processes developed for risk management, avoidance and lack of engagement.	Scattered silo based approach to risk management using standalone processes, reactive approach.	Risk appetite defined. Strategy and policies in place and communicated. Some understanding and application but passive acceptance and compliance with reliance on risk registers.	Enterprise approach to risk management developed and communicated, risk embedded in key processes. Active engagement and risk based decision making.	Risk management and internal controls fully embedded into the operations. Regular review and improvement of risk processes, fully committed to risk management and confident risk taking.

3.0 Review Focus

3.1 The groups that have been identified for the first improvement initiative are the Commissioning Managers and the Programme and Project Managers. The rationale being that these groups have the greatest ability to integrate risk management into commissioning plans and project and programme activities. Risk management has been mandated by Cabinet in the past but, without an understanding of how and where it should be applied, such initiatives are reduced to just aspirations or one off exercises rather than being integrated as clear systematic effective working practices.

3.2 These groups have the ability to be very influential within the council.

4.0 Existing behaviours

4.1 Although risk management is integrated into plan templates and project processes, risks are not always updated, escalated and reported on a regular basis unless they become an issue. As a result risk management can be perceived as a discretionary 'bolt on' or one off exercise rather than a key discipline.

4.2 Whilst risk appetite may be understood by individual Commissioning Managers and Programme and Project Managers it is not properly articulated or communicated so that response to risk is consistent and that there is a shared vision for managing risk.

4.3 Presently risks are not systematically costed and risk indicators (early warning indicators) are not regularly monitored or reported on.

5.0 Target behaviour

- 5.1 The aim is for risk management activities to be integrated into day to day activities, but particularly within Commissioning Leadership Team meetings and within key activities of programmes and projects with the aim of achieving greater certainty in all of these activities in achieving their objectives.
- 5.2 The following mechanisms are to be used to change behaviour:-
- Individual risk strategies will be prepared for commissioning areas and for major programmes and projects – including escalation and reporting processes
 - Service commissioning plans will have risk registers in place which will be quality assured by the Performance and Risk Team
 - Advice, guidance, suitable information and training on risk management is available to employees and Members through the Performance and Risk Team
 - Risk Management will be a regular agenda item on Leadership Team meetings (at least monthly) and top risks will be escalated through the Corporate Risk Management Group
 - Risk indicators will be included as part of the performance management framework
 - Feasibility studies and options appraisals are to include risk assessments
 - Budgets and schedules are to be subject to risk assessments to determine confidence levels in programme and project objectives.
 - The expected value calculation is to be used to provide an assessment of the combined net effect of the risks and opportunities. This is calculated by multiplying the average of the impact by the probability.

6.0 Measurement

- 6.1 Measurement will be undertaken by various assurance processes (i.e. performance and risk team, internal audits, external audits, performance management framework, annual governance statement) to understand where and how risk management has been applied and how effective it has been.
- 6.2 Evidence will have to be produced to illustrate how risk management has been applied.

7.0 Target date

- 7.1 This change of behaviour is to be accomplished within two years. A programme is to be prepared with the Corporate Risk Management Group with key delivery milestones made explicit.



Risk Management Policy - Appendix C**CHESHIRE EAST COUNCIL - BUSINESS CONTINUITY STRATEGY****1.0 Purpose**

1.1 The purpose of this strategy is to clearly outline the Council's commitment to business continuity planning and its links to risk management. In addition it defines and clarifies roles and responsibilities.

2.0 Background and Requirements

2.1 The Civil Contingencies Act (2004) (CCA) provides the framework for Civil Protection in the UK, and places a number of duties on Local Authorities regarding preparation for and response to emergencies. Cheshire East Borough Council, as a Category 1 (front-line responder) is required to develop and maintain business continuity plans, so that key functions can continue to be delivered in an emergency. This also involves consideration of the resilience of those organisations on whom the Council relies to maintain key services, including any third parties who provide services on its behalf.

2.2 As well as implementing Business Continuity Plans, the CCA also requires Local Authorities to promote and provide general business continuity management advice to commercial and voluntary organisations in the area. This duty aims to enable local businesses to better maintain critical elements of their service and recover more quickly should an incident arise, therefore lessening the economic and social impact on the local community.

2.3 Business continuity management (BCM) is a planned process aimed at managing the many and varied operational risks inherent in the day-day activities involved in delivering services, and, therefore, it is an essential element of risk management, helping to create a resilient organisation and one which is able to provide continuous service delivery and effective use of resources. Effective risk management can reduce the likelihood of an incident occurring, whilst business continuity planning can reduce the impact if it does occur. As well as increased resilience, there are many benefits to having to having a structured and consistent BCM process in place:

- Credibility – protecting and enhancing the reputation of Cheshire East Borough Council.
- Supporting corporate governance and the requirement to produce an Annual Governance Statement
- Reduced costs – protecting assets, working more efficiently, reducing recovery cost, assurance of third party providers of services (who may be required to demonstrate effective resilience as part of any tender for business), lower insurance premiums, where the Council can demonstrate proactive management of continuity risks.

3.0 Objective of the Strategy

3.1 The objective of this strategy is to set out the requirement for Cheshire East Council to take steps to ensure that, in the event of a service interruption, essential services will be maintained and normal services restored as soon as possible. To ensure that this happens, the Council and its service providers must have in place robust business continuity and service recovery plans that are regularly reviewed and tested. In addition, the Council will promote and provide business continuity advice to local businesses and voluntary organisations, in order to ensure, in conjunction with the Joint Cheshire Emergency Planning Service, that the Cheshire East region is well prepared for any unforeseen events.

4.0 Implementation and Responsibilities

- 4.1 Business continuity requires senior management commitment and support, and dedicated resource allocated within the Authority to ensure that plans are developed, maintained, reviewed, and, most importantly, tested, so that they are fit for purpose. It also needs to be built into project and change management processes to ensure the implications of any projects and changes are fully considered prior to implementation and that resilience is built into project deliverables.
- 4.2 Business continuity is an essential element of risk management, and as such is managed as part of the Cheshire East Risk Management Policy; responsibility for its delivery will be incorporated into the roles outlined in the Risk Management Policy.

5.0 Developing Plans

- 5.1 **Understanding the operation** – Business impact analyses (BIA) need to take place to identify and agree critical processes or services and the potential damage or loss that may be caused to the Council and the community as a result of a disruption. A BIA must consider the minimum level of staffing, skills and resources required to enable essential services to continue operating at a minimum acceptable level. Following this, risk assessments must be undertaken to identify internal and external threats to the Council, the likelihood of these occurring, and therefore the potential impact.
- 5.2 **Strategies** – strategies must be developed to offset the identified risks, e.g. eliminate single points of failure, implement better controls, etc.
- 5.3 **Developing and implementing plans** – these must be documented and available for use within any type of emergency incident. They must also include ‘stand-by’ arrangements, including accommodation and specialist equipment, as well as information technology systems and telecommunications. They need to tie in with plans already in place, such as the Cheshire East Council Major Emergency Plan and the Emergency Rest Centre Plan.
- 5.4 **Building and embedding a BCM culture** – there is a need to have an effective education and awareness programme in place to ensure that all staff are fully aware of the impact of an unforeseen event, and their roles and responsibilities in a recovery situation.
- 5.5 **Exercising, maintenance and audit** – there must be a regular testing programme in place within Commissioning Business Units, to ensure that the critical components of the plans are exercised.

6.0 Review

- 6.1 This strategy will be reviewed on an annual basis alongside the review of the risk management policy.

Risk Management Policy - Appendix D**Cheshire East Council Risk Management Policy Requirements****1.0 Best Practice**

1.1 Cheshire East Council is committed to using national and best practice guidelines to identify further opportunities for improvement in its approach to risk management. The Association of Insurance and Risk Managers (AIRMIC), The Public Risk Management Association (Alarm) and The Institute of Risk Management (IRM) provide a guide to a structured approach to Enterprise Risk Management (ERM) that is compatible with both the Committee of Sponsoring Organisations of the Treadway Commission (COSO) and the requirements of International Organisation for Standardisation (ISO) standard 31000 which was published in 2009 as an internationally agreed standard for the implementation of risk management principles.

1.2 The table below demonstrates a positive direction of travel in ensuring that the Council's risk management policy content compares favourably to best practice as follows:-

Best Practice Guide Risk Management Policy Content	Included in Cheshire East Council Risk Management Policy Content?
Risk Management and internal control objectives (governance)	Yes – Section 3.0
Statement of the attitude of the organisation to risk (risk strategy)	Yes – Section 1.0
Description of the risk aware culture or control environment	Yes – Section 4.0 and Appendix B
Level and nature of risk that is acceptable (risk appetite)	Yes – Sections 5.0 and 6.0
Risk management organisation and arrangements (risk architecture)	Yes – Section 3.3 and 7.0
Details of procedures for risk recognition and ranking (risk assessment)	Yes – section 3.3 and detailed in separate risk management process guide
List of documentation for analysing and reporting risk (risk protocols)	No – not included in policy but documents are on Centranet site
Risk mitigation requirements and control mechanisms (risk response)	Yes - section 3.3 and separate risk management process guide
Allocation of risk management roles and responsibilities	Yes – Section 7.0 and Appendix A
Risk management training topics and priorities	Yes – Appendix B to be further developed
Criteria for monitoring and benchmarking of risks	Yes – Sections 3.4, 8.0 and Appendix B
Allocation of appropriate resources to risk management	Yes – Section 1.0
Risk activities and risk priorities for the coming year	Yes – Appendix B

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