

Cabinet Agenda

Date: Tuesday, 1st December, 2020

Time: 1.00 pm

Venue: Virtual Meeting

For anybody wishing to view the meeting please click on the link below:

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

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

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

1. Apologies for Absence

2. 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 - Virtual Meetings

In accordance with paragraph 3.33 of the Cabinet Procedure Rules, 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 Cabinet. Individual members of the public may speak for up to two minutes. The Chairman or person presiding will have discretion to vary this

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requirement where he/she considers it appropriate.

Members of the public wishing to ask a question or make a statement 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.

4. **Questions to Cabinet Members - Virtual Meetings**

A period of 20 minutes is allocated for questions to be put to Cabinet Members by members of the Council. A maximum period of two minutes will be allowed for each member wishing to ask a question. The Leader will have discretion to vary this requirement where he considers it appropriate. Members wishing to ask a question at the meeting should register to do so in writing by not later than 4.00 pm on the Friday in the week preceding the meeting. Members should include the general topic their question will relate to and indicate if it relates to an item on the agenda. Questions must relate to the powers, duties or responsibilities of the Cabinet. Questions put to Cabinet Members must relate to their portfolio responsibilities.

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 5 - 12)

To approve the minutes of the meeting held on 10th November 2020.

6. **Covid-19 - Update on Response and Recovery** (Pages 13 - 48)

To consider an update report on the Council's response to the Covid-19 pandemic.

7. **Domestic Taxbase 2021/22** (Pages 49 - 56)

To consider a report which sets out the Council Tax base calculation 2021/22 for recommendation to Council.

8. **Pre-Budget Consultation 2021/22 - 2024/25** (Pages 57 - 108)

To consider a report on the pre-budget consultation.

9. **Development of a Gypsy and Traveller Transit Site** (Pages 109 - 132)

To consider a report on the provision of a gypsy and traveller transit site.

10. **Adult Social Care: Our COVID-19 Winter Plan 2020/21** (Pages 133 - 180)

To consider a report on the Council's response to the Government's publication of the policy paper entitled 'Adult social care: our COVID-19 winter plan 2020 to 2021'.

11. **Better Care Fund Section 75 Agreement** (Pages 181 - 210)

To consider a report which recommends that the Council enter into a new section 75 agreement with the local health partner.

12. **Schedule of Urgent Decisions taken on behalf of Cabinet and Council** (Pages 211 - 212)

Details of urgent decisions taken, for information.

THERE ARE NO PART 2 ITEMS

Membership: Councillors C Browne (Vice-Chairman), S Corcoran (Chairman), L Crane, K Flavell, T Fox, L Jeuda, N Mannion, J Rhodes, A Stott and M Warren

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CHESHIRE EAST COUNCIL

Minutes of a virtual meeting of the **Cabinet**
held on Tuesday, 10th November 2020

PRESENT

Councillor S Corcoran (Chairman)
Councillor C Browne (Vice-Chairman)

Councillors L Crane, K Flavell, T Fox, L Jeuda, N Mannion, J Rhodes, A Stott and M Warren

Councillors in attendance

Councillors R Bailey, M Beanland, M Benson, C Bulman, J Clowes, A Critchley, H Faddes, J P Findlow, R Fletcher, S Gardiner, L Gilbert, S Hogben, S Holland, M Houston, A Moran, J Parry, S Pochin, P Redstone, M Sewart, M Simon, L Smetham, L Wardlaw and J Wray

Officers in attendance

Lorraine O'Donnell, Chief Executive
Frank Jordan, Executive Director Place
Mark Palethorpe, Executive Director People
Jane Burns, Executive Director Corporate Services
Alex Thompson, Director of Finance and Customer Services
David Brown, Director of Governance and Compliance
Brian Reed, Head of Democratic Services and Governance
Paul Mountford, Executive Democratic Services Officer

The Chairman announced that today was 'Councils Can Day': an annual campaign organised by the Local Government Association to showcase the good work of councillors. He encouraged all councillors to highlight the good work they were doing.

The Chairman welcomed David Brown, Director of Governance and Compliance and Monitoring Officer, to his first Cabinet meeting. Mr Brown introduced himself.

46 DECLARATIONS OF INTEREST

There were no declarations of interest.

47 PUBLIC SPEAKING TIME/OPEN SESSION - VIRTUAL MEETINGS

Sue Helliwell referred to the Covid infection rate in Alsager and asked if the Council was working with neighbouring authorities in Staffordshire. She also referred to the numbers of infections in schools in Alsager where pupils travelled from North Staffordshire or Crewe. The Portfolio Holder for Public Health and Corporate Services responded that the Council worked

closely with schools to support their response to Covid-19 and also worked collaboratively with Stoke City Council and Staffordshire County Council.

Robert Douglas referred to the Council's plastic recycling tonnages which he said had dropped substantially. He also asked when all plastics that were placed in domestic recycling bins could also be recycled at recycling centres. The Portfolio Holder for Highways and Waste responded that due to manufacturers reducing the use of plastics, to legislation, and to the public responding by reducing plastic usage, it was unlikely that the tonnage of plastics would return to previous levels. While the Council had some recycle banks for plastics at its household waste centres, it encouraged people where possible to recycle using the silver bin.

48 QUESTIONS TO CABINET MEMBERS - VIRTUAL MEETINGS

Councillor M Beanland referred to town and parish council income loss and asked if the Council could provide financial support. The Portfolio Holder for Finance, IT and Communication responded that the Council was not receiving sufficient funding to cover its own costs and was unable to claim funding from central government on behalf of town and parish councils. Such councils were able to draw on their reserves and set precepts to recover lost income and support local services. It was suggested that they seek advice from ChALC and consider lobbying for direct support.

Councillor J Clowes asked about the funding for school meals vouchers during the school half term. The Portfolio Holder for Finance, IT and Communication responded that the vouchers were not funded from previous funding from central government but from the Council's own resources. She could provide a written answer if further information was needed. The Portfolio Holder for Environment and Regeneration reported that the Council had now received guidance on the business support grants available during the second lockdown. Further details, including how to apply for grants, would be published on the Council's website.

Councillor A Critchley asked what plans were in place to tackle fly tipping in Crewe. The Portfolio Holder for Highways and Waste referred to a new waste management and fly tipping policy which would enable the Council to deal with fly tipping more effectively.

Councillor H Faddes asked if the Council would be seeking funding to help rough sleepers over the winter months, particularly in view of the health risk from Covid. The Portfolio Holder for Environment and Regeneration responded that the Government had not as yet instigated the same arrangements as were in place during the previous lockdown. The Government had made available a Cold Weather Fund to assist homelessness but the Council had already committed resources well in excess of the amount provided to it under this scheme. The Council continued to work with its partners and the private and voluntary sectors to assist rough sleepers.

Councillor R Fletcher asked about the criteria used to determine the location of temporary speed restrictions in Cheshire East. The Portfolio Holder for Highways and Waste explained the basis for the decisions made to date and hoped that more funding would become available to enable temporary speed restrictions to be introduced in more locations around the Borough.

Councillor S Gardiner referred to an increase in the level of missed bin collections in the last civic year. The Portfolio Holder for Highways and Waste responded that there had been a significant change of routes at the end of last year which may have had an impact on the level of missed bin collections in the short term.

Councillor L Gilbert referred to problems experienced by town and parish councils in obtaining responses from the Council's Highways Service. The Portfolio Holder for Highways and Waste responded that the Highways Service dealt with a high volume of enquiries compared with other departments of the Council. She invited Councillor Gilbert to provide specific details so that the matter could be investigated further. She also encouraged Borough Councillors to make use of the Member Enquiries Service.

Councillor J Parry sought an assurance that, given the current focus on the Covid-19 pandemic, climate change had not been forgotten. The Leader responded that he was passionate about tackling climate change and wanted a green thread to run through all of the Council's actions. He outlined some of the initiatives the Council was pursuing. The Portfolio Holder for Environment and Regeneration added that a progress report on the Carbon Action Plan would be submitted to Cabinet and the relevant scrutiny committee in the new year.

Councillor P Redstone thanked the Council for its support of Disability History Month this year but he was still waiting to hear about what the Council was doing to promote disabled people's rights and their struggle for equality, having raised the matter at the October Council meeting. The Portfolio Holder for Public Health and Corporate Services apologised that Councillor Redstone did not appear to have received a written reply to his previous question and she undertook to ensure that a written reply would be provided.

Councillor L Smetham referred to bus service provision, particularly in rural areas, and asked if further Active Travel funding had been received. The Deputy Leader outlined the funding arrangements that were in place to support local bus services during the pandemic, including the Covid bus service support grant, funding for bus services on key routes for students, and the Flexilink service. The Portfolio Holder for Highways and Waste added that the Council had applied for a second tranche of funding for the Active Travel scheme.

Councillor L Wardlaw referred to the numbers of senior officers leaving the Council and asked what the impact would be on service delivery and the morale of staff, and what was being done to retain the talents of senior officers. The Leader responded that the Council now had a permanent Chief Executive and a permanent Deputy Chief Executive. Whilst he was pleased for those senior officers who were leaving in order to further their careers elsewhere, he agreed that staff morale was important and that the Council's staff should be valued.

49 MINUTES OF PREVIOUS MEETING

That subject to the following amendment, the minutes of the meeting held on 6th October 2020 be approved as a correct record:

Minute 38 – Mid-Year Review (Finance) 2020/21

The sentence:

“Councillor J Clowes, as Chairman of the Corporate Overview and Scrutiny Committee, reported the Committee's comments on the report and referred to a number of matters on which the Committee had sought further clarification.”

is amended to:

“Councillor J Clowes, as Chairman of the Corporate Overview and Scrutiny Committee, reported the Committee's comments on the report.”

50 COVID-19 - UPDATE ON RESPONSE AND RECOVERY

Cabinet considered a further update report on the Council's response to the Covid-19 pandemic.

The Portfolio Holder for Environment and Regeneration commented that the Council had been successful in its application for funding under the Government's Next Steps programme. He also clarified that the funding under the Discretionary Business Grant scheme had come from central government.

In response to a question from Councillor R Fletcher, the Leader clarified that the areas used to report infections were not ward boundaries but middle super output areas. He undertook to provide Councillor Fletcher with a link to a map of the areas.

In response to a question from Councillor S Gardiner, the Portfolio Holder for Finance, IT and Communication provided a breakdown of the estimated potential gross financial pressure of £70m referred to in paragraph 7.2.4 of the report. She could provide further details in writing if needed.

RESOLVED

That Cabinet notes the issues outlined in the report.

51 MEDIUM TERM FINANCIAL STRATEGY 2021/22 - 2024/25

Cabinet considered a report on the arrangements and timescale for consultation on the 2021/22 to 2024/25 Medium Term Financial Strategy.

It was noted that the date of the Cabinet meeting referred to in the Appendix should be 1st December.

RESOLVED

That Cabinet

1. notes the Pre-COVID financial assumptions, contained within the financial implications of the report, that were originally included as part of the Medium Term Financial Strategy (Council - February 2020) and identified potential financial deficits beyond 2020/21;
2. notes the approach to consultation; and
3. approves the timescales for consultation on the 2021/22 to 2024/25 Medium Term Financial Strategy as identified in Appendix 1 to the report.

52 CHESHIRE EAST COUNCIL CORPORATE PLAN CONSULTATION

Cabinet considered a report on the arrangements for public consultation on the Council's draft Corporate Plan 2020-2024.

In response to a question from Councillor S Gardiner, the Portfolio Holder for Public Health and Corporate Services undertook to discuss with officers a possible extension to the consultation period.

RESOLVED

That Cabinet

1. notes the content of the report, including the timeline and activities to be undertaken as part of a public consultation on the Council's draft Corporate Plan 2020-2024; and
2. notes the content of Appendix 1.

53 CREWE REGENERATION AND INVESTMENT PROGRAMME

Cabinet considered a report setting out a programme of interventions to support the regeneration of Crewe.

Councillor S Gardiner asked whether a supplementary planning document should be drawn up to revitalise Crewe, based on more residential and less commercial development, which in turn would require less green field release at the next stage of the Local Plan. The Portfolio Holder for Planning undertook to provide a written response.

RESOLVED

That Cabinet

1. notes that the Council is the Accountable Body for the Crewe Town Board with the Portfolio Holder for Environment and Regeneration being the Council's representative on it;
2. delegates authority to the Portfolio Holder for Environment and Regeneration, in consultation with the Executive Director Place and with the approval of the Crewe Town Board, to:
 - (a) submit a Town Investment Plan to Government; and
 - (b) submit a bid for the Towns Fund to Government;
3. delegates authority to the Executive Director Place, in consultation with the Director of Governance and Compliance, the Director of Finance and Customer Service, the Portfolio Holder for Environment and Regeneration and the Portfolio Holder for Finance, IT and Communication to:
 - (a) accept a government grant (Towns Fund – Accelerated project funding) and the associated conditions, to support the proposed Ly² project;
 - (b) accept a government grant (Future High Streets Fund), and the associated conditions, to support a range of measures to support the regeneration of Crewe town centre;
 - (c) approve Supplementary Capital Estimates up to the value of the grants accepted under (a) and (b) above, to facilitate expenditure within the associated conditions;
 - (d) approve capital and revenue budgets associated with co-funding delivery of the measures proposed; and
 - (e) take all necessary actions to implement the proposals;
4. notes that the review has been undertaken for the Crewe hub station scheme taking account of the impact of Covid-19;
5. approves the proposed revisions to the Crewe hub station scheme;

6. authorises the Executive Director Place to:
 - (a) commission the detailed design for Crewe Hub Station;
 - (b) agree terms with Network Rail and Avanti West Coast for the release of land necessary to deliver the scheme; and
 - (c) negotiate and agree a funding deal with Government and Avanti West Coast to secure the necessary funding to deliver the Revised Initial Scheme; and
7. notes that further approvals will be sought from Cabinet to approve a preferred Crewe Hub Station scheme and seek any powers of compulsory purchase required to deliver the preferred scheme.

54 HOUSEHOLD WASTE RECYCLING CENTRE NEW CONTRACT SERVICE PROVISION

Cabinet considered a report on proposed consultation to inform the future provision of Household Waste Recycling Centres.

A briefing for all members had been held on the morning of the Cabinet meeting.

RESOLVED

That Cabinet

1. notes the contents of the report and authorises the Executive Director Place, in consultation with the Portfolio Holder for Highways and Waste, to take all necessary actions to consult on the future service provision of household waste recycling centres, including the four options outlined in the appended report; and
2. notes that a further report will be presented to Cabinet to outline the results of the consultation and to seek approval for the preferred model, and also to seek approval to commence procurement for a new contract.

55 CHESHIRE EAST SOCIAL VALUE POLICY

Cabinet considered a draft Social Value policy.

Councillor L Wardlaw, as Chairman of the Health and Adult Social Care Overview and Scrutiny Committee, reported the Committee's comments on the report.

RESOLVED

That Cabinet

1. adopts the draft Social Value Policy as outlined at Appendix 1 to the report; and
2. agrees that all future executive decisions relating to the commissioning and procurement of goods and services should outline the contribution they will make to the delivery of social value.

56 CROWD FUNDING

Cabinet considered a draft policy on Crowd Funding.

Councillor J Clowes, as Chairman of the Corporate Overview and Scrutiny Committee, spoke in relation to the Committee's comments as set out in the report.

RESOLVED

That Cabinet

1. approves the draft Crowd Funding Policy as a sub-policy document to the Grant Policy as set out in appendix A to the report; and
2. delegates authority to the Executive Director People to procure a platform provider to enable the authority to implement a crowd funding solution.

The meeting commenced at 1.00 pm and concluded at 3.27 pm

Councillor S Corcoran (Chairman)



Working for a brighter future together

Key Decision: Y
Date First Published: 31/7/20

Cabinet

Date of Meeting: 1st December 2020

Report Title: Covid-19 – Update on Response and Recovery

Portfolio Holder: Cllr Sam Corcoran - Leader of the Council

Cllr Craig Browne - Deputy Leader of the Council

Senior Officer: Lorraine O'Donnell - Chief Executive

1. Report Summary

- 1.1. Cabinet have received reports in June, July, September, October and November on how the Council, working with its partners, continues to respond to the COVID-19 pandemic and plan for the recovery from it.
- 1.2. This report provides a further update of the work undertaken in response to this national and international public health emergency since the November report.
- 1.3. The report also summarises the latest information on infection rates, the local measures instigated as a result and the second national lockdown.
- 1.4. The financial impact of the pandemic on the council continues to be significant. The report provides a further update, which will also be of interest to the Corporate Overview and Scrutiny and the Audit and Governance Committees.
- 1.5. It is important to note that there will be other new developments following the publication of this report. Verbal updates will be given at the meeting, as appropriate.

2. Recommendations

- 2.1 That Cabinet notes the issues outlined in the report.
- 2.2 That Cabinet approves a Supplementary Revenue Estimate for £880,472, fully funded from the Covid Winter Grant.
- 2.3 That Cabinet provide delegated responsibility to the Executive Director of People to distribute the Covid Winter Grant, to provide assistance to vulnerable households over the winter period, in line with the eligibility criteria outlined within this report.
- 2.4 That Cabinet approves a Supplementary Revenue Estimate for £500,000, fully funded from Covid-19 Emergency Grant, to provide an increase in the 2020/21 management fee payment to Everybody Sport and Recreation Trust to support the continuation of Leisure Services in the Borough.
- 2.5 That Cabinet note that a Supplementary Revenue Estimate was approved by the Chief Executive for the 2020/21 Financial Year, of £15,262,935, to be funded from the Local Restrictions Support Grant. The grant will support businesses affected by measures introduced in the response to Covid-19, in accordance with government guidelines, and in accordance with the Discretionary policies also approved under urgency powers.

3. Other Options Considered

- 3.1. Not applicable.

4. Background

- 4.1. At the time of writing the most recent WHO Weekly Epidemiological Update issued on 15 November showed a continued steep rise with almost 4 million new cases of Covid-19 reported in the previous week (9-15 November).
- 4.2. From 30 December 2019 through 15 November 2020, over 53.7 million COVID-19 cases and 1.3 million deaths have been reported globally. Whilst the European Region reports the highest number of new cases globally (46%), it saw a 10% fall in the previous week following strengthening of public health and social measures. The number of new deaths in Europe has increased substantially with over 29,000 deaths reported in the past week. The Region of the Americas saw a sharp upward trend with a 41% increases in new cases in the past week. The South-East Asia Region reported a decline in the number of new cases and new deaths. (Source WHO)
- 4.3. The latest international, national and local statistics are available from the following data dashboards:

- 4.4. <https://covid19.who.int/>
- 4.5. <https://coronavirus.data.gov.uk/>
- 4.6. In England, the Department of Health and Social Care report that there has been an average of 19,373 new cases over the last seven-day period (as at 17 November) with a high number of cases in Yorkshire and Humber, North East England, West Midlands and the North West.
- 4.7. To counter rising rates of infection and increasing hospital admissions, the UK Government introduced a new set of National Restrictions on 5 November to apply to the whole of England. These restricted day to day contact with others requiring individuals to stay at home, except for specific purposes, avoid mixing with others and the closure of non-essential premises. Schools, colleges and universities have stayed open. Currently, national government is signalling these measures will continue until 2 December. Details of this change are found here: <https://www.gov.uk/guidance/new-national-restrictions-from-5-november>
- 4.8. The respective administrations of Northern Ireland, Scotland and Wales have introduced measures that have been tailored to their country's circumstances.
- 4.9. In terms of the daily confirmed cases, in the last full week of data, 732 people in Cheshire East have tested positive (as at 16 November, 2020). This figure compares to the 626 people who in the last Cabinet report were recorded as testing positive. The local infection rate was recorded as 191 cases per 100,000 population. The corresponding rate for England was 241 cases per 100,000.
- 4.10. Within Cheshire East the current data suggest a decline in cases from a rate of 250 per 100,000 seen around 11 November to the current rate of 191 per 100,000. This may indicate the National Restrictions taking effect. However, we have seen well-publicised problems with data in the past few months and we need to be cautious in the interpretation of this potential down turn in cases. It is more realistic to say we have no evidence of cases increasing.
- 4.11. Over the last month case rates for all age groups have increased. This increase remains the highest for the 16-29 age group. Of note, those aged 65 plus have increased from a low of 82 in late October to 139 per 100,000. However in the last few days all groups have seen small decreases in the case rates per 100,000.
- 4.12. Covid-19 infections linked to schools have increased in both staff and pupils. At 11 November, there were 66 pupils and 34 staff with current positive tests making 47 schools with positive cases. There was a small decrease in activity following half term, but current figures show a continued rise.

- 4.13. Care homes continue to be a focus for infection prevention and control and the weekly testing of staff continues and this is helping to detect people who may not have symptoms and as a result reduces the risk of a serious outbreak. Data to 13 November showed outbreaks in 18 care homes.
- 4.14. National testing capacity has improved. This change is due to additional laboratory capacity coming on stream. Whilst access to testing is still controlled nationally our local monitoring of testing demand indicates that local residents are not experiencing the problems of accessing tests locally. A significant factor has been the deployment of a Local Testing site in Crewe that is open seven days a week from 8am-8pm. A second local testing site is under consideration for Macclesfield on the site of a former vehicle depot.
- 4.15. The Government has acknowledged that the national contact tracing system that is coordinated by Serco is not achieving the level of follow up required. Following the introduction of its new Tier system the Government has written to all Tier Two Local Authorities to advise them of the additional funding being made available to them to enhance the local Test and Trace Programme. For High Risk areas such as Cheshire East the allocation is £3 per head of population. This funding is a non-recurrent allocation.
- 4.16. Financial support for Local Authorities at Local COVID Alert Level Medium and High is to fund the following activities:
- a. Targeted testing for hard-to-reach groups out of scope of other testing programmes.
 - b. Additional contact tracing.
 - c. Enhanced communication and marketing e.g. towards hard-to-reach groups and other localised messaging.
 - d. Delivery of essentials for those in self-isolation.
 - e. Targeted interventions for specific sections of the local community and workplaces.
 - f. Harnessing capacity within local sectors (voluntary, academic, commercial).
 - g. Extension/introduction of specialist support (behavioural science, bespoke comms).
 - h. Additional resource for compliance with, and enforcement of, restrictions and guidance.

5. Update on Council Actions

5.1. Cheshire East Council continues to respond to the Coronavirus pandemic. At the same time the Council has continued to strive to

- deliver essential local services

- protect our most vulnerable people
- support our communities and local businesses.

5.2. A summary of the actions that have continued to be delivered by the Council is provided below.

5.3. *Test and Trace and Outbreak Management* – There are several developments within the Test and Trace Programme:

- As the COVID-19 infection rate has continued to rise over recent months, the need for local contact tracing has become more apparent. Subsequently, pressure has been mounting on local authorities across England to provide locally supported contact tracing that compliments, not replaces, the national Contact Tracing Advisory System. According to Public Health England, the national Contact Tracing Advisory System (CTAS) responds to approximately 70% of positive test results within Cheshire East. Around 30% of cases are classified as 'lost to follow up', which means the national system has not made contact within 24 hours. From 25 November 2020, these cases are being handed over to the local Cheshire East contact tracing team that has recently been created. It will be a phased delivery, initially switching on only postcodes of significant concern from 25th November and by early 2021 this will be a service being delivered for the whole of Cheshire East. It will be led by the Contact Centre and specialist support provided by a Public Health team.
- Cheshire East Council is taking part in a national Mass Asymptomatic Testing (MAST) pilot project. This will involve a new kind of technology that could enable us to identify and isolate more asymptomatic people might spread the virus. They are known as Lateral Flow Tests (LFTs), which use the same swab method as the usual testing method but offer a rapid turnaround time of approximately 20-30 minutes, without the need for laboratory processing. We are in the process of working with the national team to receive a starter pack of 10,000 initial test kits and will be provided with enough kits to test 10% of the Cheshire East population. This will enable local teams to direct and deliver targeted testing based on their local knowledge and need. We are working with internal teams to identify pilot projects to test out this new technology before rolling it out more widely.

5.4. *Covid-19 Mass Vaccination* – Whilst an effective vaccine has yet to be manufactured for population usage, local authorities are being asked to assist the NHS to develop their plans for conducting mass vaccination. Cheshire East Council staff are working closely with Clinical Commissioning Group and Cheshire West and Chester Council colleagues to identify possible locations for

delivering the core programme and localised programmes for those unable to attend the core centres. The Government has requested local health and social care economies to be ready to support COVID vaccination by 1 December 2020. When a vaccine is available we will support our local care homes to access the vaccine working in partnership with the NHS.

5.5. Depending on the COVID vaccinations made available, more than one dose may be necessary to provide a sufficient level of protection for the population. This requirement will place a significant pressure on the health and social care system to deliver effectively, even with the phased approach that is planned to offer protection to every member of the population. Due to demand for influenza vaccination and delays in the supply chain, this programme may overlap with the COVID vaccination programme.

5.6. *Communities* - People Helping People is a service created by Cheshire East Council which works collaboratively with new and existing Voluntary, Community, Faith and Social Enterprise (VCFSE) sector partners and local volunteers to channel community-based support to meet the needs of our residents. The service is delivered for the local community, by the local community. To date the service has provided support to over 4,000 residents with 400 active cases still receiving support. This service has been instrumental in reducing demands and work is now underway to embed this into the Communities Team recovery planning, fully utilising volunteers to support people to keep safe and well at home. As the country has entered a second national lockdown this service has been key to be able to respond at speed to the most vulnerable cohort in the community ensuring they remain safe and well in their own homes having good access to volunteers or community based activities that meet their basic physical and mental health needs. This service is quickly becoming recognised amongst all residents across the borough as a vital community service. Some key recent updates associated with this service are as follows:

- Support for the Clinically Extremely Vulnerable (CEV) was re-introduced on 5 November alongside the introduction of the four-week national lockdown. The 16,000 CEV cohort were advised by the Department of Health and Social Care to stay at home closely mirroring the advice provided around “shielding” in the spring. The Council is expected to make contact with all of the CEV people who have registered requesting support. This is anticipated to be around 10% of the cohort (1,600). Once contact is made during a welfare check, support is provided assessing both physical and mental health needs with either food provision or by linking the individual to an appropriate local community-based service. Funding has been allocated by the Ministry of Housing, Communities and

Local Government to provide this support which is being allocated to related activity.

- Leading on the Community & Vulnerable people workstream of the Test, Trace, Contain and Enable plan.
- The Cheshire East Social Action Partnership have developed 15 Volunteer Coordination Points (VCPs) which supported the response to date providing localised support, longer term plans are now under development of their continuation including sustainability as this initiative is becoming embedded into longer term practice.

5.7. The Covid-19 Community Response and Recovery Fund which was launched at the end of June 2020 has since provided funding to 69 successful applicants, totalling just over £300,000. This fund was also bolstered with an additional £246,000 of DEFRA funding to support vulnerable people around food poverty and accessing essential supplies. In consultation with the Voluntary, Community and Faith Sector the grant amounts applied for has increased from £5,000 to £20,000. This will welcome proposals that are collaborative, sustainable, and have a high impact to support vulnerable residents over the winter months. The target aims based on needs gathered from residents will focus on tackling food, fuel and digital poverty.

5.8. *Adult Social Care* - The Commissioning Team have provided significant support for the Adults Social Care Market during the Covid-19 pandemic to ensure market stability and the safe service delivery and provision of care for the residents of Cheshire East. This includes Care Homes, Care at Home (Domiciliary Care), Complex Needs, Extra Care Housing and Supported Living schemes.

5.9. Infection Prevention Control training has now been delivered to all care providers in the Borough. Infection Prevention Control webinar refresher training sessions continue to be delivered on a monthly basis to all Care Homes across the Borough.

5.10. Cheshire East received the first tranche of funding from Round 2 of the Infection Control fund on 2 October 2020 equating to £2.356 million. Of this £1.567 million has been passported directly to care homes to support with the Infection Control measures specified in Government guidance. These measures are designed to limit staff movement within the home, support safe visiting among other workforce resilience and infection control measures. £672k has been distributed to community care providers with a registered office in Cheshire East from this funding in accordance with Government guidelines around use of the fund.

- 5.11. All care homes have an Infection Prevention Control Outbreak Plan supported by an Outbreak Management Toolkit issued by the Council. These can be quickly stepped up in the event of an outbreak and appropriate support put in place from the Infection Prevention and Control service and the Council's Quality Assurance team.
- 5.12. Officers are also working with care providers to ensure that their staff and care home residents continue to access flu vaccinations to ensure that there is resilience in the care workforce.
- 5.13. Monthly care home webinars have been set up in partnership with Cheshire CCG for care home providers with themed agendas such as Winter Planning, infection control, digital services etc. The next webinar is taking place on Thursday 26 November 2020 and has a focus on Infection Prevention Control, Flu Outbreak common themes and trends, Visiting advice, and Counselling and Bereavement Support for Care Home staff.
- 5.14. Weekly mutual aid calls continue to be well attended by Care at Home providers. These now include guest expert speakers and offer an opportunity for providers to work together to develop collective solutions to common problems. Professor Rod Thomson, CEC, Public Health Consultant attended the mutual aid call as a guest speaker and answered providers COVID-19 related Public Health questions.
- 5.15. 74 Care Homes across the Borough have been allocated a free iPad via NHSE. The iPads continue to enable residents to stay in touch with their loved ones and facilitate GP consultations.
- 5.16. Whole home testing continues with care home residents and staff. This has proved effective in identifying asymptomatic staff members at an early stage enabling them to self-isolate to prevent onward transmission in the care home. The whole home testing pilot continues to be working well across the Extra Care Housing and Supported Living Schemes.
- 5.17. The Care Home vaccination delivery plan has been completed, verified and submitted to Cheshire CCG. Ongoing local planning continues with Cheshire CCH and Public Health in relation to timescales and the administration of the vaccination.
- 5.18. Planning is underway with the Council's Public Health Team to explore the possibility of Lateral Flow Testing across Care Homes. Lateral flow tests allow a quick turnaround of results (within 20 minutes) and so, if implemented correctly and with the normal precautions around PPE and social distancing, can support safe visiting within care homes.

5.19. A Multi-Disciplinary Team has been established to design a relatives visiting strategy for Care Homes across Cheshire East that complements the existing Department of Health and Social Care guidance. The purpose of the strategy is to offer guidance and support to homes around facilitating creative visiting options for family members in a safe way. The strategy will offer comprehensive guidance, advice and support to Care Homes that can be referenced within the home's Dynamic Risk Assessment. Once the strategy is finalised it will be agreed by Cheshire East Council's Director of Public Health and monitored locally via Infection Prevention Control and the Council's Quality Assurance Team.

5.20. The Quality Assurance Team continue to undertake weekly contact calls to all care homes across the Borough. The purpose of this contact call is to seek assurance of the effective ongoing safe service delivery.

5.21. PPE support has been key to our Covid-19 response and recovery. The position changes rapidly but the current position at the time of writing is as follows:

- The Local Authority have been supplied with some PPE via the Local Resilience Forum (LRF) and the Department for Health and Social Care (DHSC) since the 24 March 2020. The Council have distributed PPE to eligible organisations across Cheshire East.
- All registered adult social care providers, opticians, pharmacists and urgent dental care have now been requested to register on to the government PPE Portal to continue to access free supplies. Orders are subject to limits according to capacity. Providers are asked to continue to develop their own supply chain. However, it is widely recognised that the PPE market has not recovered from the impact of Covid-19.
- To ensure all agencies are supported and services are able to deliver safe care to local residents, as well as protecting the care workforce, we are currently reviewing various options and opportunities to support external Care Providers to access PPE in emergencies or when they have issues with their PPE supply chain. A survey was opened to providers, educational settings and partner organisation to understand the overall impact of PPE at this juncture and how best to proceed forward.
- A stock has been locally purchased as part of the Council's recovery and outbreak planning, and we will continue to receive LRF PPE supplies on a fortnightly basis until March 2021 to support Local Authority, people in receipt of direct payment and all educational settings.

- A joint effort by the Fire Service and Cheshire East Highways to deliver PPE to schools has been very well received and we continue to work with schools to ensure their practices are aligned to the Public Health guidelines.

5.22. *Adults and Children's Commissioning* - Commissioners have worked closely with our 'Early Intervention and Prevention,' 'Community Wellbeing' and 'Public Health' contracted providers which have adapted but continued to deliver effective services during the Covid-19 Pandemic. Commissioners have worked with providers to re-instate contingency plans where needed in line with the second national lockdown. Despite the restrictions to service delivery of contracted services due to the pandemic and now the second national lockdown, we are seeing increasing demand for services as well as innovation in the way that services are delivered for example:

Substance Misuse Service – Our Substance Misuse Provider CGL have seen a rise in demand and referral for alcohol treatment and support since the beginning of the pandemic. The service has received 402 referrals during quarter 2 2020/21 in comparison to 261 referrals during quarter 2 2019/20. Over 60% of all referrals to CGL identified alcohol as the primary substance use at assessment. CGL have identified alternative safe ways of working and supporting people in Cheshire East such as offering Safe Storage to all service users in response to more service users having to take home medication. At the start of Q1, 13% of service users had safe storage at home. This was previously for people with children. By the end of June 2020 90% of all service users on a prescription have safe storage now in their homes. Throughout the pandemic treatment for Hepatitis C has still been delivered. Staff have delivered a Covid-safe outreach service utilising their clinic van and actively engaging the service users rather than requiring them to attend treatment services. This has helped to support many service users to keep safe and those that are shielding.

Carers Hub: Evidence from Carers UK shows that 4 in 5 unpaid Carers (81%) are currently providing more care than before the initial lockdown. Most Carers (64%) have not been able to take any breaks at all in the last six months. Connections were therefore made between the People Helping People service and the Carers Hub at the beginning of the pandemic to ensure that Carers were recognised and supported where needed via the Carers Hub. A temporary service to deliver breaks for carers during lockdown was set up (Take a Break) and delivered by Crossroads Together. The referrals received by the Carers Hub are reviewed for carers needs and then referred to Crossroads Together for assessment for the 'Take a Break' service. A positive relationship has developed between the two services with them working collaboratively to support carers.

Domestic Abuse Service: The Domestic Abuse Contract is within its second annual term. Despite not being able to offer the same community-based services as pre-lockdown, the service have ensured they remain visible on social media, with partner agencies and stakeholders to make the community aware the service is very much open and available to those who need it. Additional resource has also been positioned into the Domestic Abuse Hub to ensure clients are supported with early intervention work.

- 5.23. *Children's Social Care* – We have reviewed our service offer in light of the national lockdown and revised government guidance, and agreed it is important to maintain statutory service provision in line with our usual processes where it is safe to do so, including face to face visits, in order to effectively safeguard children and young people. Visits are carefully risk assessed to consider the risk of Covid to the child and wider family members. We have changed our recording system to ensure this risk assessment is clearly documented on children's files, so it is clear how decisions have been made. The guidance on face to face visits has been updated in line with the new national guidance.
- 5.24. Family time is continuing to take place as we recognise the importance of this to children and young people's wellbeing and long-term relationships. The individual circumstances and arrangements are being reviewed for each child to determine if this can be held safely face to face or whether this needs to take place virtually.
- 5.25. We have reviewed our contingency plans in light of the national lockdown, and we have a sufficiency plan in place for placements and residential settings. We are planning for our 14 care leavers to return home from university at Christmas.
- 5.26. As reported previously, we have experienced an increase in demand and complexity across Children's Social Care as a result of Covid. This is due to a unique year in terms of conversation rate from contact to referrals into the child in need team, Court delays and discharging children from care, particularly adoption. The increase in social workers' caseloads has made it more challenging to step down children within our usual timescales. Children are being stepped down to ensure they receive the right support, however the number stepping down has increased demand to the Council's Family Service. The complexity of work has increased in relation to challenges such as children and parental mental health, substance and alcohol misuse and social isolation. This is resulting in social worker and personal advisor caseloads being higher than we would want them to be. A clear plan is in place to reduce caseloads by the end the year. To support the increase in demand, we have stepped children down to early help where appropriate and developed additional step down meetings to increase frequency, challenged the Court around matters of delay, offered additional resources to families, care leavers and foster carers and

continue to recruit to vacant posts to ensure we have capacity to meet the demand. We have also worked closely with the partnership to ensure consistency of approach.

5.27. As learning from local and national themes have emerged we have used the operational Safeguarding Children Partnership meetings to understand what this has meant for children in Cheshire East. For example, following the Children's Minister's letter on the 29 September identifying concerns regarding risk to babies and young people attending alternate provision, we ran a themed meeting to look at these areas of our practice from a multi-agency perspective. This concluded that while there was some good practice in how we supported and safeguarded young people attending alternative provision, this could be strengthened further. A multi-agency task and finish group has subsequently been set up to progress the work in this area.

5.28. During the pandemic, there was local concern that the nationally imposed restrictions would have an adverse impact for those living in abusive relationships. The fear was that not only were the risks to victims heightened and the pressures on relationships magnified, but that also there would be limited access to support from both social networks and professional services. The action taken in Cheshire East Council, and across the Partnership has been effective, swift, responsive to changes in demand and proactive in preventing further harm. The data and more importantly the stories from victims, children and those who harm have illustrated that whilst we have not experienced the surge in demand expected after lockdown restrictions were lifted, we have seen that the level of abuse experienced has been more severe (an increase of 20% for IDVA services), we have seen victims who present with multiple issues (mental health, substance misuse) rise, and a faster escalation in the seriousness in the impact of their situation. On the positive side we have also seen that the inventiveness and creativity that has been necessary, has resulted in some changes which have had real benefit and which we will seek to sustain. We have continued to follow the needs of survivors to ensure we have responded to their wishes with partial opening of centres for one to one work. Work has been carried out on how it has felt for them during Covid-19, and their feedback and comments have been collated in a [video](#) which has been shared with the partnership, senior managers and elected members to raise the profile and understanding of survivors' experiences.

5.29. Covid caused significant delays in achieving permanency for cared for children, this included delays in finalising care plans in Court, challenges in the timeliness of discharge of Care Orders and the making of Adoption Orders. We have been active in challenging this through the Local Family Justice Board. There were also delays in planned transitions for children to move to live with their adoptive families between March and July 2020. We worked closely with Adoption

Counts, foster carers, birth families and adoptive parents to transition children to live with their adoptive families as soon as restrictions began to ease in June and July 2020 ensuring we minimised the impact of Covid as much as possible for these children. However, the pandemic has delayed the move to adoptive families for some of our children and young people which has had an impact on our overall cared for numbers.

5.30. Ofsted ILACS inspections have been paused due to the national lockdown. We are continuing to prepare for inspection for when these recommence from 5 January 2021.

5.31. *Prevention and Early Help* – As reported previously we are continuing to see the needs of families increasing, alongside an increase in referrals, which is resulting in a significant pressure for the Family Service. We are recruiting additional capacity to support the service.

5.32. 98% of our early years settings continue to be open and 96% of Childminders, with 100% attendance from our vulnerable children which is positive. A comprehensive programme of activities was provided for children and young people over half term.

5.33. Cheshire East Council offered free school meal vouchers over half term to ensure that vulnerable children and young people continued to be supported. The process had to be set up at short notice and staff quickly mobilised support for families; 18 staff ran the provision of vouchers, providing vouchers to 1,316 families with 2,546 children. Local businesses and communities also offered support with meals during half term for families which was fantastic, and we also shared the details of these on the Cheshire East website.

5.34. Performance on the Troubled Families programme continues to be positive; we have met all required performance by results claims for quarter 2 and we have submitted our expected 90 claims despite the current situation.

5.35. Child Health Hubs have been established in partnership with the NHS and are operating from some of our Children's Centres. This means that more children will be able to have their health needs met in their community rather than needing to attend an acute setting. Further work to expand the support offered through these settings will take place following the pandemic.

5.36. The service is planning the implementation of the **Winter Support Grant** programme launched by DWP on Sunday 8 November. This grant of £880K is to offer practical payment support to families with children in the form of food and utilities payment support at the discretion of the Local Authority. The grant is described as not a replacement for Free School Meals (FSM), however given the links to the Marcus Rashford Campaign to ensure that Children do not go

hungry during lockdown, it is recommended that the following eligibility criteria will be adopted by Cheshire East Council in distributing this grant from December to 31 March 2021. It is proposed to pay families or individuals via vouchers and pre-paid cards which will enable flexible purchases by families/individuals and can enable food and utilities payments with clear tracking of expenditure. We want to utilise a blend of distribution through schools prior to Christmas and via the Childrens Services workforce on an ongoing basis. We anticipate this arrangement to be confirmed in DWP guidance for the WSG by 22 November 2020.

**Please note all figures are indicative as they are based on the current cohort which could change in the period before the end of March 2021. Some children will fall into multiple cohorts but will only be eligible for one payment. Some cohorts are unknown at this stage and have been estimated.*

Eligibility criteria	Payment	Estimated total
All children in receipt of Free School Meals (10,325 children)	£15 per week per child over 3 school holiday weeks including Christmas	£464,625
Young people who are care leavers up to age 25 (188 young people)	£45 payment	£8,460
Young people who are NEET aged 16-18 (170 young people)	£45 payment	£7,650
Children who are Young Carers for their parents/carers (392 children)	£45 payment	£17,640
Children Open to Childrens Social Care and Early Help Services who do not fit in to criteria above (eg. families entitled to Free Early Years Childcare and 16-18 learners in low income families) (1,800 children)	£15 per week per child over 3 school holiday weeks including Christmas	£81,000
Children living with parents who have been exposed to Domestic Abuse (352 children)	£15 per week per child over 3 school	£15,840

	holiday weeks including Christmas	
Parents/ carers who are experiencing financial hardship due to being unable to work as their children are self-isolating due to Covid 19 infection (50 parents/ carers)	To be agreed on a case by case basis	£2,250
Vulnerable children who are in need as referred by a partner agency	£15 per week per child over 3 school holiday weeks including Christmas	£9,000
Children who are vulnerable due to financial hardship	£15 per week per child, with a limit of 3 payments per child outside of school holidays.	£9,000
Estimated total cost		£615,465

5.37. *Education and Skills* – We have sent a letter from the Leader of the Council, Deputy Leader and Cabinet Member for Children and Families as a public thank you to leaders, teachers, college and school staff for all that they are doing to keep our children and young people safe and to ensure their education continues during the current crisis.

5.38. Attendance has remained high (48,976 pupils, 89% attendance at 13 November) and is above national, statistical neighbours, and the North West average. This is despite pupils isolating due to positive Covid test results in schools. As at 16 November there were 2,659 pupils not attending schools as they are isolating either due to Covid symptoms, testing positive for Covid or having been in close contact with a person who has tested positive. Attendance of pupils with an Education, Health and Care Plan and pupils with a social worker also remains good at 88% and 87% respectively.

5.39. The Education Covid Response Team which responds to reports from schools on positive cases, and offers advice and guidance on the appropriate measures and pupil isolation, continues to receive positive feedback from schools. As at 8 November, there had been 504 contacts to the helpline from 132 settings, 109 of whom had positive cases (170 staff and 256 pupils with a positive test).

Through providing support to settings in their contact tracing, the numbers of children and staff needing to isolate in response to a positive case has significantly reduced over time; meaning there is less impact on pupils' learning. We ran Public Health briefing sessions in November where schools shared the learning from their cases in order to help to continue to minimise infections and disruption to learning. As a significant number of pupils and teachers are isolating the support needed for schools is considerable.

5.40. Following the national lockdown on 5 November, all schools and colleges were asked to consider the new restrictions and to review and revise their risk assessments in line with these.

5.41. To enable us to provide information to the DfE on the impact of recent restrictions and the impact of the new lockdown measures, we asked all schools to complete an online survey in relation to current staff who are clinically vulnerable and extremely clinically vulnerable. We had an 83% response rate to the survey in less than 24 hours. This provided the following intelligence:

- Workforce absences were a concern for 70% respondents, but they anticipated the school remaining fully open with the capacity for children to physically remain in school.
- 9% said the school is regularly experiencing significant absence and are close to the point where they may have to switch to rotas/remote teaching.
- The biggest workforce issue is teaching staff absence followed by teaching assistant absence followed by issues with supply cover.
- 19% have had issues with access to supply or temporary cover. This increases to 40% in our special schools.
- 55% said funding is a constraint but even with additional funding there are other, larger constraints to remaining fully open.
- 29% said funding is the biggest constraint in keeping the school fully open.

5.42. We are continuing to provide intensive support to schools around how to implement the DfE guidance to ensure we have a consistent and safe approach across all schools. An updated FAQ including advice on Clinically Extremely Vulnerable and Pregnant staff has been provided to schools by HR along with an updated Risk Assessment and guidance document. We have also shared information on why Down's syndrome adults, but not children have been added to the high-risk list and provided an easy read document helpful around why certain adults, and not children with the same conditions, have been added to the clinically extremely vulnerable list.

- 5.43. From 2 November we introduced Compulsory Face Coverings on School Transport for all students aged 11 and over, unless exempt. As part of lock down this became a requirement from 5 November.
- 5.44. We are seeing an increase in schools saying they will exclude pupils as they can't cope with the behaviour of children – some are our most vulnerable. We are working together with schools on this as a cross service approach to prevent exclusions wherever possible. To date, we have had two unavoidable exclusions due to serious one off incidents.
- 5.45. We have an increasing number of schools challenging why we are not issuing fixed penalty notices or fines for attendance. DfE guidance is clear that schools should consider any concerns from pupils, parents and households, who may be reluctant or anxious about attending school and put the right support in place to address this. However, the guidance also states that usual school attendance powers and duties continue to apply, including schools and local authorities' ability to use parental responsibility measures, such as fixed penalty notices, where appropriate. We continue to monitor absence on a case by case basis and offer support to schools to work with families to encourage attendance.
- 5.46. We have now established an Action Hub through 'Edtech' to support better use of IT in remote learning in schools. We have a group of 30+ schools involved in the first wave of schools in receiving a wide range of support to use Google or Microsoft platforms.
- 5.47. The focus of the National Tuition Programme (NTP) is on supporting disadvantaged pupils, including those eligible for Pupil Premium funding. However, participating schools will be able to decide which of their pupils will most benefit from additional support. A further aspect of this programme is academic mentors who again support vulnerable learners. All eligible schools have been supported to access this programme with CE schools having success in accessing the additional £19,000 as from January 2021 as part of wave 2.
- 5.48. We are providing targeted support for catch up in the core subjects through a programme of support commissioned through 'Literacy Counts' which consists of 20 sessions of training and development. A launch event was very well attended in early November on Reading, Writing and Phonics. We are now planning the launch of sessions on maths in early 2021.
- 5.49. A programme to support disadvantaged learners using the latest national research into the most effective practice has been commenced for around 15-20 schools. Priority schools have been approached to be part of this work which is led by the Education Endowment Foundation (EEF) who are the leading organisation in educational research.

5.50. We launched our Wellbeing in Education Programme in November. Each school will receive two training sessions which aim to empower key staff with knowledge, understanding and clear strategies, so that they can use these to influence school/college policy, procedures and responses in regard to supporting and enhancing wellbeing and resilience for all. This is a national training programme which we have tailored to meet our local needs. So far there has been good attendance from schools.

5.51. *Homelessness and Rough Sleepers* - From the 26th March 2020 to 31st October 2020 Housing have accommodated 185 households who presented to us as homeless and have placed them in emergency provision, predominately hotels who had agreed to continue to work with us. Of those 185:-

- 143 have successfully been moved on from the hotel placements into a mix of other accommodation, long and short-term provision.
- 14 Lost their accommodation due to their behaviour
- 12 abandoned the hotel or they disengaged.
- 16 are ongoing

5.52. Those accommodated were predominantly singles, but we also accommodated five families. As of 31 October 2020, we had 12 households in Bed and Breakfast and plans were in place to move those onto more appropriate accommodation

5.53. In addition to those placed in emergency accommodation the Housing Options Team have also prevented or relieved 602 from homelessness.

5.54. The Cheshire East Rough Sleepers Outreach team work proactively to support individuals who are rough sleeping. We are currently seeing the number fluctuate and are between 6 and 10 rough sleepers, located across the Local Authority.

5.55. With the introduction of new restrictions, the Housing team have been preparing for a possible increase in homelessness presentations and also the possibility of a further call from Government to bring Everyone in. This includes extending our accommodation solutions, tailoring them to meet a number of housing needs.

5.56. Cheshire East has been successful in securing funding through the Government's "Next Steps" programme. There were two funding streams, one providing short term funding to be used by March 2021 and Cheshire East has been awarded £56,000 to provide rent in advance and support to 38 individuals to enable them to access the private rented sector. Concrete, who is one of Cheshire East's commissioned Housing Support Providers, will be providing the support.

- 5.57. The second funding stream provides funding to secure additional accommodation. Housing submitted a bid in conjunction with the Plus Dane Group to enable them to purchase 8 properties to use for those with complex issues and to provide intensive support. Cheshire East was awarded £450,000 grant funding, with a requirement to provide £100,000 towards the purchase costs and the intensive support for 2 years at a cost of £119,700 per annum, both of which will be funded via our Flexible Homelessness Grant.
- 5.58. MHCLG have allowed us to re-profile some of our Rough Sleeping Intervention funding in order to support the short term bid and we are also undertaking a tendering exercise to develop a Fresh Start scheme, which will provide 6 units of accommodation and support for those with complex needs, with a history of offending.
- 5.59. The Housing Options team continues to work with landlords to prevent the increase in eviction rates. A number of early intervention plans have been put in place including establishing an early notification protocol with social housing providers in relation to tenants who are in arrears, looking at ways we can work together to prevent them from becoming homeless. We are working with the private landlords on our database providing information on assistance available for tenants in arrears and advice on how to get direct payments if they are on Universal Credit. We are also giving advice in respect of any anti-social behaviour and details of any changes to the legislation.
- 5.60. We are utilising our Homelessness Prevention funding to try and prevent evictions or assist those at threat of homelessness to access alternative accommodation
- 5.61. *Town Centres* - The monthly data reports on visits to town centres in the Borough's Principal Towns and Key Service Centres indicate that in October the majority of the Borough's centres experienced either a levelling off or a slight fall in visitor numbers from September. This may have been influenced by darker evenings but also could indicate an increase in nervousness due to rising Covid cases. When compared to the same month last year total visits in the Borough's centres ranged from -25% to + 23%. As with September, impacts on visits appear to be less severe than that recorded as a national average.
- 5.62. *Tatton Park* - Tatton Park's attractions reopened on a phased basis from 3rd June 2020 when the Parkland reopened. Adjustments to visiting arrangements were made, such as pre-booked visits to Garden, Farm and Mansion, to ensure a safe and enjoyable experience, complying with national guidance and to maintaining best practice. Since then Tatton has been a popular visitor destination with its outdoor attractions doing well. The continuing appetite for visits to the outdoors has also seen an increase in visitor numbers in Cheshire East's country parks and countryside sites.

- 5.63. Overall since June, paid visits at Tatton Park have been 42% up on the same period last year despite the lack of the major outdoor events. However, like comparable indoor attractions elsewhere, the Mansion did not see such an uplift, with visitors focusing more on outdoor elements of a visit. The Mansion closed at the end of September and apart from the October half-term, is now closed for the winter.
- 5.64. Taking account of restrictions, national guidance and recent visitor trends, Tatton's popular Christmas events have been redesigned. The Christmas Mansion will not take place in 2020 but is replaced for this year with a Christmas event in the gardens. Christmas at the Farm has been reconfigured to take account of the need to be Covid-secure but is able to continue on a pre-booked basis, with all slots now sold-out.
- 5.65. The recent lockdown has had an impact on Tatton, with closure of the Farm attraction, Gardener's Cottage tearoom and non-essential shops. The Parkland, Gardens, take-away food and the Housekeeper's Store food shop have remained open in line with government guidance. The closure of the Farm has led to a reduction of 28% in paid visits overall and led to cancellation of its first Christmas event weekend (Nov 28th/29th). Since lockdown, the Parkland and Gardens have continued to do well, remaining 37% and 26% up on the equivalent period last year
- 5.66. *Business Support* - On Business Grants, the Government announced four new grant funds to support business since the introduction of the Local Covid Alert Level (LCAL) and the national lockdown. These grants have an estimated total value of £15,262,935.
- 5.67. The grants are different to those that the Council received during Lockdown1. A brief explanation of each grant is:
- 5.68. Local Restrictions Support Grant (Closed) - The grant amount £6,520,842 and is 90% of the estimated grant funding requirement, calculated using Valuation Office Agency data. This grant is to support those businesses that are required to close as a result of the national restrictions and have a business property that has a rateable value as determined by the Valuation Office Agency. It will be a one-off payment for the four-week national lockdown period, with the amount payable dependent on the rateable value of the business premises. The Council has no discretion over this grant and will make payments to eligible businesses in line with the government guidance.
- 5.69. Local Restrictions Support Grant (Open) - The grant amount is £1,059,053, it is part of the wider set of measures to support businesses in response to Coronavirus (Covid-19) and specifically for businesses that were still open but have been severely impacted by Local Covid Alert Levels 'High' (LCAL 2) and

‘Very High’ (LCAL 3) restrictions since 1 August to 4 November 2020. Cheshire East entered Local Covid Alert Level ‘High’ (Tier 2) on 14th October. The grant funding will therefore cover the 22-day period from 14 October to 4 November 2020. The Grant is aimed at hospitality, accommodation and leisure businesses in the Local Authority geography, there is a small discretionary element to this grant of 5%

- 5.70. Local Restrictions Support Grant (Sectors) - This grant scheme is to support eligible businesses that have been required to close and have been unable to reopen since 23 March 2020. This includes nightclubs, dance halls and discotheques, adult entertainment venues and hostess bars. Grant funding for eligible businesses will be payable by Local Authorities in 14-day payment cycles with eligibility starting on 1 November 2020, the scheme will close when LRSG (closed) comes into effect on 5 November 2020. The Council has no discretion over this grant and will make payments to eligible businesses in line with the government guidance.
- 5.71. Additional Restrictions Grant - Local Authorities will receive a one-off lump sum payment amounting to £20 per head. This amounts to a total of £7,683,040 in Cheshire East. The funding can be used across financial years 2020/2021 and 2021/2022. Once a Local Authority exits national or LCAL 3 restrictions they will not receive additional funding under this grant scheme if the Local Authority then re-enters national or LCAL 3 restrictions. It is expected this grant will primarily take the form of discretionary grants, but Local Authorities could also use this funding for wider business support activities.
- 5.72. A new policy for the discretionary grants has been developed and to simplify the process for businesses, a single application has been put in place. This application is available on the Council’s website and it went live on the 16 November. The Local Restrictions Support Grants (LRSG) are being administered by the rates team and the Additional Restrictions Grant (ARG) by Economic Development, at the time of writing (19/11/20) the Council has received 1662 applications for grant, 1437 for LRSG and 225 for ARG.
- 5.73. *Leisure Centres and Libraries* have temporarily closed in accordance with the legislation for the second lockdown. The legislation does provide some exceptions, and consequently 3 libraries continue to provide access for work clubs half a day a week on an appointment basis. Leisure Centres co-located on school premises continue to provide access for schools where required.
- 5.74. Everybody Sport & Recreation has seen very significant reductions in its income due to the pandemic, with receipts from fees and charges effectively reduced to zero during periods of closure required under lockdown rules. Whilst the Trust has strived to manage down its expenditure – including furloughing staff – it has been necessary for the Council to provide advance payments of

management fee to Everybody Sport and Recreation to ensure service continuity for the Council's leisure centres during and after the coronavirus pandemic.

- 5.75. With the second lockdown, the latest views of post pandemic recovery and most recent estimates of the operating position for the Trust, it is clear that without further financial support they will not be able to meet their costs and liabilities through to March 2021. Whilst there is a prospect of Government funding from the recently announced £100m support package for public leisure centres – which may replace the aid provided by the Council, in due course – it is considered essential that the Trust is given assurance as regards support to help maintain its cash flow, at this time; and it is therefore recommended that a Supplementary Revenue Estimate is provided of £500,000, to provide a budget for an additional management fee payment to Everybody Sport & Recreation Trust in 2020/21.
- 5.76. *Kerbside waste and recycling* collections continue as normal. In a change from the first lockdown, Household Waste and Recycling Centres are permitted to remain open.
- 5.77. The risk of increased demand on *Bereavement Services* from Covid related deaths continues to be monitored. Contingency plans are in place to increase the number of cremations that can be undertaken each day by lengthening the working day and shortening service durations if required.
- 5.78. The new guidance and legislation for the second lockdown has led to an increase in enquiries and complaints to Regulatory Services as the list of businesses that must close is not comprehensive. However, compliance by businesses across the borough with the new regulations is generally good, with Regulatory Services providing advice and guidance initially to encourage compliance, but ready to follow up with formal enforcement action if required.
- 5.79. *Highways, Transport & Parking* - The Government have announced the outcome of the bid process for the second tranche of Active Travel funding. For the borough, an indicative allocation of £612,000 was provided and the award is £588,000. The difference this time is the term “emergency” has been removed from the fund and there is a requirement to demonstrate consultation activity. The schemes will be brought forward integrated with the Council's existing active travel programmes.
- 5.80. *Parking* use has dropped in this second lockdown to around 30 to 40% of pre COVID levels but this is much higher than the first lockdown. Consideration is being given to what support could be provided to attract people back into our towns once the situation around COVID makes this feasible.

- 5.81. *Travel on public and community transport* has dropped as we enter into the second lockdown but, as with parking, travel in the borough remains significantly higher than in the first lockdown. Concessionary bus travel and the use of the Council's FlexiLink service is lower but still remain important services for essential journeys for these residents. All services are applying the COVID rules put in place to seek to control the rate of infection.
- 5.82. *Highways maintenance operations* and the construction of the borough's infrastructure programme is continuing, applying the COVID rules and regulations. The borough has a significant on-going programme of works and the team and our contractors are successfully delivering despite the changes that have had to be put in place, in particular on site. Construction activity relating to utility works and housing development sites as it affects the borough's roads is higher than pre COVID levels placing an increased workload on the team.
- 5.83. *Workforce and Workplace* - Those staff who can work from home were encouraged to do so when the lockdown was introduced in March. That has continued to be the case as the situation has evolved. We have made a significant investment in mobile IT to allow staff to operate as effectively remotely. As at 17 November, 95% of staff have been migrated. However, to support services who need more flexibility to continue to deliver services while still working under COVID-19 restrictions, we have introduced team zones which allocated spaces within our buildings that will be carefully managed by heads of service. We continue to communicate with staff on a regular basis and have had positive feedback on this.
- 5.84. Frontline staff continue to deliver services with adjustments to working practices in line with the COVID guidelines to ensure they are protected from the virus as far as practicable. In some areas this has added to the cost of running the service, with the purchase of additional PPE and vehicles for example. Staff also continue to work flexibly and divert from their normal duties to support the Council's varied roles on COVID.
- 5.85. We are continuing to monitor COVID-19 related absences on a regular basis, including the numbers of staff self-isolating and/or off sick. As at 19 November 2020, there are currently 36 staff self-isolating and working from home, 32 staff self-isolating not working from home, 13 staff with COVID related sick absences and 89 staff off with non-COVID related sickness. The enduring nature of the pandemic is leading to increased feedback from staff about fatigue. We are encouraging staff to take leave and making available a range of well-being support.
- 5.86. *Governance and Decision Making* - The Council moved quickly to facilitate remote meetings. All Members were provided with laptops and support to

operate effectively. Formal meetings are taking place remotely as standard now, including two remote Council meetings. A survey of Members, overseen by the Members Forum, has gathered helpful feedback on the use of the technology. Members have responded positively to the changes and the support they have received. Advice and guidance has been provided in terms of accessing office buildings, risk assessment and adapting to remote working on a longer term basis.

6. Implications of the Recommendations

Legal Implications

- 6.1. The Coronavirus Act 2020 received Royal Assent on 25 March 2020. The Act has extensive schedules setting out a wide framework to life under lockdown. The Act has been followed with copious and frequent guidance notes, frequently with implementation dates ahead of what is practically possible, e.g. Household Waste and Recycling Centres, administration of School Admission Appeals, restrictions on and subsequent opening of certain business premises, Test and Trace.
- 6.2. The Coronavirus Act also set out a framework by which Local Authorities could reduce their statutory duties in relation to the Care Act 2014, for Adult Social Care. These Care Act Easements could be implemented should the capacity of Adult Social Care staff become so reduced that it could not continue to meet its duties. To date Cheshire East Council has not initiated any Care Act Easements.
- 6.3. Any necessary urgent decisions have followed the process set out in the Constitution.
- 6.4. Local authority meetings - on Friday 31 July 2020, the Local Authorities and Police and Crime Panels (Coronavirus) (Flexibility of Local Authority and Police and Crime Panel Meetings) (England and Wales) (Amendment) Regulations 2020 came into force and will expire on 7 May 2021 unless extended. It removes the requirements to hold annual meetings; allows councils to hold all necessary meetings virtually, to alter the frequency and occurrence of meetings, without the requirement for further notice and to enable members, officers and the public to attend and access meetings and associated documents remotely. However, the amended regulations do not specifically mention 'hybrid' meetings.
- 6.5. The Health Protection (Coronavirus, Restrictions) (England) (No 3) Regulations 2020 came into force on 18 July 2020 and will expire at the end of 17 January 2021. They give local authorities (LA) power to give directions which impose prohibitions, requirements or restrictions relating to premises, events and public

outdoor spaces, more commonly known as local lockdowns in order to tackle local coronavirus outbreaks. The LA must ensure the conditions set out in the Regulations are met before it can give such a Direction. It must also have regard to advice from its Director of Public Health when deciding whether or not to make a Direction. If a Direction is made, the Secretary of State (SoS) must be notified as soon as reasonably practicable, and the Direction must be reviewed at least once every seven days to ensure the conditions for making it are still met. Similarly, the SoS has the power to direct a LA to make a Direction under the Regulations, if the SoS considers the conditions for making a Direction are met.

- 6.6. Directions relating to premises may require closure of premises, restriction of entry or restrictions relating to the location of persons in the premises. A LA may not make a Direction relating to premises which form part of essential infrastructure.
- 6.7. Directions may be given in relation to specified events or events of a specified description.
- 6.8. If the LA gives a direction which imposes a prohibition, requirement or restriction on a person specified by name, the LA must give notice in writing to that person and also publish the notice to bring to the attention of persons who may be affected by it. Persons who are given a direction under the Regulations have a right of appeal against the direction to a magistrate's court and also to make representations to the SoS.
- 6.9. LA designated officers and constables have enforcement powers. Persons who contravene directions under the Regulations or obstruct persons carrying out functions under the Regulations commit offences.
- 6.10. Officers continue to consider both formal Regulations and Guidance issued by Government which informs the Council's approach to the relevant subject matter. By way of example, the government's advice on COVID-19: Guidance for the safe use of council buildings was updated on the 9th September 2020. See link for full details:

<https://www.gov.uk/government/publications/covid-19-guidance-for-the-safe-use-of-council-buildings/covid-19-guidance-for-the-safe-use-of-council-buildings>

- 6.11. Particular reference is drawn to section 3c 'Meetings' which states:

"We continue to recommend that where meetings can take place digitally, without the need for face-to-face contact, they should do so. Where council buildings need to be used for physical meetings, these meetings must be managed within the social distancing guidance and principles set out above."

- 6.12. As referenced in para. 7.1.4 above, the Local Authorities and Police and Crime Panels (Coronavirus) (Flexibility of Local Authority and Police and Crime Panel Meetings) (England and Wales) (Amendment) Regulations 2020 enable remote meetings. The key question to consider in all cases would be, is it necessary to holding face to face meetings in council buildings? Such risk assessment would need to consider the availability of alternative methods, i.e. virtual meetings, the risk and data pertaining to infection rates both locally and nationally, any particular local considerations and vulnerabilities of those who may be impacted by a decision, and equality considerations when considering the necessity if it should hold in person meetings.
- 6.13. The Health Protection (Coronavirus, Restrictions) (No. 2) (England) (Amendment) (No. 4) Regulations 2020 which came into force on 14th September 2020, amended the Health Protection (Coronavirus, Restrictions) (No. 2) (England) Regulations 2020, so that people may not participate in social gatherings, in any place, in groups of more than 6, unless they are members of the same household, two linked households, or exceptions apply. The changes apply to England, in so far as an area isn't subject to additional or enhanced restrictions by way of are specific regulations.
- 6.14. The Health Protection (Coronavirus, Restrictions) (Obligations of Hospitality Undertakings) (England) Regulations 2020, came into force on 18th September 2020 by way of emergency Regulations. The Regulations make provision for requirements for pubs, restaurants, cafes and other businesses involved in providing food for consumption on the premises to take reasonable steps or measures to limit customers to parties of six, and to keep tables an appropriate distance apart.
- 6.15. The Health Protection (Coronavirus, Collection of Contact Details etc and Related Requirements) Regulations 2020 came into force on 18 September 2020, again by way of emergency Regulations. The Regulations make provisions requiring designated venues to collect certain contact details mainly from customers, visitors and staff (as set out in the regulations), store this information for 21 days, and share it with NHS Test and Trace or local public health officials, if requested. This is with the purpose of enabling NHS Test and Trace and local public health officials to contact people who may have been exposed to coronavirus and give them appropriate public health advice to help stop the further spread of the virus.
- 6.16. The Health Protection (Coronavirus, Local COVID-19 Alert Level) (High) (England) Regulations 2020 were made on 12 October 2020 and came into force on 14 October 2020. Cheshire East Council fell within the area covered by these Regulations, known as Tier Two restricted areas. In general, these regulations make provision for local restrictions in the affected areas in terms

of social interaction and operation of some businesses. People must not socialise with anybody outside of their household or support bubble in any indoor setting, whether at home or in a public place, nor must they socialise in a group of more than 6 outside, including in a garden or other space like beaches or parks. The Regulations make provision for certain lawful exceptions to these restrictions. Similarly, businesses and venues can continue to operate, in a COVID-Secure manner, other than those which remain closed in law. Certain businesses selling food or drink on their premises are required to close between 10pm and 5am. Businesses and venues selling food for consumption off the premises, can continue to do so after 10pm as long as this is through delivery service, click-and-collect or drive-thru. Schools, universities and places of worship remain open. Weddings and funerals can go ahead with restrictions on the number of attendees. People can continue to travel to venues or amenities which are open, for work or to access education, but should look to reduce the number of journeys they make where possible. There is also an expectation that any national guidance in place at the time will be followed for example the wearing of face masks where mandated and maintaining social distancing. The Regulations make provision for a constable, a police community support officer or a person designated by a local authority, to enforce the regulations, with any offence/breach being punishable by a fixed penalty notice fine, which operates on an increasing scale should there be repeated breaches of the regulations. The fines can be levied against individual, or businesses who fail to adhere to the regulations.

- 6.17. The Health Protection (Coronavirus, Restrictions) (England) (No. 4) Regulations 2020 are in force between 5 November 2020; expiring on 2 December 2020 and provide for a temporary 28 day lockdown. People must not leave or be outside of their home without 'reasonable excuse'. 'Reasonable excuse' to leave one's home includes: shopping for basic necessities, for example food and medicine (Schedule 3) Reg 6(2)(a), to exercise outdoors or visit an outdoor public place - with the people you live with, with your support bubble or, when on your own. Additionally, you must not meet socially indoors with family or friends unless they are part of same household or support bubble. Outdoor public places include parks, beaches, countryside, public gardens, allotments, playgrounds.
- 6.18. Places of Worship will be closed with minor exceptions, funerals or essential voluntary and public services, such as blood donation or food banks. Other exempted activities include some support groups education, voluntary or charitable work or providing emergency assistance.
- 6.19. Visiting relatives in care homes – specific guidance has now been published <https://www.gov.uk/government/publications/visiting-care-homes-during-coronavirus/update-on-policies-for-visiting-arrangements-in-care-homes>

which supplements the legal position set out in the health Protection (Coronavirus, restrictions)(England)(No.4) Regulations 2020 and requires all decisions to be taken in light of general legal obligations e.g. Equality Act 2010 and the Human Rights Act 1998 as applicable. Enforcement is by a person so designated by the local authority and is a 'relevant person' for the purpose of enforcement under the Regulations (Reg. 19(11)(b)(iii)). Matters against which a LA may enforce are constrained to Regulations 15 – 18 inclusive. The provisions broadly align with those in place during the first lockdown and local authorities are limited to matters concerning business restriction. Methods of Enforcement include Prohibition Notice and Fixed Penalty Notices.

Financial Implications

- 6.20. The potential financial impacts of the COVID-19 pandemic have been reported to Cabinet each month since July with the October update including the additional link to the Council's underlying budget performance in 2020/21. Members outside of Cabinet have received briefings via the Audit and Governance and Corporate Overview and Scrutiny Committees or direct Member briefing. This report presents the latest financial position and identifies Government funding already provided or claimed to date.
- 6.21. Significant levels of uncertainty remain over the potential financial implications for local authorities. The financial issues facing Cheshire East Council are just part of an ongoing national issue for public services, and the whole UK economy. Central Government continues to react with funding support packages for both general and specific purposes. The Council continues to support MHCLG in gathering evidence, on a monthly basis, of the potential costs and income losses for 2020/21 based on information and guidance available at the date of the Government return. The information from the Council contributes to the ongoing negotiations between the LGA, MHCLG, HM Treasury and other Government Departments and sector-led organisations such as the County Councils Network.
- 6.22. The nature of financial issues, and the approach to funding costs and income losses associated with the pandemic, has inevitably changed over time as the severity of the pandemic has changed. This creates issues with producing an accurate forecast of financial consequences compared to the Council's Medium-Term Financial Strategy which had been approved by Council on 20 February 2020.
- 6.23. The returns to Central Government identify three main types of financial pressure:

(i) **Un-ringfenced Expenditure and Income Losses**

The most recent forecast of financial pressures from COVID-19 on the Council's 2020/21 budget for Services is £33m. The figures are under monthly review and expenditure is expected to rise with the rising number of infection cases. Grant funding to support expenditure and income losses is detailed in Table 1 below, in a format consistent with previous reports. £25m of un-ringfenced Support Grant has been allocated to date; and £2.1m has also been claimed so far under the Income Compensation Scheme and is pending analysis before payment. The Government has also announced that £100m has been top sliced from national grant provision totals to provide support to keeping leisure centres open; and a claims process to access this funding will be announced shortly.

(ii) **Collection Fund**

Potential losses on the Collection Fund relate to Council Tax and Business Rates income. At the time of writing, the Council expects to have to bear these losses. Latest guidance from Government requires councils to spread the impact over the next three years. However, there is ongoing consideration from MHCLG and the LGA on this issue and further information will be provided when it is available. Cash shortfalls in-year are expected to be in the region of £9.6m. The Council will continue to recover late payments where practicable, however some losses will be permanent; for example, where businesses have ceased trading, individuals are now entitled to Council Tax Support Payments, or where growth in the tax base has slowed down compared to forecasts.

(iii) **Ringfenced Expenditure**

Table 2 provides information about the activities the Council has been undertaking which have received specific Government funding.

Table 1: The approach to un-ringfenced funding has changed over time

Announced	Funding for CEC	Notes
(England total)		
19th March	£9.150m (£1.6bn)	Adult Social Care based payment
18th April	£10.539m (£1.6bn)	Payment per capita to help reflect lost income
Sub-Total	£19.689m (£3.2bn)	
2nd July	£2.712m (£0.5bn)	Adult Social Care / deprivation based payment
12th October	£2.578m (£1bn)	To provide resources for winter. This tranche of funding has been used to equalise all payments using the same approach as the July payment.
Total	£24.979m (of £4.6bn)	
2nd July	£6.1m (£n/k) for Income Compensation	Estimated total – subject to claims process. £2.1m claimed so far, in 1 st of 3 data collection rounds Compensation at 75p in £1 for losses above 5% of sales, fees and charges budgets
2nd July	£nil for Collection Fund	Defer Collection Fund Deficit over 3yrs

6.21 Un-ringfenced government funding received to date as detailed in Table 1 (above) is currently **£25m, of which £1m was utilised in 2019/20**; and the income compensation scheme is anticipated to bring in **£6.1m**, if settled in full. Including for £9.6m of losses on the Collection Fund, it is currently estimated that there is a shortfall for the Council of c. **£13m**. However, the financial impact is increasing, due to increasing number of cases of COVID-19, and at this point it is not clear whether the forecast shortfall will change; it will be subject to ongoing analysis and review.

6.22 Mindful of the possibility for further expenditure/ net cost pressures going forward, it will be important to continue to review, understand and mitigate the potential shortfall between additional financial impacts and the funding provided by Government. The Council continues to engage in several activities:

1. Managing and reviewing the financial forecasts in response to guidance and the local response to the emergency, and how this affects the Council's revenue budget
2. Further analysing the Government proposals to compensate losses from Sales, Fees and Charges
3. Analysing the level of Collection Fund losses across the three financial years 2021/22 to 2023/24
4. Reviewing the consequences of funding shortfalls on the Council's Capital Programme and how this impacts on the Council's long-term funding of capital expenditure

Table 2: Specific Grants are valued at c.£198m

Activity (National Total)	Spending forecast*	Funding	Variance
Test & Trace (£300m)	£1,533,331	£1,533,331	£0
Towns Fund (Capital £5bn)	£750,000	£750,000	£0
Dedicated Home to School and College Transport (£40m)	£294,536	£294,536	£0
Rough Sleeping/ Next Steps Accommodation (£3.2m + £91.5m +£10m + £105m)	£158,516	£51,000	£107,516
Active Travel (£225m)	£743,050	£743,050	£0
Re-Opening High Streets (£50m)	£339,533	£339,533	£0
Culture Recovery Fund (£1.57bn)	£180,000	£180,000	£0
Infection Control (£600m)	£5,320,292	£5,320,292	£0
Business Grants (£12.3bn)**	£87,445,000 (spending to date)	£95,514,000	Awaiting guidance
Discretionary Business Grants (£617m)**	£4,357,000 (spending to date)	£4,372,250	

Local Restrictions Business Support Grants **	£15,262,935	£15,262,935	
Business Rate Holiday (£10.7bn)	£62,339,000	£60,561,068	£1,777,932
Council Tax Hardship (£500m)	£2,691,326	£2,062,635	£628,691
Local Bus Network (£167m)	£229,632	£229,632	£0
Emergency Assistance Food and basic necessities (£63m)	£326,293	£326,293	£0
Contain Outbreak Management Fund (£n/k)	£3,073,216	£3,073,216	£0
School Condition Grant (Capital) (£n/k)	£589,604	£589,604	£0
Wellbeing for Education Return (£8m)	£55,403	£55,403	£0
Compliance and Enforcement Grant (£60m)	£158,572	£158,572	£0
Bus Service Support Grant (CBSSG) Restart scheme (£254m)	£299,634	£305,467	(£5,833)
Self Isolation Test and Trace Support Payment (n/k)	£250,979	£250,979	£0
Infection Control in Care Homes (£546m) 2 nd Tranche	£4,712,872	£4,712,872	£0
Clinically Extremely Vulnerable Individuals (£32m)	£210,000	£210,000	£0
Covid Winter Grant Scheme (£170m)	£880,472	£880,472	£0
Domestic Abuse Building Capacity Fund (£6m)	£50,000	£50,000	£0
Leisure Centres (£100m)	£n/k	£n/k (pending claims process)	£n/k

*Note: where 'Spending Forecast' equals 'Funding' this does not necessarily indicate the full extent of spending but does demonstrate the expectation that funding will be fully utilised.

**Business Grant scheme funding has been combined to date. Scheme totals can also vary if payments are subject to review or appeal

6.2.3 Further specific grants may become payable and require local administration in response to the emerging status of the pandemic response.

6.2.4 LGA and CCN collate returns from all member councils, though the types of financial pressure vary from council to council depending on their circumstances. For example, whether they provide social care, have a strong tourist economy, or the extent of deprivation. The overall impacts are similar across councils and Cheshire East Council is not an outlier. The Council will continue to support lobbying by the LGA and CCN in their aim to ensure fair settlement of the financial pressures facing local authorities

6.2.5 As noted in Table 2 above, the Council has been allocated £880,472 in respect of the Covid Winter Grant Scheme; this is for extra targeted financial support to those in need over the winter period, to provide direct assistance to vulnerable households and families with children particularly affected by the pandemic. A Supplementary Revenue Estimate is required to be approved, in respect of the expenditure to be incurred, as fully funded by the grant, and the matter is included as a recommendation in this report.

6.2.6 As noted in 5.74-5.75, it is recommended that a Supplementary Revenue Estimate is approved of £500,000, to provide a budget for an additional management fee payment to Everybody Sport and Recreation Trust to maintain its cash flow. This will be fully funded from the un-ringfenced Covid-19 Emergency Grant for Local Government.

6.3 Policy Implications

6.4 COVID-19 is having a wide-ranging impact on many policies. Any significant implications for the Council's policies are outlined in this report.

6.5 Equality Implications

6.6 Implications of the changes will continue to be reviewed. We are carrying out individual risk assessments for staff with protected characteristics, particularly in relation to BAME colleagues and staff with a disability.

6.7 Human Resources Implications

6.8 The report provides information in relation to the Council's workforce and workplace. Throughout the pandemic, there has been regular communication with staff and good co-operation with the Trade Unions.

6.9 Risk Management Implications

6.10 Risk registers have been maintained as part of the Council's response to date and the plans for recovery. Business Continuity Plans are being kept under review and plans have been tested against concurrent risks of EU Exit and winter pressures.

6.11 Rural Communities Implications

6.12 COVID-19 is having an impact across all communities, including rural communities. The support for small businesses will support rural business

6.13 Implications for Children & Young People/Cared for Children

6.14 There are implications for children and young people. There are implications for schools, early help and prevention and children's social care which are summarised in the report.

6.15 Public Health Implications

6.16 COVID-19 is a global pandemic and public health emergency. There are implications for Cheshire East which are summarised in the report.

6.17 Climate Change Implications

6.18 There have been positive benefits of fewer cars on the road. This includes most staff who have been working from home. There has also been lower demand for heating/lighting offices. This is outlined in paragraph 6.5.14.

7 Ward Members Affected

7.1 All Members.

8 Consultation & Engagement

8.1 Formal consultation activities were initially paused due to the lockdown restrictions. We are reviewing on a case by case basis to ensure that we can continue to operate effectively.

9 Access to Information

9.1 Comprehensive reports on COVID-19 can be found on the Council's and the Government's websites.

10 Contact Information

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

Frank Jordan, Executive Director Place and Deputy Chief Executive

Mark Palethorpe, Executive Director People

Jane Burns, Executive Director Corporate Services

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Working for a brighter future together

Key Decision: N

Date First
Published: N/A

Cabinet

Date of Meeting: 1st December 2020

Report Title: Domestic Taxbase 2021/22

Portfolio Holder: Cllr Amanda Stott – Finance, ICT and Communication

Senior Officer: Alex Thompson – Director of Finance and Customer Services
(Section 151 Officer)

1. Report Summary

- 1.1. This report sets out the Council Tax base calculation 2021/22 for recommendation from Cabinet to Council.
- 1.2. The calculation sets out the estimates of new homes less the expected level of discounts and the level of Council Tax Support (CTS). This results in a band D equivalent tax base position for each Town and Parish Council.
- 1.3. The tax base reflects an increase of £1.8m (0.78%) on the 2020/21 budgeted position which is lower than the 1% forecast increase reported in February 2020. This is as a result of increased Council Tax Support claimants due to the ongoing pandemic situation. Additional new homes and more properties brought back into use over the last eleven years, have increased the taxbase by 16.2% since 2010/11.

2. Recommendations

Cabinet recommend to Council that:

- 2.1. In accordance with the Local Authorities (Calculation of Tax Base) Regulations 1992, the amount to be calculated by Cheshire East Council as its Council Tax Base for the year 2021/22 as 153,796.10 for the whole area.

2.2. The premium charged for property that has been empty for 10 years or longer be increased from 200% to 300%

2.3. The Council Tax Support Scheme for 2021/22 is unchanged other than increasing the income bands in line with CPI.

3. Reasons for Recommendations

3.1. In accordance with the Local Authorities (Calculation of Tax Base) Regulations 1992 Cheshire East Council is required to agree its tax base before 31st January 2021.

4. Other Options Considered

4.1. None.

5. Background

5.1. Cheshire East Council is required to approve its tax base before 31st January 2021 so that the information can be provided to the Cheshire Police and Crime Commissioner and Cheshire Fire Authority for their budget processes. It also enables each Town and Parish Council to set their respective budgets. Details for each parish area are set out in **Appendix A**.

5.2. The tax base for the area is the estimated number of chargeable dwellings expressed as a number of band D equivalents, adjusted for an estimated number of discounts, exemptions and appeals plus an allowance for non-collection. A reduction of 1% is included in the tax base calculation to allow for anticipated levels of non-collection.

5.3. Processes to collect Council Tax locally continue to be effective and collection rates of 99% continue to be achieved over two years. Changes to Council Tax discounts, specifically the introduction and subsequent amendments to the CTS scheme are being managed and the forecast level of non-collection at Cheshire East has been maintained at 1% for 2021/22.

5.4. The tax base has been calculated in accordance with the Council's local policy to offer no reduction for empty properties except that Discretionary reductions will continue to be allowed, for landlords, under Section 13A of the Local Government Finance Act 1992.

5.5. Analysis of recent trends in new homes, and homes being brought back into use, suggest an increase of nearly 4,200 homes is likely between the setting of the 2020/21 taxbase in October 2020 and the 31st March 2022. The

impact of this growth is affected by when properties may be available for occupation and the appropriate council tax banding and this is factored into the tax base calculation.

5.6. In common with most Billing Authorities, Cheshire East Council charges a Council Tax premium of 100% on property that has been empty for 2 years or more in order to encourage homes to be brought back into use. The Local Government Finance Act 1992 (amended) enables Councils to charge a premium on empty properties.

5.7. The Autumn Budget 2017 allowed Councils to increase the premium from 100% to 200% with effect from April 2020. This change was implemented with effect from 1st April 2020. There was further flexibility granted for properties over 10 years old by allowing a 300% charge to be levied from April 2021. Cheshire East will be recommending that this change is also implemented.

5.8. The tax base also reflects assumptions around CTS payments. The Cheshire East CTS scheme was introduced in 2013/14 and subsequently amended following consultations in 2016/17 and 2020/21. The history of the scheme including budgets available compared to actual payments made is shown in Table 1 below.

Table 1 – Council Tax Support Budget since the introduction of the Scheme

Taxbase Year	CTS Payments £m	Risk Allowance £m	Resulting CTS Budget £m
2013/14 (original scheme)	18.2	0.7	18.9
2014/15	17.7	1.4	19.1
2015/16	17.7	0.9	18.6
2016/17 (revised scheme)	15.7	1.9	16.7
2017/18	14.2	2.0	16.2
2018/19	14.6	1.6	16.2
2019/20	15.0	1.2	16.2
2020/21 (estimated)	17.2	-0.4	16.8
2021/22 (estimated)	17.5	0.5	18.0

5.9. This level of budget will allow for a reduced risk factor of £0.5m due to overall affordability levels and the increased demand for Council Tax Support assistance due to the ongoing pandemic situation. The ongoing level of risk reflects a number of possible influences on the scheme such as:

- Challenges over the medium term economic position.
- The risk of a major employer leaving the area.
- The risk of delay in the significant development projects delaying employment opportunities.
- The prospect of a greater number of residents becoming of pensionable age and potentially becoming eligible for CTS.
- The risk of increased non-collection due to the increasing demand on non-protected residents.
- Further increase in caseload as a result of the COVID-19 pandemic resulting in reductions in earnings and increased redundancies

5.10. There are no further changes proposed for the Council Tax Support Scheme for 2021/22, other than the uprating of the income bands in line with the Consumer Price Index in September 2020,

6. Implications of the Recommendations

6.1. Legal Implications

6.1.1. In accordance with the Local Authorities (Functions and Responsibilities) (England) Regulations 2000 as amended and Chapter 4 of the Council's Constitution, the calculation of the Council Tax Base is a matter for full Council following a recommendation by Cabinet.

6.2. Finance Implications

6.2.1. The calculation of the tax base provides an estimate that contributes to the calculation of overall funding for Cheshire East Council in each financial year.

6.3. Policy Implications

6.3.1. None

6.4. Equality Implications

6.4.1. None.

6.5. Human Resources Implications

6.5.1. None

6.6. Risk Management Implications

6.6.1. Consideration and recommendation of the Tax Base for 2021/22 to Council ensures that the statutory requirement to set the taxbase is met.

6.6.2. Estimates contained within the Council Tax Base calculation, such as the loss on collection and caseload for Council Tax Support, will be monitored throughout the year. Any significant variation will be reflected in a surplus or deficit being declared in the Collection Fund which is then shared amongst the major precepting authorities

6.7. Rural Communities Implications

6.7.1. This report provides details of taxbase implications across the borough.

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

6.8.1. None.

6.9. Public Health Implications

6.9.1. None.

6.10. Climate Change Implications

6.10.1. None

7. Ward Members Affected

7.1. All.

8. Consultation & Engagement

8.1. Not subject to any specific consultations.

9. Access to Information

9.1. Supporting system reports evidencing current taxbase numbers is available on request.

10. Contact Information

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

Name:	Alex Thompson
Job Title:	Director of Finance & Customer Services (Section 151 Officer)
Email:	alex.thompson@cheshireeast.gov.uk

APPENDIX A

COUNCIL TAX - TAXBASE 2021/22

CHESHIRE EAST	BAND D EQUIVALENTS	TAX BASE 99.00%
Acton	167.66	165.99
Adlington	646.45	639.99
Agden	70.04	69.34
Alderley Edge	2,733.87	2,706.53
Alpraham	223.62	221.39
Alsager	4,979.84	4,930.04
Arclid	207.90	205.82
Ashley	162.00	160.38
Aston by Budworth	190.90	188.99
Aston-juxta-Mondrum	95.64	94.68
Audlem	1,058.40	1,047.81
Austerson	49.78	49.29
Baddiley	139.06	137.67
Baddington	65.17	64.51
Barthomley	102.74	101.71
Basford	93.92	92.98
Batherton	24.94	24.69
Betchton	289.42	286.52
Bickerton	131.34	130.03
Blakenhall	71.88	71.16
Bollington	3,234.81	3,202.47
Bosley	219.79	217.60
Bradwall	89.41	88.51
Brereton	743.27	735.84
Bridgemere	69.55	68.86
Brindley	70.55	69.85
Broomhall	85.54	84.69
Buerton	247.76	245.28
Bulkeley	139.15	137.76
Bunbury	691.49	684.57
Burland	293.02	290.09
Calveley	139.06	137.67
Checkley-cum-Wrinehill	50.91	50.40
Chelford	767.79	760.12
Cholmondeley	92.61	91.69
Cholmondeston	91.42	90.51
Chorley	289.65	286.75
Chorley (Crewe)	62.53	61.91
Chorlton	511.67	506.55
Church Lawton	919.42	910.22
Church Minshull	221.83	219.61
Congleton	10,581.06	10,475.25
Coole Pilate	38.95	38.56
Cranage	687.03	680.16
Crewe	14,103.94	13,962.90
Crewe Green	97.60	96.63
Disley	2,083.45	2,062.61
Dodcott-cum-Wilkesley	220.33	218.13
Doddington	19.65	19.46
Eaton	362.08	358.46
Edleston	337.99	334.61
Egerton	34.67	34.32
Faddiley	85.82	84.96
Gawsworth	827.73	819.46
Goostrey	1,101.20	1,090.19
Great Warford	446.88	442.42
Handforth	2,356.27	2,332.71
Hankelow	179.15	177.35
Haslington	2,806.10	2,778.04
Hassall	113.29	112.16
Hatherton	186.05	184.19
Haughton	107.41	106.34
Henbury	377.12	373.35
Henhull	219.40	217.20
High Legh	915.86	906.70
Higher Hurdsfield	335.51	332.15
Holmes Chapel	2,824.35	2,796.11
Hough	345.59	342.14
Hulme Walfield & Somerford Booths	288.31	285.43
Hunsterson	81.84	81.02
Hurleston	36.62	36.25

COUNCIL TAX - TAXBASE 2021/22

CHESHIRE EAST	BAND D EQUIVALENTS	TAX BASE 99.00%
Kettleshulme	174.65	172.90
Knutsford	5,852.03	5,793.51
Lea	22.23	22.01
Leighton	1,922.39	1,903.16
Little Bollington	86.34	85.48
Little Warford	40.92	40.51
Lower Peover	77.30	76.53
Lower Withington	338.83	335.44
Lyme Handley	70.02	69.32
Macclesfield	18,900.97	18,711.93
Macclesfield Forest/Wildboardclough	119.36	118.17
Marbury-cum-Quoisley	136.42	135.06
Marton	116.65	115.48
Mere	491.21	486.30
Middlewich	4,981.03	4,931.22
Millington	102.85	101.82
Minshull Vernon	148.48	146.99
Mobberley	1,484.97	1,470.12
Moston	373.28	369.55
Mottram St Andrew	417.00	412.83
Nantwich	5,388.11	5,334.23
Nether Alderley	594.59	588.64
Newbold Astbury-cum-Moreton	362.93	359.30
Newhall	431.30	426.98
Norbury	104.34	103.30
North Rode	127.24	125.96
Odd Rode	2,010.80	1,990.69
Ollerton with Marthall	327.01	323.74
Over Alderley	232.20	229.88
Peckforton	78.08	77.29
Peover Superior	415.00	410.85
Pickmere	381.09	377.28
Plumley with Toft and Bexton	412.58	408.45
Poole	82.02	81.20
Pott Shrigley	155.79	154.23
Poynton with Worth	6,014.33	5,954.19
Prestbury	2,252.94	2,230.41
Rainow	616.52	610.36
Ridley	84.45	83.61
Rope	890.44	881.53
Rostherne	80.89	80.08
Sandbach	8,288.83	8,205.94
Shavington-cum-Gresty	2,255.93	2,233.37
Siddington	184.58	182.74
Smallwood	331.16	327.85
Snelson	84.13	83.29
Somerford	618.63	612.44
Sound	119.36	118.17
Spurstow	194.40	192.45
Stapeley	1,708.44	1,691.35
Stoke	114.92	113.77
Styal	416.05	411.89
Sutton	1,138.52	1,127.13
Swettenham	176.53	174.77
Tabley	235.44	233.09
Tatton	12.26	12.14
Twemlow	121.64	120.43
Walgheerton	67.03	66.36
Wardle	68.44	67.76
Warmingham	116.10	114.93
Weston	963.46	953.82
Wettenhall	118.08	116.90
Willaston	1,495.16	1,480.21
Wilmslow	11,969.44	11,849.75
Wincle	94.64	93.69
Wirswall	41.41	41.00
Wistaston	3,182.23	3,150.40
Woolstanwood	249.13	246.64
Worleston	122.12	120.90
Wrenbury	531.12	525.81
Wybunbury	693.79	686.85
	155,349.60	153,796.10

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Working for a brighter future together

Key Decision: N

Date First
Published: N/A

Cabinet

Date of Meeting: 1st December 2020

Report Title: Pre-Budget Consultation 2021/22 – 2024/25

Portfolio Holder: Cllr Amanda Stott Portfolio Holder for Finance, ICT and Communication

Senior Officer: Lorraine O'Donnell, Chief Executive and Alex Thompson – Director of Finance and Customer Services

1. Report Summary

- 1.1. The impact of COVID-19 has created unprecedented levels of demand and financial uncertainty for all local authorities in England. The proposed Comprehensive Spending Review will now only focus on the 2021/22 financial year and an annual local government financial settlement is expected to be announced shortly.
- 1.2. Cheshire East Council is no different from other councils in dealing with the uncertainty and it is clear, that in presenting a set of proposals for consultation, that many underlying assumptions may be subject to change.
- 1.3. Nonetheless, the Council has developed proposed changes to the Council's budget which can significantly address the current projected financial pressures for 2021/22 to 2024/25.
- 1.4. The Council has a duty to consult on proposed changes to the budget and this report asks Cabinet to approve the consultation material for the 2021/22 to 2024/25 Medium Term Financial Strategy so that the survey can be launched on-line and allow the Council's stakeholders to provide feedback on the proposals being put forward.
- 1.5. The consultation document outlines that had it not been for the pandemic, the 2020/21 budget outturn would be balanced, and this presents a strong

baseline for the Council. It then goes on to outline how the Council has managed the financial challenges of COVID-19 to date and highlights that without taking action, the increased levels of demand for services and rising costs would present significant financial pressure for the Council over the medium term period.

- 1.6. This year, given the on-going pandemic, the consultation is being produced and will be hosted on the Council's Engagement Hub as an on-line survey which will contain the background to the financial situation the Council is currently facing. It will provide the facility to review and comment on the proposals being put forward.
- 1.7. Appendix A sets out the contents of the on-line survey and provides details of the proposals being put forward aligned to the Draft Corporate Plan.

2. Recommendation

That Cabinet:

- 2.1. Approve the Pre-Budget Consultation survey provided at Appendix A which will be launched on-line on 2nd December.

3. Reasons for Recommendation

- 3.1. The consultation process provides an important opportunity for interested parties to understand and comment on how the Council proposes to balance the Council's Budget in line with its commitment to be open and transparent in its decision making.
- 3.2. The proposals described in the consultation document are summarised under broad themes. The purpose of the consultation is to obtain feedback on these broad budget proposals. The Council will undertake detailed and specific consultation on individual proposals with people who would potentially be affected before they are implemented. This includes consultation with staff and trade unions. This means that some proposals may change, even during the financial year, and this will be recognised when the overall strategy is presented to Council in February.

4. Other Options Considered

- 4.1. Delay publication of the consultation until after the local government finance settlement has been confirmed, which is usually late December, and adopt the minimum level of engagement. This is not desirable because it is not transparent.
- 4.2. Publish Consultation material in similar format to previous year, with detailed information for all changes to the Council's budget. This approach

has come under criticism in recent years for being too lengthy and not helpful to gaining feedback on the proposals that are most likely to affect residents.

5. Background

- 5.1. The budget consultation reflects the priorities of the Council as outlined within the Draft Corporate Plan (See Appendix B).
- 5.2. Whilst the Council is committed to achieving its priorities, for example economic growth, safeguarding the vulnerable and providing services for residents who need support, there continues to be a requirement for the Council to achieve financial stability.
- 5.3. Therefore, the final draft of the Corporate Plan will be informed by this consultation and vice versa. Both the Medium Term Financial Strategy and Corporate Plan will be presented to Full Council for approval at the same time.
- 5.4. In developing proposals for the budget, the additional costs of services are balanced against income from local taxation, charges and appropriate use of one-off funding sources or grants. This approach is supported by a reserves strategy that recognises emerging risks.
- 5.5. In 2020 the COVID-19 pandemic has had an extraordinary impact on the Council's finances. Overall this impact is expected to be in excess of £240m, which includes increased expenditure, the administration of new government grants and significant losses of important income. The pandemic has created significant financial uncertainty for the Government and this has had a knock-on effect to local authority funding too. The financial implications of the pandemic will continue to affect the Council's budget for years to come. Further information is outlined on a separate report on the agenda of this meeting.
- 5.6. The pandemic has led to higher levels of demand for services such as Social Care Services (safeguarding, domestic abuse, social care support, mental health, poverty), and has also impacted on income such as council tax, business rates and car parking.
- 5.7. The Council is working with Government to get help where it is most needed, but there is still the potential that the Council's budget will be severely impacted, and this can affect services.
- 5.8. For 2021/22 the Government will delay the planned implementation of the Fairer Funding Review and revisions to the Business Rates Retention scheme meaning that there is a high likelihood that the one year settlement

will provide a repeat of current funding levels. This has been factored into the assumptions underlying the budget consultation and is likely to be confirmed as part of the Spending Review announcements on 25th November.

- 5.9. The Council agrees a rolling four-year Capital Programme each year consistent with the Capital Strategy and the resources available. A full review of the programme has been completed as part of the 2021-25 business planning process to ensure capital expenditure is priority based and is aligned with the Council's priorities.
- 5.10. In determining how much capital investment to undertake, the Council will consider the long-term impact of borrowing on the revenue budgets. During this four year period, new schemes will only enter the programme if they are fully funded from external sources or deliver a revenue return.
- 5.11. The current approved capital programme is £492.5m. The Addendum has a further £368.7m of proposed capital projects awaiting approval into the main programme, once the appropriate funding is identified. 63% of the Capital Programme is funded from external sources and 37% funded by council resources. The revenue cost of the capital programme for borrowing repayments over the next four years is estimated to be £69m. The current proposed capital programme is affordable within the current financial assumptions underlying the Council's budget.
- 5.12. Once the budget consultation has been published, consultation events will be undertaken with key stakeholders including:
 - Staff
 - Member
 - Businesses and business organisations
 - Schools
 - Trade Unions
 - Town and Parish Councils

5.13. The timetable to approval of the 2021/22 budget is set out below –

Date	Who?	What?
2nd December	Online survey	Launch Pre-Budget Consultation
3rd December to mid January	All Stakeholders	Respond to formal consultation via meetings or online survey
Late December	Central Government	Finance Settlement
January	CEC Officers	Collate survey responses
January	Cabinet / ELT	Analyse survey responses and finalise budget position
2nd February	Cabinet	Recommend MTFS to Council
17th February	Council	Approve 2021/22 budget, Council Tax and MTFS

5.14. Comments on the consultation are welcome until 8th January 2021. All comments will be considered by Cabinet. After this date, comments on the budget can still be submitted up to the Council meeting on Wednesday, 17th February 2021 when the Budget and the results of the consultation are considered by all Council Members, however, this may not be practical as proposals cannot be accepted without proper analysis as the budget must be based on robust estimates.

5.15. Feedback to this consultation, and further government announcements, will be important in developing a comprehensive Medium Term Financial Strategy that contains robust proposals, for approval in February 2021.

6. Implications of the Recommendations

6.1. Legal Implications

6.1.1. The Council has a legal duty to set a balanced budget for each financial year, pre-budget consultation forms part of the budget setting process.

6.2. Finance Implications

6.2.1. Appendix C provides the proposals being presented for consultation as part of the Council's requirement to set a balanced budget for the next financial year.

6.2.2. The consultation document highlights the following variations to the Council's current budget:

Summary position for 2021/22 to 2024/25	Estimated Net Budget 2021/22 £m	Estimated Net Budget 2022/23 £m	Estimated Net Budget 2023/24 £m	Estimated Net Budget 2024/25 £m
Service Budgets	288.9	293.6	296.8	303.0
<i>Including: Proposed changes as follows -</i>				
Open	0.7	1.2	3.9	4.2
Fair	3.7	1.9	2.1	4.0
Green	0.3	0.1	0.2	0.5
Total Service Budgets	293.6	296.8	303.0	311.7
Total Central Budgets (Net of Reserves)	11.0	13.2	14.9	16.9
TOTAL: SERVICE + CENTRAL BUDGETS	304.6	310.0	317.9	328.6
<i>FUNDED BY:</i>				
Council Tax	-235.9	-243.0	-250.2	-257.7
Business Rate Retention Scheme	-49.1	-49.1	-49.1	-49.1
Specific Grants	-21.6	-19.9	-18.5	-17.2
Collection Fund Deficit due to Covid-19	2.0	2.0	2.0	0.0
TOTAL: FUNDED BY	-304.6	-309.9	-315.8	-324.0
Funding Deficit / (Surplus)	0.0	0.0	2.1	4.6

6.2.3. The most significant assumptions behind the position presented in the consultation document are detailed below:

- All proposals will achieve the financial targets or be replaced with equal alternatives.
- Proposals to vary the Council's budget will be aligned to the Corporate Plan. The ongoing consultation on the content of the Corporate Plan may therefore impact on some of the financial proposals.
- Pay and pension inflation will see an overall increase in employee costs of c.2.5% pa.
- Council Tax levels will increase at 1.99% pa.
- The Tax Base will increase by c.1,800 properties per annum in line with the local plan.
- The Local Government Settlement will present a position whereby the Council will be 'no worse off' than 2020/21. This may mean

some grants are reduced but compensated by the expectation that Council Tax levels could be increased to compensate for this. In this scenario the Council would have to increase Council Tax levels accordingly to achieve the 'no worse off' position.

- The impact of COVID-19 does not exceed the current MTFS position. This means that costs deferred to 2021 and beyond will be managed through grants carried forward, the use of earmarked reserves or through risk allocations within the existing Capital Programme.
- General Reserves will remain unchanged in 2021/22 at £10.3m, which requires a balanced outturn from the 2020/21 budget (excluding the impact of COVID-19 in the above point).
- General Reserves are adequate to manage the normal level of risk associated with the overall management of a net budget of c.£300m as per the 2020 Reserves Strategy.
- Costs of changes, such as any requirement for redundancy payments will be funded from Central Budgets created as part of the balanced position for 2021/22 and 2022/23.

6.2.4. If these assumptions vary during the consultation period then the Council will have to take such variations in to account alongside the feedback from the consultation.

6.3. Policy Implications

6.3.1. The report outlines policy and budget proposals which will impact on service delivery arrangements.

6.4. Equality Implications

6.4.1. Equality Impact Assessments have been undertaken for every proposal put forward as part of this budget consultation.

6.5. Human Resources Implications

6.5.1. Consultation on the proposals will include staff. Any changes involving staff will be managed in consultation with staff and Trade Unions.

6.6. Risk Management Implications

6.6.1. Cheshire East recognises that in pursuit of its objectives and outcomes in this pre-budget consultation that it may choose to accept an increased degree of risk. 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.

6.6.2. The Council also establishes a level of reserves that are adequate to protect the Council against financial risks, such as emergencies, which are not specifically budgeted for in individual years.

6.6.3. The Council will continue to be flexible about investing revenue funding in maintaining sustainable services and reflecting changes to the risks facing the Council. The full Budget Report will include a revised Reserves Strategy for 2021/22 to provide further detail on estimated balances and the application of reserves in the medium term.

6.7. Rural Communities Implications

6.7.1. There are no direct implications for rural communities.

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

6.8.1. Proposals affecting the Children's area of the budget have been set out as part of Appendix A and C.

6.9. Public Health Implications

6.9.1. There are no direct implications for public health.

6.10. Climate Change Implications

6.10.1. The draft Corporate Plan has a very strong environmental thread throughout with a specific aim for the Council to be 'Greener'.

6.10.2. A number of proposals are listed which will support the Council's commitment of being carbon neutral by 2025. These are included in the wider list of proposals within Appendix A and C

7. Ward Members Affected

7.1. All Members will have the opportunity to be involved in the engagement process.

8. Consultation & Engagement

8.1. This report sets out the Consultation process planned.

9. Access to Information

9.1. Any supporting documents that help to explain or evidence the report and its recommendation should be included here in accessible formats. Authors

should take note of any confidentiality or cost of access issues in this section for reports that end up in the public domain.

10. Contact Information

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

Name: Alex Thompson

Job Title: Director of Finance and Customer Services

Email: alex.thompson@cheshireeast.gov.uk

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Cheshire East Council Budget Engagement 2021 – 25

Introduction

The COVID-19 pandemic is a global crisis on an unprecedented scale. Coronavirus has affected countless countries and communities worldwide and without doubt has significantly changed our way of life as we all know it.

Against this backdrop, we have incurred significant additional costs and seen income in many areas reduced including parking, weddings, planning applications, council tax and business rates.

Cheshire East Council like every other local authority, is also dealing with unprecedented financial pressures due to increasing demand, particularly in adult and children's social care and our statutory duties to protect the most vulnerable. The impact of COVID-19 only adds to the existing uncertainty around the funding of vital local services that we must both manage and seek to secure. We must also plan for and support the recovery of our economy, our communities and our local public services.

Independent studies¹ have identified the forecast shortfall in funding for council services in England is £3.1 billion as a result of the COVID-19 pandemic. This is in addition to an underlying shortfall of as much as £4billion² that reflects the short-term nature of funding settlements from central government and the failure to recognise the growth in demand for services.

The council has reported a potential £13 million funding deficit related to the impact of COVID-19 in 2020/21 in addition to an already identified shortfall of £12 million in 2021/22. At the time of writing we are in a second national lockdown and there is future uncertainty around the impact of COVID-19 on the remainder of this financial year and the longer-term impacts of the pandemic into 2021/22 and beyond. This document assumes that these future impacts of COVID scarring will be funded by the Government. If this is not the case, the financial pressures on the Council will be increased. We will react to these pressures to protect essential local services as far as possible.

This budget engagement outlines our priorities, how we are investing to achieve them and how we must change things to live within our means over the next few years.

Notes:

1. Source: Institute of Fiscal Studies
2. Source: Local Government Organisation

Purpose of our Budget Engagement

Cheshire East Council provides more than 500 services for approximately 382,400 residents. From gritting roads to looking after vulnerable people, hundreds of council services are accessed every single day.

As your council, we have a responsibility to deliver cost effective services in a way that provides our residents with value for money and to ensure every penny is accounted for and spent wisely to deliver so many vital local services which support the needs of local people.

We are legally required to set a balanced budget each year, meaning we cannot spend more than our income. As part of this process we need to seek the views of residents and businesses regarding priority areas for the year ahead. In making such important decisions, we are keen to understand how the COVID-19 crisis has changed priorities, the impact on families and challenges facing local communities. Your views and feedback on our proposals as local people, businesses, organisations, Councillors and staff are therefore important and will help us to fully understand the impact of the changes required to achieve a financially balanced position.

Cheshire East Council is responsible for managing total expenditure in excess of £700million, after taking all the conditional income and grants the council receive into account, this creates an annual net revenue budget of approximately £300million. This covers the day-to-day running costs of providing vital services and equates to approximately £15 per week for every resident living in the borough.

As well as providing day to day services to support children and adults who need our help, the council also manages a range of capital projects such as building new schools, new roads, information and digital technology and regenerating our town centres. The total amount of projects being managed over the next four years alone, is almost £400million.

2020 has been an unprecedented year given COVID-19 and that makes the task of setting a balanced budget for next year an even greater challenge than usual.

This document outlines the key financial issues that we need to tackle, including those that relate to the ongoing pandemic, our proposed response to these financial challenges, our plans for spending next year, and how your views will be captured and decisions regarding the council's budget will be made.

Giving your feedback

Please submit your feedback by 8th January 2021. You can let us know what you think by:

- Completing this short survey
- Emailing RandC@cheshireeast.gov.uk
- Tweeting @CheshireEast #CECBudget

For any queries about this engagement e.g. if you would like to receive this questionnaire in an alternative format, or submit your response in a different way, please call Customer Services on 0300 123 5500 or email RandC@cheshireeast.gov.uk.

Your confidentiality is assured

Any personal information you supply will remain strictly confidential and will be used in line with the Data Protection Act 2018. To find out more about how we use your information see [our privacy policy](#).

Survey content

The engagement now covers the below topics - please choose which of these topics you would like to view and answer questions on:

- ☐ 1. Our priorities
- ☐ 2. Unprecedented times – the impact of COVID-19
- ☐ 3. Spending within resources
- ☐ 4. Spending on our priorities for next year
 - a. Open
 - b. Fairer
 - c. Greener
- ☐ 5. Managing the Council's Financial affairs

1. Our priorities

Over the last few weeks, we've been asking residents, businesses, other organisations, our staff and Councillors about our plans for the future. Our new draft corporate plan sets out the vision and priorities over the next four years. Our vision is for a more **open, fairer and greener Cheshire East**.

The vision is ambitious and long-term, leading to three broad aims of:

- An open and enabling organisation
- A council which empowers and cares about people
- A thriving and sustainable place.

The draft corporate plan includes actions that will help us towards these goals. Clearly, our ability to deliver them all will depend on the resources we have at our disposal. This means that our corporate plan and the budget are intrinsically linked.

In this budget engagement, we set out how we are investing in our priorities as well as where we are continuing to drive savings and efficiencies.

The council must invest additional funds in key frontline services to manage demand and meet our priorities to care for people and create a sustainable place. The increase in population across the borough inevitably leads to further demand for some services, but the complexity of care needs in particular also causes costs to increase.

Continuing to deliver our existing services in the current format is not possible without additional investment.

Although our services are valued by you, our residents, we also recognise that services should not cost more in Cheshire East than elsewhere. Our staff are all committed to providing you with excellent service, and we work hard at providing the support to our staff that they need. The financial forecasts include pay inflation, but also include potential changes to terms and conditions in line with other similar organisations. Over time it is also clear that services will need to adapt and transform, and in doing this some roles will change or in some cases will no longer be necessary.

The council is committed to 'digital first' and will adopt strategies that improve access to services and create efficiencies. New technology requires investment but, overall, business cases will demonstrate that we will operate in a far more efficient way using new systems, in particular through a reduced requirement to maintain large office spaces.

2. Unprecedented times – the impact of COVID-19

The global COVID-19 pandemic is having a significant impact on all our lives. The council and its partners are working tirelessly to respond to the challenges. At the same time the council has continued to strive to:

- deliver essential local services
- protect our most vulnerable children, families and vulnerable adults
- support our communities and local businesses.

The financial implications of the pandemic will continue to affect the council's budget for the next few years. The council is working with Government to get help where it is most needed, but there is still the potential that the council's ability to do that will be impacted and this can affect services.

The council's latest forecasts estimate that as much as £13million of COVID-19 related expenditure or income losses will have to be funded locally. But there is still quite a lot of uncertainty so we must make some assumptions about spreading this cost over the medium term to help set a balanced budget for 2021/22.

If the situation improves, we may not need to make all the savings proposed in this consultation. But if it stays the same or gets worse, it is likely that we will need to make savings to the services we really want to protect.

More information about the council's response to COVID-19

The council's response to COVID-19 has been comprehensive and impacts on all services. Regular reports have been provided to Councillors on the activities to combat COVID-19, the latest version of which can be [viewed on the council website \(opens new window\)](#).

To what extent do you agree or disagree the council is managing the impacts of COVID-19 effectively? Please tick one box only

- ☐ Strongly agree
- ☐ Tend to agree
- ☐ Neither agree nor disagree
- ☐ Tend to disagree
- ☐ Strongly disagree
- ☐ Don't know

Is there anything else you think the council could do to manage the impacts of COVID-19? Please write in below

3. Spending within resources

All Local Authorities (councils) in the UK are legally required to set a balanced budget, meaning they cannot spend more than their income. Cheshire East Council gets income from Council Tax, business rates, government grants and local fees and charges.

Since 2013/14 central government's general-purpose revenue support grant to Cheshire East Council has fallen by £55.9million to zero. The reduction was partially mitigated by permission to raise more money through Council Tax and other sources.

This is a difficult challenge when lots of the council's spending is driven by increases in demand as the population grows and people live longer, as well as unavoidable costs such as inflation and national living wage. A large proportion of this is spent on supporting older people in care homes or in the community, people with a physical or learning disability or mental ill health. This is in addition to protecting our most vulnerable young people who need to come into the care of the local authority or ensuring our children with SEND (Special Educational Needs and Disability) are supported to live full and active lives. Our income sources are at risk due to the impact COVID-19 is having on the economy.

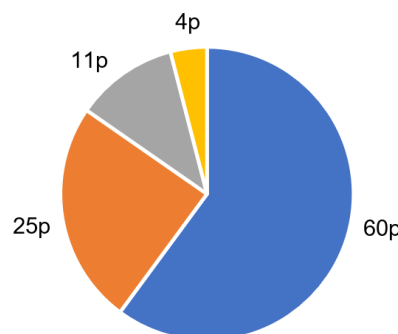
The council's finances are audited, with reports to central government and independent external auditors that provide an opinion on the quality of the council's arrangements. If there is a risk that a council is not going to achieve a balanced budget in-year or in the future it must take immediate action.

When the council agreed a budget in February 2020 it was balanced. However, we also made it clear that there would be a financial deficit of £12million in 2021 and beyond, and we would need to take appropriate action to address this to enable the council to set a balanced budget.

How is £1 of your Council Tax spent?

In February 2020, Cheshire East Council agreed it would spend each £1 of its budget for the year April 2020 to March 2021 in the following areas:

People Services e.g. Adult Social Care, Children's Social Care	60p
Place Services e.g. Highways, Waste, Libraries, Leisure	25p
Corporate Services e.g. Legal, HR, Trading Services	11p
Central Budgets e.g. Funds for Capital Projects	4p
Total	£1



Within budget so far

The good news is that this year, impacts of COVID-19 aside, the council is living within its means, with the Mid-Year Review balanced to within 0.2% of the budget that was agreed for the year. In the previous financial year, the council was forecasting an overspend of 2.7% (or £7.5m) at mid-year, so this is an improvement.

To what extent do you agree or disagree that the council spends money wisely? *Please tick one box only*

- ☐ Strongly agree
- ☐ Tend to agree
- ☐ Neither agree nor disagree
- ☐ Tend to disagree
- ☐ Strongly disagree
- ☐ Don't know

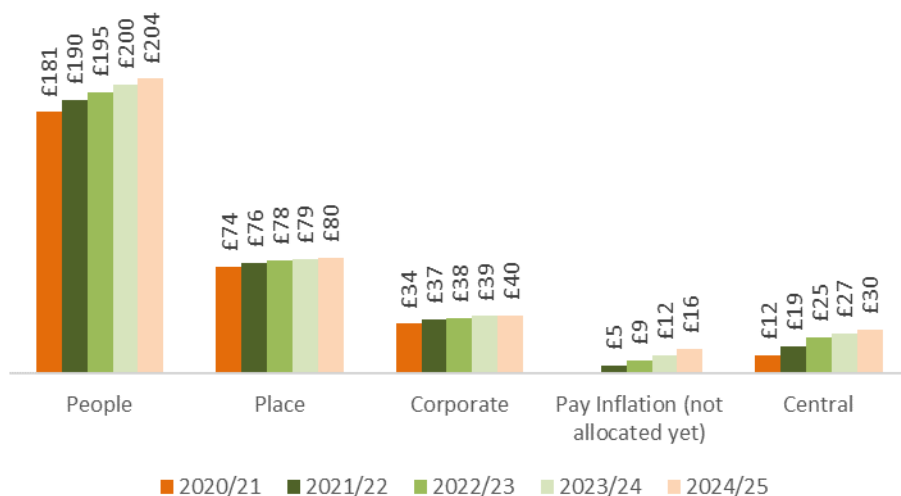
What information do you need to be able to judge how the council spends money? *Please write in below*

4. Spending on our priorities for next year

We will continue to invest in our priorities, support our most vulnerable residents and meet the needs of an expanding population.

Service area	Spending priorities
+£9m in 2021/22 for People Services (services include Social Care for Children and Adults, Education, Public Health and Communities)	Whilst we have significant financial challenges, we plan to invest in these services and there will be increases in spending to meet the needs of the growing numbers of older people who often have complex care needs and younger adults who are living longer with very complex needs. We are also prioritising investment in services for children, education (including more school places), early help and public health.
+£3m in 2021/22 for Place Services (services include Highways, Waste, Environmental Management, Economic Development, Planning and Leisure)	The council is committed to improving the environment and reducing carbon emissions in the Borough, therefore spending is being prioritised to support this ambition. We are also investing to support the regeneration of our towns and economic development across the Borough. In addition, as more houses are being built, we need to ensure we can increase the level of services such as waste collection to meet this demand.
+£3m in 2021/22 for Corporate Services (services include Legal and Democratic Services, ICT, Finance, HR and Customer Services)	We will continue to invest in modern technology and efficient ways of working. We've completely changed how we work since lockdown with all staff who can working from home. This will help us to reduce our premises costs in the future, for example. We also have set money aside to cover losses in Housing Benefits and to provide support with housing costs to individuals on lower incomes.
+ Additional Budgets (across all services to manage items such as pay inflation and the ongoing costs of the capital programme)	Pay inflation includes money for pensions, and the costs of the capital programme which reflect the council's requirement to borrow money to fund significant infrastructure schemes.

Projected Budgets, by service area (£million)



Under the current funding arrangements for Local Authorities, which has seen reductions in government grants as well significant control over other funding sources, the demand for services will exceed the resources available to the council.

This means whilst investing in its priorities, the council must also reduce expenditure, which can prevent or delay the council from achieving its locally identified priorities.

If the council is able to access a fairer level of funding, which increases the budget, then, based on the responses to the consultation, not all of the proposals to reduce expenditure will need to go ahead.

In February next year, the council must meet to agree its [Medium Term Financial Strategy](#), which will show how spending pressures can be balanced against available resources, or reductions in spending by changing the way services are delivered.

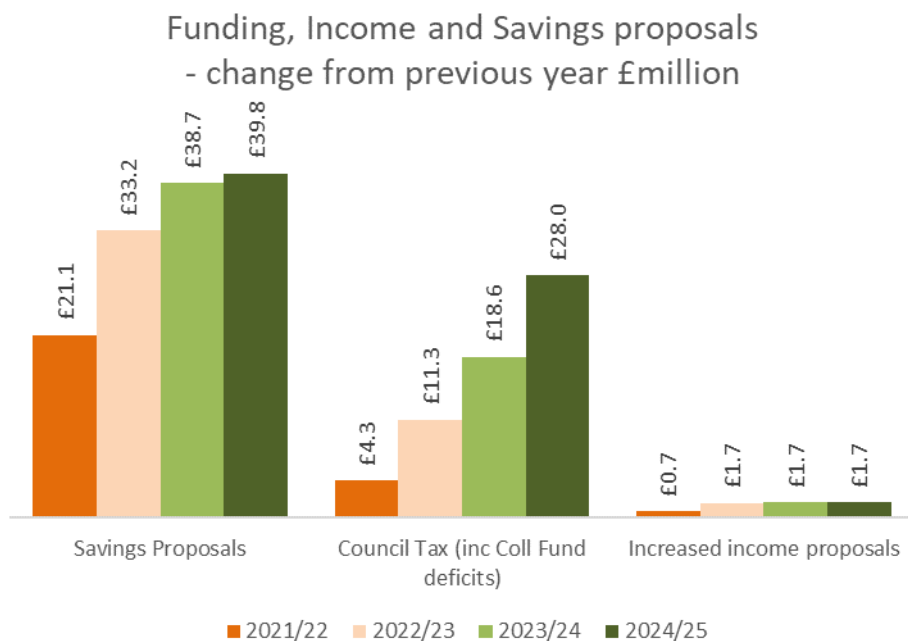
If a council is predicting a budget shortfall for next year, meaning it would spend more than its income, it must show how it will make up this shortfall by proposing savings.

Savings are proposed across all areas of the council. We aim to do this through improved efficiency, reducing duplication, streamlining how we work, better targeting and reducing support for lower priority activities. We also need to make sure we have the right skills in the right places to

deliver the council's priorities. This could mean a reduction in the workforce, but we will work hard to minimise compulsory redundancies and to support our staff.

Income will come from increasing Council Tax levels as well as charging for more services or increasing existing prices for services.

Part of the overall strategy is also to be use reserves specifically built up over time, to fund longer term costs such as capital funding.



Overall the Council's budget is still expected to rise, with expenditure increasing across each of the Council's priorities, funding coming from Council Tax. Although there is a risk that spending may exceed income from 2023/24 this reflects the approach of the Council to develop sustainable proposals but not to make significant reductions that may not be necessary if government funding settlements become clearer, and more focused on long term opportunities.

Summary position for 2021/22 to 2024/25	Estimated Net Budget 2021/22 £m	Estimated Net Budget 2022/23 £m	Estimated Net Budget 2023/24 £m	Estimated Net Budget 2024/25 £m
Service Budgets	288.9	293.6	296.8	303.0
Proposed changes as follows:				
Open	0.7	1.2	3.9	4.2
Fairer	3.7	1.9	2.1	4.0
Greener	0.3	0.1	0.2	0.5
Total Service Budgets	293.6	296.8	303.0	311.7
Total Central Budgets (Net of Reserves)	11.0	13.2	14.9	16.9
TOTAL: SERVICE + CENTRAL BUDGETS	304.6	310.0	317.9	328.6
FUNDED BY:				
Council Tax	-235.9	-243.0	-250.2	-257.7
Business Rate Retention Scheme	-49.1	-49.1	-49.1	-49.1
Specific Grants	-21.6	-19.9	-18.5	-17.2
Collection Fund Deficit due to COVID-19	2.0	2.0	2.0	0.0
TOTAL: FUNDED BY	-304.6	-310.0	-315.8	-324.0
Funding Deficit	0.0	0.0	2.1	4.6

4a. Open Investment and Saving Proposals

	Open - Investment	2021/22 £m	2022/23 £m	2023/24 £m	2024/25 £m
Transparency	Local decision making is crucial to be a transparent organisation. Local elections must be funded properly and the next all-out elections for the borough, town and parish wards are scheduled for May 2023. We will increase the budget to save up each year to meet this cost.	0.150			
Financial Sustainability	To support a sustainable financial future for the council, through service development, improvement and transformation, we will make decisions to fund pay awards but must also recognise some important ongoing financial pressures. Pay inflation increases will include review of pay structures; spinal point incremental increases for eligible staff and annual nationally negotiated pay awards.	6.805	3.473	4.029	4.134
Commercial Opportunities	Adjustments to the income target for the council's owned company, Orbitas Bereavement Services have been agreed and essential capital and revenue investment in Public Rights of Way service are proposed to enable them to continue to provide the service.	0.042	0.021		
Workforce	<p>The council will continue to invest in modern working practices and efficient ICT and communication systems including telephony and video conferencing systems which underpin and support innovation, and affordable frontline delivery.</p> <p>There will also be a programme of ICT procurement and contract renewal over the next three years for ongoing software maintenance and support for service delivery.</p>	0.634	0.769	0.895	0.032
	Open – Total Investment	7.631	4.263	4.924	4.166

	Open - Savings	2021/22 £m	2022/23 £m	2023/24 £m	2024/25 £m
Listen, Learn	Surveys will continue to support our decision making, but as no further funding is required for the Census 2021, £20,000 can be removed from the budget.	(0.020)			
Financial Sustainability	<p>The corporate services directorate will look at more efficient ways of working by completing staff restructures, focussing on highest priority activities, developing self-service digital solutions and generating income. It will further reduce costs from a wide-ranging review of terms and conditions of service across all areas to ensure the council is aligned with legislative changes, best practice and new ways of working. Pension forecasts will also reduce in line with latest forecasts and spending will reduce on corporate subscriptions, professional associations and journals.</p> <p>A review of the shared services between Cheshire East and Cheshire West and Chester councils will ensure that value for money is delivered, that there is merit in continued collaboration, and that opportunities for further efficiencies are identified.</p> <p>Along with Cheshire West and Chester Council, the council has agreed to invest in a new system which supports payroll, accounting for income and paying suppliers. The new system will enable the council to be more efficient by automating processes and will reduce the number of staff needed for these transactions.</p> <p>Repayment of the Council's debt is frequently reviewed, to assess value for money and appropriateness under the Minimum Revenue Provision policy. Reviews will deliver budgetary savings in the short term but does not necessarily alter the overall liability over time. The capital financing budget will increase over time and will take account of available capital resources, including the use of anticipated capital receipts.</p> <p>We will look to reduce the level of debt owed to the council through extended pre-payment and increased debt recovery. Improved debt collection over time reduces income from court costs, which are already</p>	(5.025)	(0.951)	(0.260)	0.030

	<p>forecasting a budget shortfall. Excess Direct Payments funds can also be recovered.</p> <p>As a result of COVID-19, we have been able to improve usage of ICT. This enables us to make a one-off, permanent saving from the travel element of Members' Allowances to reflect the existing and expected continued lower level of claims for travel allowances due to virtual meetings. Savings to travel budgets will be recognised in key services as staff will not be required to make as many journeys.</p> <p>In conjunction with NHS colleagues, we can undertake reviews of nursing home placements and complex care packages to identify those people who have a primary health need and are therefore eligible for Continuing Healthcare Funding.</p> <p>Further efficiency savings and reduction in expenditure will include:</p> <ul style="list-style-type: none"> • Improved customer experience in the highways service and a reduction in annual cuts of grassed areas • Improvements to Regulatory Services ICT systems • Using contract services for low risk food hygiene inspections • Migration of the CCTV service to a wireless network • Reduced funding to the Constellation Partnership • A new operating model for Congleton Visitor Centre • Reducing base budget for community grants and signpost to alternative sources, for example, crowd funding. 				
Commercial Opportunities	<p>The council owns or partly owns several separate trading companies. It will review of the governance arrangements of the council wholly owned companies including the development of opportunities for efficiencies/ income generation. The council will be undertaking a strategic review of leisure services and the operating agreement between the council and Everybody Sport & Recreation.</p> <p>The Fees and Charges Review and Change Project will review the current status within service areas of the council and deliver a change in policy and practice to maximise efficient and tangible income generation.</p>	(1.527)	(0.710)	(0.332)	(0.040)

	<p>The council proposes to enable Cheshire East Highways to undertake external works for 3rd party clients to deliver an income stream and/or overhead reduction for the Council.</p> <p>We are obliged to provide value for money from each of the commissioned services. With COVID-19 many providers have embraced digital working, and this means we must find new ways to make efficiencies to meet increasing demand. The commissioning staff will complete a comprehensive review of all contracts considering fees and charges, performance, outcomes, service delivery and quality.</p> <p>There are proposals to establish two new traded services. Establishing an Education Psychologist traded service would provide early intervention support to children and therefore also potentially reduce demand on the SEND service. Establishing a traded service for non-statutory elements of Attendance Service would provide early intervention support and improve the support offer to schools and families to improve the attendance of children at school.</p>				
Workforce	<p>The COVID-19 pandemic has highlighted how adult social care can operate differently. There are opportunities such as the development of the Integrated Care Partnership (ICP) and integration commissioning that will enable the staff to work differently. New ways of working and integrated posts will be adopted which will result in more efficient ways of working.</p> <p>A strategic review and transformation of the existing main office estate as part of the Estates and ICT transformation programme. This will improve the design of the office environment, support flexible working, reduce overall carbon emissions and deliver net savings. This also involves a review of all council buildings that provide customer facing services within towns and neighbourhoods across the borough.</p> <p>The local authority receives an external grant to support school improvement functions for the maintained schools' sector. We propose to use a proportion of this grant to contribute towards staffing costs of those staff who directly support our maintained schools to improve outcomes for their learners.</p>	(0.399)	(1.500)	(0.460)	

	<p>A saving on the corporate training budget can be achieved through a shift towards using, wherever possible, more cost-effective means of providing courses such as online training.</p> <p>We are currently aligning our services across Early Help to deliver more effectively on a locality basis using our partnership model 'Together in Communities' to improve the understanding and accountability of all partners regarding their roles and responsibilities around identifying and offering whole family early intervention and support. We are also looking to commission a volunteer model to support the step-down arrangements and to provide ongoing support that some families will require when they no longer meet the threshold for more intensive early help.</p> <p>Once locality working is well embedded, the volunteer service is delivering excellent outcomes and as a partnership, our council services are no longer having to lead on a high majority of prevention casework, we will be in a position to streamline our teams accordingly in the Family Service and Children's Centres.</p> <p>There is an opportunity to review the way we operate children's and family centres, moving forwards with less requirement to offer full time reception duty cover and, with the recent investment to enable staff to work remotely, offer more services in a virtual, digital capacity. This reorganisation is required in order to streamline business support which means we have flexibility to cover fewer bases and at different times of operation. This will support better integrated working with NHS services moving forwards.</p>				
	Open – Total Savings	(6.971)	(3.161)	(1.052)	(0.010)

To what extent do you agree or disagree with the investments and savings under Open? *Please tick one box only*

- ☐ Strongly agree
- ☐ Tend to agree
- ☐ Neither agree nor disagree
- ☐ Tend to disagree
- ☐ Strongly disagree
- ☐ Don't know

Do you have any comments to make on the investments and savings under Open? *Please write in below*

4b. Fairer Investment and Saving Proposals

	Fairer - Investment	2021/22 £m	2022/23 £m	2023/24 £m	2024/25 £m
Reduce Reliance	<p>The Adults Social Care budget both here in Cheshire East, and across the country, remains under pressure as a result of a number of factors. These include young people transitioning into adulthood, care fee levels paid to external care providers, the rising demand generally and our older population requiring much more complex care. To ensure the council is well placed to meet this demand it will invest in services that will deliver high quality support to our most vulnerable residents.</p> <p>Cheshire East Council has a duty under the Care Act 2014 to “promote the efficient and effective operation of a market in services for meeting care and support needs.” In delivering this obligation, councils must ensure the sustainability of the market and that there are sufficient high-quality services available to meet the care and support needs of adults in the area. We propose a fee uplift for Accommodation with Care and Complex Care providers for 2021/22.</p> <p>There are currently 2* PFI (Private Finance Initiative) extra care housing schemes in Cheshire East where the Council provides the cost of catering/restaurant service.</p> <ul style="list-style-type: none"> - Oakmere in Handforth with 53 apartments - Willowmere in Middlewich with 71 apartments - Beechmere in Crewe had a major fire in August 2019 and the entire site was destroyed. It had 132 apartments and is scheduled to be re-built, however, no dates have yet been confirmed for this. <p>The restaurant facilities at all PFI extra care housing schemes are currently subsidised by the Council and this proposal is to continue the subsidy. Options to reduce this subsidy will continue to be explored.</p> <p>This is to bid for additional growth to meet the demands for advocacy services. Local authorities have an obligation to provide statutory advocacy services. This support enables an individual (usually a</p>	6.853	4.000	4.000	4.000

	vulnerable person) to understand, communicate their choice and to participate in decision making which affects them.				
Safeguard Children	The number of new Education, Health and Care Plan requests continues to increase significantly above the national rate. Previous investment in the Special Educational Needs and Disability Service should enable the service to deliver on new needs assessment requests but further investment is essential to enable the service to fulfil the statutory requirements for ongoing annual reviews.	0.100			
Corporate Parenting	The children's social care budget, both here in Cheshire East and across the country, remains under pressure as a result of several factors. These include increasing numbers of children and young people entering the care system. To ensure the council is well placed to meet this demand it will invest in services that will deliver high quality support to our most vulnerable group of children.	1.300	1.300	1.300	
Fairer – Total Investment		8.253	5.300	5.300	4.000

	Fairer - Savings	2021/22 £m	2022/23 £m	2023/24 £m	2024/25 £m
Health Inequalities	<p>The Pathfinder contract is due to end in May 2021 following a contractual period of 2+ years. Commissioners proposed not to extend the contract further into the extension period. To provide support for people contacting social care via upskilling frontline staff (Local Area Coordinators, Community Development Officers libraries), especially on financial matters/form filling/signposting. Other social prescribers (including Community Connectors) will have further training on financial inclusion to bridge further gaps. The People Helping People service also provides support which aims to prevent social isolation within our communities.</p> <p>Mental Health Floating Support focuses on early intervention and prevention, supporting the development of innovative solutions to best meet the needs aiming to improve the health and wellbeing of individuals and their families. Interventions will promote people's</p>	(0.220)			

	independence and thereby reduce demand on social care and health services. Funding of this will be picked up by the public health ring fenced grant in future and will require subsidy from the Council's non-ringfenced funding.				
Reduce Reliance	<p>The current and future cost savings will be made by reconfiguring the Communities Team to focus on low level prevention activity and mobilising the local community to support low level domiciliary care tasks. The appropriate management structure would be more integrated within Commissioning which will allow a seamless approach to gathering local need and intelligence and matching this to future integrated commissioning intentions.</p> <p>The Virtual School for Cared for Children supports cared for children and care leavers with transition to employment, through the procurement of an external provider who facilitates access to employment. It is proposed that this programme is supported through pupil premium grant received from the Department for Education to support progress and achievement of cared for children.</p> <p>Our strategic vision for day opportunities in the future within Cheshire East is to support safe, purposeful and personalised activities that enable citizens to play a valued role in their community and to live as independently as they choose. Ensuring that vulnerable adults can access activities appropriate to their needs, and with choice and control is paramount. By ensuring that all day opportunities adopt a more personalised and flexible approach we can potentially reduce the level of expenditure and see more people take up Direct Payments.</p> <p>We are proposing to undertake a full review and reassessment of all the Local Authority's section 117 aftercare arrangements under the Mental Health Act (1983), as permitted under the Act and acknowledging that people can recover from episodes of mental health and therefore can be enabled to live their lives more independently. As required by the legislation, this will be done in consultation with our NHS colleagues.</p>	(2.616)	(0.850)	(0.150)	

This Family Information Service (FIS) provides the statutory function to advise parents and carers about the availability of Childcare and support services for children for Cheshire East families. The proposal is to review the role of the FIS officers and look at how their frontline advice and guidance can be delivered in a different way, utilising those staff already front facing with families such as Business Support Assistants and Family Service Workers.

This Contract Management Team intend to monitor providers performance and potential cost reclamation against Key Performance Indicators for fulfilment of commissioned hours via the Electronic Monitoring System. The system is utilised to monitor the commissioned prime providers delivering care and support across the Borough of Cheshire East against their Key Performance Indicators (KPI) as set out in the Care at Home contract specification, pricing schedule and Performance Monitoring Framework.

The system aims to drive up the quality of the service that care providers deliver to people whose care is commissioned by the Council. The quality of the service actually delivered is measured against the commissioned care packages in terms of the start time of the call, call duration and continuity of carers. In cases where the care call is less than 80% of the commissioned call time and over all less than 90% the contract allows Commissioners to recover any costs attributed to the failure to adhere to the call duration KPI.

Cheshire East Council is a partner in the digital platform that shares data called the Cheshire Care Record. This is used by Health and Social Care practitioners to enable a holistic view of a person's health and social care needs. The budget has some flexibility in it to reduce the amount required to maintain its usage.

The Skills & Lifelong Learning Service supports post-19 learners in developing skills for employment through accredited courses and wider community engagement. The principle funding stream is an Education and Skills Funding Agency grant currently supplemented by council

	<p>funding. The intention is to reach the position where the service team functions entirely on grant.</p> <p>Schools are supported by the local authority through our school liaison services as well as being part of a comprehensive traded service including governance. The function of this service will be reviewed to achieve efficiencies.</p>				
Safeguard Children	<p>To redesign Early Help Services on to a locality delivery model, streamlining management arrangements to increase integration and reduce duplication.</p> <p>We intend to review our commissioned services to ensure that they offer the very best experience and life chances for people with learning disabilities. This will involve working with our NHS colleagues and care providers, ensuring a person-centred approach at all times.</p> <p>We know that outcomes for children who enter the care system, particularly those who enter it late, are not optimised. The sooner we can support children and their families, to help them stay safely together, the better the chances are for all those family members to do well and have the best chance of a good life. If we continue to strengthen our frontline practice ensuring we have the right plans and care arrangements for our children, with permission to be creative and flexible in our approach, a reduction in the budget will follow. We will achieve this through:</p> <ol style="list-style-type: none"> 1. Safely reducing the number of cared for children 2. Resetting the current placement imbalance by reducing the number of children living in children's homes and with external foster carers. This will increase the number of cared for children living locally in Cheshire East. <p>This service supports achieving better outcomes for children, young people and families through delivery of service development, improvement and transformation initiatives, effective partnership working through the coordination of the key children's partnership boards, coordination of external support and validation including</p>	(1.634)	(2.571)	(3.007)	

	<p>inspection, and support to the cross service business functions for the People directorate.</p> <p>As a result of COVID-19, improved locality working and partnership working and a successful volunteer service, we will be able to realise savings to the travel budget as staff will not be required to make as many journeys to delivery sites or family's homes. We are utilising improved ICT functionality so have less need to travel to the office for meetings and in some instances are using the technology to deliver services to families.</p>				
Best Start	This proposal is to reduce the Development and Partnerships Service by 50% in 2023-24 to generate a cost saving as this service is not statutory. The roles of the service would need to be absorbed by existing services which may impact on our ability to carry out these functions and our ability to carry out service development and transformation.			(0.300)	
Collaboration	To reduce by 10% the council's contribution to deliver a single Youth Justice service across the Cheshire Constabulary area.	(0.045)			
Fairer – Total Savings		(4.515)	(3.421)	(3.457)	

To what extent do you agree or disagree with the investments and savings under Fairer? *Please tick one box only*

- ☐ Strongly agree
- ☐ Tend to agree
- ☐ Neither agree nor disagree
- ☐ Tend to disagree
- ☐ Strongly disagree
- ☐ Don't know

Do you have any comments to make on the investments and savings under Fairer? *Please write in below*

4c. Greener Investment and Saving Proposals

	Greener - Investment	2021/22 £m	2022/23 £m	2023/24 £m	2024/25 £m
Great Place	<p>The Council is required to meet the housing needs of the Gypsy and Traveller Community.</p> <p>Based on an assessment of need it is proposed to develop a transit site which will provide a safe environment and avoid the occurrence of unauthorised encampments.</p> <p>The new facility will require running costs to be covered and therefore growth of £27,000 is proposed to meet these costs.</p> <p>The proposed facility is subject to securing planning approvals before construction commences.</p>	0.027			
Neighbourhoods	<p>The Council has previously set an income target relating to environmental enforcement. The Council is currently reviewing its approach to enforcement and has identified that having a fixed income target is not sustainable. Therefore, growth is proposed to remove this income target from for the budget.</p>	0.118			
Environment	<p>Housing growth to date and future projections in house building will see a corresponding increase in recycling and waste. In addition, annual price increases for waste disposal contract costs have been factored in.</p> <p>We have committed to be carbon neutral by 2025 and to influence carbon reduction across the Borough. Our Environment Strategy and Carbon Action Plan, sets out how we will achieve this. Planned growth in the budget has been factored in for 2021, but due to cost pressures this is proposed to be removed with growth of £20,000 planned for the following year.</p> <p>Additional investment is required to fund the implementation of the Council's tree risk management strategy.</p> <p>Illuminated traffic signs and bollards are an integral feature of the highway providing guidance and direction for all road users. Installed</p>	0.810	1.194	0.572	0.582

	over the last 50 years they are an ageing, energy inefficient asset that requires replacement with low energy LED illumination or no energy de-illumination to current standards.				
	Greener – Total Investment	0.955	1.194	0.572	0.582

	Greener - Savings	2021/22 £m	2022/23 £m	2023/24 £m	2024/25 £m
Great Place	<p>These planned savings result from income and efficiencies generated through the investment programme in the facilities at Tatton Park, which will improve the visitor experience and reduce the overall subsidy the Council makes to Tatton Park.</p> <p>Engage with Community organisations and Local Councils to explore opportunities to work together on the delivery and funding of services. This will include the potential of asset transfers and partnership approaches to funding key services and facilities.</p>	(0.150)	(0.036)	(0.048)	(0.046)
Neighbourhoods	Savings through the recommissioning of Housing Related Support contracts.	(0.045)			
Transport	<p>The Council must meet unprecedented and complex challenges with increasing customer expectations to provide a modern, fully maintained, safe, responsive, harmonised and fair parking service. A separate and detailed consultation is being undertaken to inform detailed proposals to potential changes to car parking tariffs in the borough.</p> <p>This initiative seeks efficiency savings and income opportunities in the delivery of supported local bus services. Engagement with residents, bus users, bus operators and other stakeholders will be undertaken before final budget adjustments are made.</p> <p>The Council has reviewed the flexible transport Flexi-Link service and changes have been made in the way it is commissioned and delivered. This has enabled the service to be improved and deliver the efficiencies</p>	(0.469)	(0.955)		

	planned. There is no proposal to reduce this service. In addition, savings will be delivered through a combination of increased income through advertising and reduced costs in the contract with the Council's company Transport Service Solutions Ltd, which will not impact on the level of service provided to residents.				
	Greener – Total Savings	(0.664)	(0.991)	(0.048)	(0.046)

To what extent do you agree or disagree with the investments and savings under Green? *Please tick one box only*

- ☐ Strongly agree
- ☐ Tend to agree
- ☐ Neither agree nor disagree
- ☐ Tend to disagree
- ☐ Strongly disagree
- ☐ Don't know

Do you have any comments to make on the investments and savings under Green? *Please write in below*

5. Managing the Council's Financial Affairs

The way council services are funded has been subject to review by central government for several years. The Government was expected to publish a 4-year spending review in 2019, together with proposals for a new approach to social care funding. Instead, a one-year spending settlement was announced, and we expect to learn what that means for Cheshire East Council before Christmas.

The council aims to provide sustainable services, meaning they can be maintained over time without relying on funding sources that may be only temporary. We await information on sustainable funding beyond 2022.

Uncertainty over government settlements not only impacts on grants but also affects Council Tax and Business Rates income, which makes up about 95% of the council's net funding. The council has limited reserves to manage this level of uncertainty so must prepare for a position that can be managed locally and complies with the requirement to set a balanced budget.

If government announcements during the consultation period allow the level of savings to be reduced, then this will be considered alongside all the other feedback received. If it is possible to reduce the level of savings required, it will be important for the council to understand the thoughts of local people, partners, businesses, staff and Councillors through this consultation

But if funding remains in line with the forecasts in this consultation document, the level of savings will be required in full and any proposals to make changes will need to be balanced by alternative savings or compensating income. If the announcement leaves us in a worse position, it is likely that we will need to make savings to the services we really want to protect.

As part of managing the Council's finances in a responsible way the Council reviews the technical elements of the budget to ensure funding is provided to front line services. This means understanding the implications of investment and borrowing as well as recognising variations in the tax base and contribution from local businesses. This element of budget management also recognises the impact of proposals on the Council's reserves.

Central Budgets and Funding Activity	2021/22	2022/23	2023/24	2024/25
	£m	£m	£m	£m
<p>To ensure openness and transparency the Council identifies the use of reserves and other impacts of the Council's balance sheet and how this affects the overall requirement to raise Council Tax to fund local services in a sustainable way.</p> <p>Over the period 2021 to 2025 the Council will add an appropriate amount to general reserves (c.£2m) to reflect the increasing size of the budget and the associated risks from managing demand led services. However, at the same time, built up reserves for Capital Spending and the Collection Fund will be utilised to manage the impact of COVID-19 and ongoing costs of borrowing to fund infrastructure costs (£5m).</p> <p>Costs of Capital Financing will still increase significantly over the medium term though (costing £23m over 4yrs).</p> <p>Any costs of redundancy will also be covered by Central Budgets.</p> <p>The previous strategy for year-on-year increases to contributions to the pensions fund has created a more sustainable position and contributions do not need to continue increasing which will save money over the MTFS compared to the previous strategy (saving £20m over 4yrs).</p> <p>Council Tax provides the most significant funding source for local services and cumulative increase over the MTFS will be significant (providing £47m over four years).</p> <p>It also expected that government grants will reduce from 2022/23 which will reduce income by a cumulative c.£10m over the three years.</p> <p>If government settlements are better than forecast the benefits will be recognised within the Council's funding of local priorities and not reflected in Central Budgets.</p>				
Savings and Income	-12.973	-9.840	-8.067	-10.440
Investments and Costs	8.284	6.655	3.951	4.213
Net Central Budget Items	-4.689	-3.185	-4.116	-6.227

Generally speaking, would you prefer next year's budget shortfall to be made up through money saving proposals, through an increase in council tax, or through increased prices for services?

I would prefer next year's budget shortfall to be made up... *Please tick one box only*

- ☐ ...through further money saving proposals
- ☐ ...through higher increases in Council Tax
- ☐ ...through increased prices for services

Do you have any final comments to make about this budget consultation? *Please write in below*

About you

It would help us to check that we are providing services fairly if you would answer the questions below. Information you give will be used to see if there are any differences in views for different groups of people, and to check if services are being delivered in a fair and accessible way. You do not need to answer any of the following questions if you do not wish to.

Which of the following best describes how you are you responding to this consultation: *Please tick one box only*

- ☐ On behalf of a group, organisation or club
- ☐ On behalf of a local business
- ☐ As an individual (e.g. local resident)
- ☐ As an elected Cheshire East Ward Councillor, or Town/Parish Councillor
- ☐ Other (please write in):

If you wish to, please give the name of the group, organisation, club or business you are responding on behalf of: *Please write in below*

What is your home postcode? We ask this so we can be sure we have obtained a range of views from across the borough *Please write in below*

What is your gender identity? *Please tick one box only*

- ☐ Male
- ☐ Female
- ☐ Prefer not to say
- ☐ Prefer to self-describe (please write in the box below):

What age group do you belong to? *Please tick one box only*

- ☐ 16-24
- ☐ 25-34
- ☐ 35-44
- ☐ 45-54
- ☐ 55-64
- ☐ 65-74
- ☐ 75-84
- ☐ 85 and over
- ☐ Prefer not to say

Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months? This includes problems related to old age. *Please tick one box only*

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

What is your ethnic origin? *Please tick one box only*

- ☐ White British / English / Welsh / Scottish / Northern Irish / Irish
- ☐ Any other White background
- ☐ Mixed: White and Black Caribbean / African / Asian
- ☐ Asian / Asian British
- ☐ Black African / Caribbean / Black British
- ☐ Prefer not to say
- ☐ Prefer to self-describe (please write in the box below):

Which of the following best describes your religious belief / faith? *Please tick one box only*

- ☐ Buddhist
- ☐ Christian
- ☐ Hindu
- ☐ Jewish
- ☐ Muslim
- ☐ Sikh
- ☐ None
- ☐ Prefer not to say
- ☐ Prefer to self-describe (please write in the box below):

Do you look after, or give any help or support to, anyone because they have long-term physical or mental health conditions or illnesses, or problems related to old age? *Please tick one box only*

- ☐ No
- ☐ Yes, 9 hours a week or less
- ☐ Yes, 10 to 19 hours a week
- ☐ Yes, 20 to 34 hours a week
- ☐ Yes, 35 to 49 hours a week
- ☐ Yes, 50 or more hours a week

Survey finishes.

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Our Vision **An open, fairer, greener Cheshire East**

Open

We will provide strong community leadership and work transparently with our residents, businesses and partners to deliver our ambition in Cheshire East

Fair

We aim to reduce inequalities, promote fairness and opportunity for all and support our most vulnerable residents

Green

We will lead our communities to protect and enhance our environment, tackle the climate emergency and drive sustainable development

Our Priorities

An open and enabling organisation

- Ensure that there is transparency in all aspects of council decision making
- Listen, learn and respond to our residents, promoting opportunities for a two-way conversation
- Support a sustainable financial future for the council, through service development, improvement and transformation
- Maximise commercial opportunities for the council
- Support and develop our workforce to be confident, motivated, innovative, resilient and empowered
- Promote the services of the council through regular communication and engagement with all residents

A council which empowers and cares about people

- Reduce health inequalities across the borough
- Reduce the reliance on long-term care by improving services closer to home and providing more extra care facilities, including dementia services
- A commitment to protect the most vulnerable people in our communities
- Safeguard our children from abuse, neglect and exploitation
- All children to have the best start in life with ongoing opportunities to maximise their potential
- Increase the life opportunities for young adults and adults with additional needs
- Be the best corporate parents and improve outcomes for vulnerable children and young people
- A collaborative way of working with partners to support communities to achieve their full potential

A thriving and sustainable place

- A great place for people to live, work and visit
- Welcoming, safe and clean neighbourhoods
- Reduce impact on the environment
- A transport network that is safe and promotes active travel
- Thriving urban and rural economies with opportunities for all
- Be a carbon neutral council by 2025

Our Values



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*Important Note: Proposals marked **RED** / **AMBER** have been identified as those only being considered for consultation and any subsequent implementation if the Local Government Funding Settlement does not sufficiently increase the funding to Cheshire East Council. **RED** items would be removed first where possible.

	Note		Change from Previous Years Budget			
Detailed List of Proposed Budget Changes			2021/22 £m	2022/23 £m	2023/24 £m	2024/25 £m
Ensure that there is transparency in all aspects of Council decision making						
Local Election Costs			0.150			
			0.150	0.000	0.000	0.000
Listen, learn and respond to our residents, promoting opportunities for a two-way conversation						
Census 2021			-0.020			
			-0.020	0.000	0.000	0.000
Support and sustain a financial future for the Council, through service development, improvement and transformation						
Pay inflationary increase			4.591	3.825	3.907	3.998
Housing Benefit – Supported Accommodation			1.300			
Core Financial System			0.719	-0.459		
Mitigation of reduction in the Dedicated Schools Grant (Corporate Services)			0.117	0.042	0.033	0.027
B4B unachievable savings - HR & TSC Budget Shortfall - ADD TO CORE FINANCIAL SYSTEM			0.045			
Mitigation of the year-on-year reduction in the Dedicated Schools Grant (ICT) - ADD TO DSG			0.033	0.065	0.089	0.109
Direct Payments	A	*	-1.000			
Continuing Healthcare Reviews	A	*	-1.000	-1.000		
Prevention and Early Help Service – Reduction of frontline workers in Prevention	R	*	-0.265	-0.697		
Reduce the numbers of Business Support Staff in line with the repurposing of Children & Family Centres	R	*	-0.200			
Reduce Base budget assigned to Community Grants	A	*	-0.150			
Efficiency savings and Restructures within Corporate Services	A	*	-0.300	-0.250		
Review Terms and Conditions	A	*	-0.300	-0.100	-0.100	
Shared services review	A	*			-0.200	
Improved Debt Recovery and correcting budgeted court costs income targets to reflect actual levels	A	*	-0.290	0.225	0.050	0.050
Capital Programme Review			-1.000	1.000		
Member allowances and reduced mileage			-0.030			
Reduced travel and supplies and services for Early Help services			-0.026			
Reduce pensions budget to match latest forecasts			-0.140			
Review of corporate subscriptions			-0.035	-0.015		
Flexible Resourcing for Service Delivery for Regulatory Services			-0.050			
Urban Grass Cutting	A	*	-0.100			
Improving customer experience – Highways correspondence	A	*	-0.100			
Transfer of Congleton Visitor Information Centre			0.001	-0.020	-0.010	-0.020
Regulatory Services and Environmental Health ICT procurement				-0.009		
CCTV migration to wireless networks				-0.085		
Constellation Partnership			-0.040			
			1.780	2.523	3.769	4.164
Maximise commercial opportunities for the Council						
Orbitas income and management fee			0.032	0.021		
Public Rights of Way Resources (Revenue implications of Capital)			0.010			
Everybody Sport and Recreation Annual Management Fee	A	*	-0.043	-0.042	-0.041	-0.040
Commercial Workstream	A	*	-0.100			
Commercialisation of the Highway Service Contract	A	*	-0.080			
Brighter Futures Together Programme Customer Experience	A	*	-0.120	-0.133	-0.081	
Contract savings in the Peoples Directorate			-0.500			
Client Income in the Peoples Directorate			-0.100			
Establish an Education Psychologist traded service to enable a proactive early support and intervention offer				-0.025	-0.075	
Establish a traded service for non statutory elements of Attendance Service				-0.035	-0.035	
Review of governance of ASDVs and seeking increased opportunities for savings/ commercial opportunities			-0.315	-0.225	-0.100	
Increase income from hire of Children’s Centres			-0.010			
Ansa income generation and efficiencies - Food Waste Recycling			-0.259			
Strategic Leisure Review			0.000	-0.250		
			-1.485	-0.689	-0.332	-0.040
Support and develop our workforce to be confident, motivated, innovative, resilient and empowered						
Infrastructure Investment Programme (Revenue implications of Capital)			0.310	0.410	0.520	
Unified Communications (Revenue implications of Capital)			0.251	0.283	0.296	
People Directorate - ICT Procurements 2020-24 (Revenue implications of Capital)			0.060	0.063	0.066	0.019
Place Directorate - ICT Procurements 2020-24 (Revenue implications of Capital)			0.011	0.011	0.011	0.011
Corporate Directorate - ICT Procurements 2020-24 (Revenue implications of Capital)			0.002	0.002	0.002	0.002
Productivity and Efficiency in Adult Social Care	A	*		-1.000		
Estates Transformation - Office Accommodation			-0.044	-0.100	-0.460	
Prevention and Early Help Service – Locality working and changes to the management structure of the Family Service	R	*		-0.140		
Neighbourhood Estate Review			-0.090	-0.260		
Increased Useage of Digital Technology			-0.125			
To review of use of School Improvement Grant to provide capacity to support maintained schools			-0.060			
Reduce central training budget			-0.080			
			0.235	-0.731	0.435	0.032
Open			0.660	1.103	3.872	4.156

Detailed List of Proposed Budget Changes			2021/22	2022/23	2023/24	2024/25
			£m	£m	£m	£m
Reduce health inequalities across the Borough						
Pathfinder Cheshire East - Cheshire Community Action	A	*	-0.100			
Mental Health Floating Support	A	*	-0.120			
			-0.220	0.000	0.000	0.000
Reduce the reliance on long term care by improving services closer to home and more extra care facilities, including those with dementia						
Investment in Adult Social Care			4.000	4.000	4.000	4.000
Growth for Care Fees in Adult Social Care			2.441			
Extra Care Housing – Catering / Restaurant Provision			0.300			
Investment in Advocacy Service			0.112			
Direction of travel for the Communities Team to focus more on the Intervention and Prevention Agenda to make cost savings, growth and future cost avoidance	A	*	-0.750	-0.750		
Fund the Cygnet programme for cared for children from pupil premium	A	*	-0.015			
Day Opportunities, Redesign, Strategy and Savings	A	*	-0.030	-0.070	-0.150	
Mental Health Services Review	A	*	-1.000			
Review agreements linked to intermediate care beds	A	*	-0.268			
Reduced capacity in Family Information Service			-0.050			
Electronic Call Monitoring Reclamation			-0.245	-0.030		
Cheshire Care Record			-0.138			
Review the use of the Cheshire East Lifelong Learning Service grant to reduce the requirement of Council funding			-0.110			
To reduce costs of School Liaison and Governance service with less use of external support			-0.010			
			4.237	3.150	3.850	4.000
Safeguarding our children from abuse, neglect and exploitation						
Increase capacity in SEND service to meet continuing demands on the service			0.100			
Move to Integrated Early Help Locality Service model	R	*	-0.167			
Learning Disabilities Future Service Development and Review	A	*	-1.000	-1.000	-1.000	
Reduced travel and supplies and services for Early Help services			-0.032			
Reduction in cost of external placements for cared for children			-0.435	-1.571	-2.007	
			-1.534	-2.571	-3.007	0.000
Increase the life opportunities for young adults and adults with additional needs						
Development and Partnerships Service	A	*			-0.300	
			0.000	0.000	-0.300	0.000
Be the best Corporate Parents and improve outcomes for vulnerable children and young people						
Investment in Cared for Children and Care Leavers			1.300	1.300	1.300	
			1.300	1.300	1.300	0.000
A collaborative way of working with partners and families to support children to achieve their full potential						
Reduction in contribution to Cheshire Youth Justice Service			-0.045			
			-0.045	0.000	0.000	0.000
Fairer			3.738	1.879	1.843	4.000
A great place for people to live, work and visit						
Development of a Transit Site (Revenue implications of Capital)			0.027			
Tatton Park			0.000	-0.006	-0.028	-0.046
Asset / Service Transfer			-0.150	-0.030	-0.020	
			-0.123	-0.036	-0.048	-0.046
Welcoming, safe and clean neighbourhoods						
Fixed Penalty Income target			0.118			
Housing Services			-0.045			
			0.073	0.000	0.000	0.000
To reduce the impact on our environment						
Waste Contract Inflation and Tonnage Growth			0.810	0.644	0.657	0.613
Environment Strategy and Carbon Neutrality	A	*		0.020	-0.081	
Tree Risk Management				0.500		
Carbon Reduction - Replacement of existing illuminated signs and bollards with LED units	A	*		0.030	-0.004	-0.031
			0.810	1.194	0.572	0.582
A transport network that is safe and promotes active travel						
Parking Strategy (Revenue implications of Capital) - Subject to separate consultation	A	*	-0.327	-0.955		
Local Supported Buses - Subject to separate consultation	A	*	-0.117			
Community Transport			-0.025			
			-0.469	-0.955	0.000	0.000
Greener			0.292	0.203	0.524	0.536
Total Proposed Budget Change			4.689	3.185	6.239	8.692

Detailed List of Proposed Budget Changes			2021/22	2022/23	2023/24	2024/25
			£m	£m	£m	£m
Increased Council Tax Base - % increase planned at 1.99%			-4.567	-4.694	-4.835	-4.979
Increase Council Tax Base - New Homes			-1.838	-2.365	-2.412	-2.461
Central Pension adjustment based on Actuary results			-4.567	-1.900	1.500	
Use of Earmarked Reserve - Collection Fund deficit			-2.000			2.000
Use of (-) / Contribution to (+) Earmarked Reserves - General			2.237	-0.881	-0.820	
Deficit on Collection Fund due to COVID-19			2.147			-2.000
Minimum Revenue Provision			2.000	3.977	1.024	1.000
Capital Receipts Income removed from base budget			1.000			
Reduced commercial growth in Business Rates Retention Scheme			0.700			
Bad Debt Provision			0.200			
Contribution to General Reserves				1.000		-1.000
Change to New Homes Bonus funding estimate				1.679	1.427	1.213
Central Budget Items			-4.689	-3.185	-4.116	-6.227
Funding Deficit			0.000	0.000	2.123	2.465
Funding Deficit - Cumulative Position			0.000	0.000	2.123	4.589
*Important Note: Proposals marked RED / AMBER have been identified as those only being considered for consultation and any subsequent implementation if the Local Government Funding Settlement does not sufficiently increase the funding to Cheshire East Council. RED items would be removed first where possible.						

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Working for a brighter future together

Key Decision: Y

Date First
Published: 30/7/20

Cabinet

Date of Meeting: 1st December 2020

Report Title: Development of a Gypsy and Traveller Transit Site

Portfolio Holder: Councillor Nick Mannion – Portfolio Holder for Environment and Regeneration

Senior Officer: Frank Jordan – Executive Director Place

1. Report Summary

- 1.1 There are requirements under the Housing Act 2004, the National Planning Policy Framework 2019 and Planning Policy for Traveller Sites 2015 for Local Authorities to identify accommodation needs for Gypsy and Travellers and Travelling Show people and to establish a five-year land supply in order to address these needs. This requirement also includes the provision of transit site accommodation, which is the focus of this report.
- 1.2 Cheshire East Council is committed to producing appropriate accommodation solutions for all communities, offering equality to all. This paper sets out the process to bring forward a transit site for the Gypsy and Traveller communities who are travelling through our Local Authority area, to avoid the occurrence of illegal and unauthorised encampments.
- 1.3 The report outlines the process officers have undertaken to identify the recommended site. It also outlines the approach and costs which will be required to enable us to deliver the scheme.
- 1.4 Specifically the report seeks approval to award a construction contract for the scheme. This award will be subject to the outcome of the planning decision.

2. Recommendation

- 2.1. That Cabinet delegate authority to the Executive Director of Place to take all necessary steps to deliver the Cledford Hall Gypsy and Traveller Transit Site Project subject to obtaining planning approval. Within that overall authority, the Executive Director will be required to approve:
 - 2.1.1. The submission of the planning application,
 - 2.1.2. The final costs of the project and
 - 2.1.3. Award a construction contract to a preferred bidder in consultation with the Director of Governance and Compliance and the Portfolio Holder for Environment and Regeneration.

3. Reasons for Recommendation

- 3.1. The need for 5 to 10 transit pitches was identified within the Gypsy and Traveller Accommodation Assessment (GTAA) which was updated in August 2018. The GTAA has been published and provides a key part of the evidence base to justify the policies in the draft Site Allocations and Development Policies Document (SADPD) regarding Gypsy and Traveller accommodation provision.
- 3.2. Following completion of the GTAA, the Council undertook a site identification process, informed by a Call for Sites, to identify potential sites to meet the identified need. This included a review of sites which had been identified through previous studies and consideration of the potential to extend existing provision.
- 3.3. Cledford Hall in Middlewich had previously been identified for the provision of a transit site and was granted planning permission for this use in 2015. Due to issues on site, which have now been resolved, the development of the site did not proceed, and the planning application lapsed.
- 3.4. The site is proposed as an allocation for 10 transit pitches in the Revised Draft SADPD, approved by the Cabinet on 6th October for representations ahead of its submission to the Planning Inspectorate for examination. The site was similarly identified as an allocation for 10 transit pitches in the previous draft of the SADPD consulted upon in 2019. It is therefore the Council's preferred site for transit provision. The evidence on which the site was identified concludes that the Cledford Hall site is suitable and available for transit pitch provision. However, this would be subject to approval at the planning stage.

- 3.5. Due to the increase in unauthorised encampments across the Cheshire East area, consideration has been given to the best mechanism to meet this accommodation need and, in doing so, reduce the levels of encampments. The provision of a transit site is seen as the most effective approach.
- 3.6. A transit site would provide Gypsies and Travellers who are travelling through the borough a safe and suitable place to stay. It would help to reduce the health and education inequalities that many Gypsy and Traveller communities suffer.
- 3.7. The police are able to use their powers under Section 62a-e of the Criminal Justice and Public Order Act 1994. These powers allow the police to direct the Travellers from an encampment to a suitable pitch on a transit site within the same local authority area. If the Travellers do not leave when directed to, or if they return to the authority within three months after being directed, they are committing an offence. Therefore, a transit site will enable Cheshire East and the Police to deal with encampments in a more proactive manner.

4. Other Options Considered

4.1. Do nothing

- 4.1.1. There is a requirement for the Council to identify sites to meet the needs identified within the Gypsy and Traveller Accommodation Assessment. The Gypsy and Traveller Accommodation Assessment 2018 identified the requirement for 5 to 10 transit pitches on a public site.
- 4.1.2 The Council could continue to deal with unauthorised encampments in the same way, however without a Transit Site, several existing adverse impacts will continue unresolved:
 - 4.1.2.1 the disruption to the use of public open space experienced by local residents and businesses.
 - 4.1.2.2 the insecurity and disruption experienced by the Gypsy and Travellers as they are evicted by court order from one unauthorised site after another.
 - 4.1.2.3 the community tensions experienced by all parties involved. The Council has a Public Sector Equality Duty to foster good relations between ethnic groups.
 - 4.1.2.4 the annual cost to the Council in dealing with unauthorised encampments, target hardening and court action.

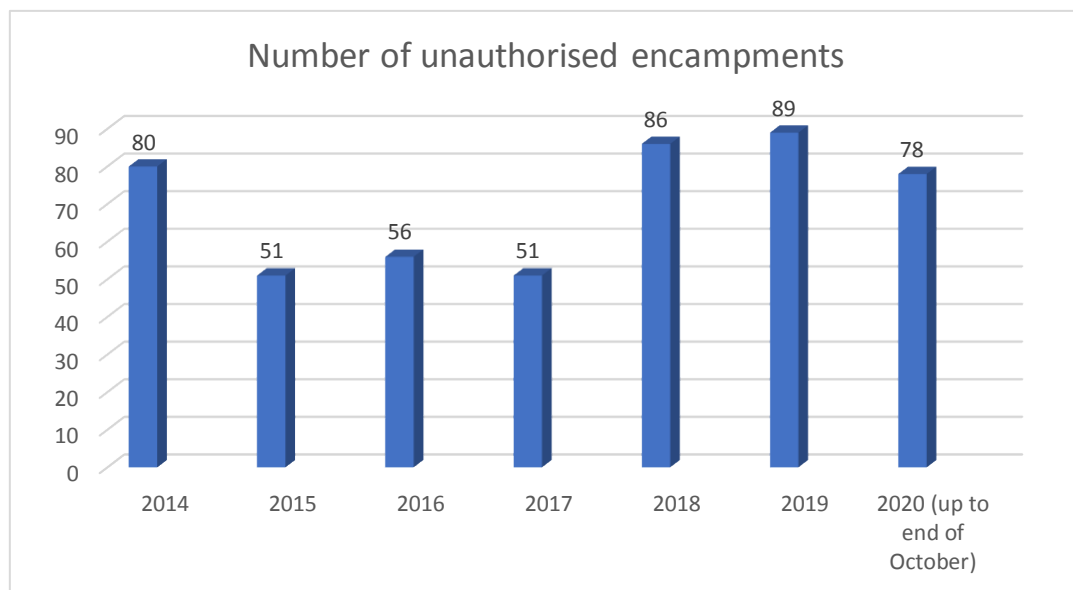
4.2. Tolerated Stopping Places

- 4.2.1. This option involves Local Authority officers making an agreement with Gypsies and Travellers on unauthorised encampments, allowing them to stay for a specified period of time. The terms of the agreement can vary depending on the situation but will usually include matters such as correct waste disposal and other things which can be described as 'good neighbourliness'.
 - 4.2.2. Provision and use of services, such as portaloos and household waste disposal, will often form part of the agreement. Some authorities also supply water where possible. The length of the agreement can also vary from 2 weeks to several months but tend to be around 28 days.
 - 4.2.3. The agreement can apply to the land which has been camped on, or if it is unsuitable the LA can direct the group to an alternative more suitable location where an agreement can be made. The police however cannot use their S62 powers to direct Gypsy and Travellers to a tolerated stopping place. The identification of a suitable site has been explored and continues; however it would have to be suitable and not have a significant impact on the adjacent land, businesses or residents.
- 4.3. Consideration has been given to measures which could also reduce the impact of unauthorised encampments, however they do not enable the Council to address the accommodation needs of Gypsy and Travellers, these include:
- 4.3.1. **Target Hardening and mitigation measures** - There are physical measures which can be installed to deter access to land for example, barriers, soil bunds, concrete bollards and fencing. Some measures can be effective, however on areas where there is a wide area of public open space with more open access, such measures may not be feasible or effective. An issue with target hardening is that whilst access onto one piece of land may be prevented, Travellers may simply move on to another, less secure piece of land. Target Hardening will only act as a limited deterrent and it is not practicable to incorporate target hardening measures on all accessible land.
 - 4.3.2. **Injunctions** - Cheshire East can apply to the Courts to seek an injunction to prohibit encampments on identified open land in the ownership of Cheshire East Council. This was an effective measure on The Barony in Nantwich, where the Council could demonstrate the

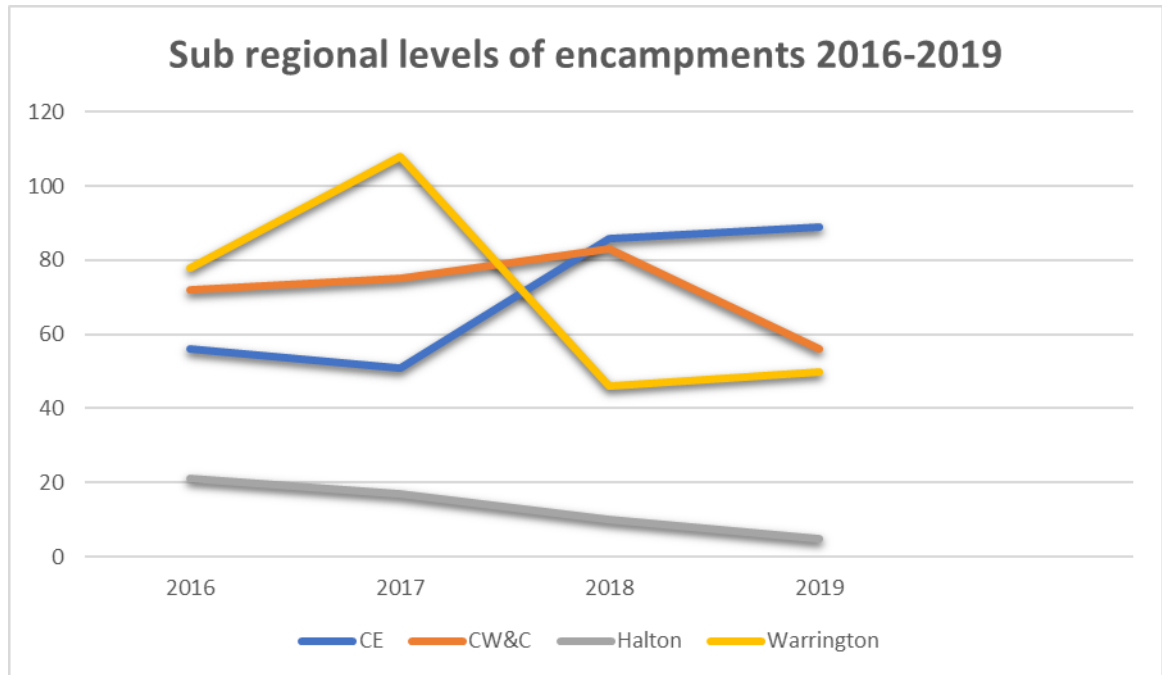
impact that encampments were having on the area. This however was only granted for a 2 year period to enable the Council to pursue transit or tolerated stopping places. It would be very unlikely that the Council would be able to secure an injunction prohibiting access to all open land across the authority area, particularly in the absence of an authorised transit site in the borough

5. Background

- 5.1. There is a need to secure transit provision on a public site in the borough to address the ongoing occurrence of unauthorised encampments and their associated impacts on the wider community and businesses. The level of unauthorised encampments has fluctuated over the last few years, however we are now seeing a significant increase, as the graph below demonstrates. Due to Covid 19 at the beginning of 2020, the levels of encampment were not as high but since the lifting of restrictions the levels have increased.



- 5.2 The Cheshire and Warrington Traveller Team manages unauthorised encampments on behalf of the sub regional authorities (Cheshire East, Cheshire West and Chester, Halton and Warrington) and provides data in relation to the number of encampments across the authority areas. The graph below provides a comparison, but also demonstrates the effectiveness a transit site can have within an area, as within Halton who opened their transit site in 2009.



The Cledford Hall site

- 5.3 Following evaluation of the options available for the site, it was determined that the site should firstly be cleared due to the health and safety risks posed by the deteriorating Listed Buildings. All the demolition and ecological works have now been undertaken and the site has now been cleared. Continued ecological monitoring is required on the site and works to repair any damage to the fencing.
- 5.4 A mini-competition for the design and construction of the Transit Site has been undertaken through the North West Construction Hub Low Value Construction Framework. This is a two-stage process and Manchester and Cheshire Construction have been appointed to undertake pre-construction services to carry out surveys, develop the design, prepare an application for Planning Permission and tender the work packages.
- 5.5 As previously stated, the site is being promoted as an allocation within the SADPD and has previously been granted planning permission. A revised scheme and application are due to be submitted for planning permission in December 2020 to seek permission to develop 10 transit pitches and an amenity block on the site. Subject to planning permission being granted it is recommended that this site is taken forward for development as set out in paragraphs 2.1 of this report.

6. Implications of the Recommendations

6.1. Legal Implications

- 6.1.1. There is a requirement for the Council to identify sites to meet the needs identified within the Gypsy and Traveller Accommodation Assessment. The Gypsy and Traveller Accommodation Assessment 2018 identified the requirement for 5 to 10 transit pitches on a public site.
- 6.1.2. Under Section 62A of the Criminal Justice and Public Order Act 1994, it states that the police can only direct those on unauthorised encampments to a suitable pitch on a relevant caravan site which is situated in the same local authority area as the land on which the trespass has occurred, and which is managed by a local authority, registered social landlord, or other person or body as specified by order by the Secretary of State. If the Travellers do not leave when directed to, or trespass on land within the local authority area, within three months after being directed, they are committing an offence. The development of a transit site would enable Cheshire East and the Police to deal with unauthorised encampments in a more proactive and effective manner.
- 6.1.3. The site identified is already within Council ownership and as such the Council can commit to the future use proposed in this report in its capacity as landowner. Legal Services have undertaken a full title review of the site.
- 6.1.4. The proposed use of the site cannot proceed until the Council, in its capacity as Local Planning Authority, has granted the requisite permission.
- 6.1.5. The proposed use of the site by individual occupiers would result in the Council granting occupation agreements of the plots. Such agreements would be entered into on the basis that individuals are given permission to be on the Council's land as opposed to tenancy agreements being entered into.

6.2. Finance Implications

- 6.2.1. A budget of £168,000 has been allocated to progress preconstruction activity to enable the Council to progress to the planning application stage.
- 6.2.2. Assets undertook an exercise to ascertain the estimated cost of a revised scheme, which only provides the minimum requirements. The total project costs were estimated at £2,219,142 of which the build costs are being estimated at £1,676,955.58.
- 6.2.3. A bid for Homes England funding of £550,000 has been submitted to contribute towards the cost of development (£1,676,955.58). To access the funding within the current funding round there is a requirement to start on site by March 2021. If the programme cannot achieve this then a further bid can be submitted through the new Affordable Housing Programme. We are continuing to engage with Homes England and advise them of progress on the project.
- 6.2.4. In addition to the Homes England Funding the scheme would require additional Cheshire East capital resources of £1,501,142. This is currently included in the addendum to the capital programme but will form part of the main capital programme in the Medium Term Financial Strategy 2021-2025.
- 6.2.5. The total budget required to develop the site (subject to Homes England approval) is £2.2m which is outlined below:

Total cost	£2.2m
Funding	
Homes England Funding (subject to approval)	£0.55m
Current budget – main capital programme	£ 0.16m
Current Addendum allocation	£1.5m

- 6.2.6. In relation to ongoing revenue costs, the site will be managed by the Cheshire and Warrington Traveller Team who have taken over the management of unauthorised encampments on behalf of Cheshire East. They would absorb this function at no additional charge, subject to an annual review. There would however be revenue costs including business rates, maintenance costs and utility charges. These costs are currently estimated at just over £27,000 per annum and would be offset by any rental income. These costs would also offset any costs for dealing with unauthorised encampments and are factored into the base budget for the place directorate for 2020/21 with any shortfall being covered from within the place directorate budget.

6.3. Policy Implications

- 6.3.1. The proposal set out in this report is consistent with the Council's decision to allocate the site for transit pitch provision in the draft SADPD.
- 6.3.2. The Housing Strategy 2018 -2023 outlines the requirement to assess the accommodation needs of Gypsy and Travellers and work with Strategic Planning to identify suitable sites to address the need.

6.4. Equality Implications

- 6.4.1. The Council has a duty under Section 149 of the Equalities Act to have due regard to the need to: eliminate discrimination; advance equality of opportunity between persons who share a "relevant protected characteristic" and persons who do not share it; foster good relations between persons who share a "relevant protected characteristic" and persons who do not share it.
- 6.4.2. An Equality Impact Assessment has been carried out to assess the impact of the proposals within this report and the impact on different groups within the community. A copy is available and is attached to this report.

6.5. Human Resources Implications

- 6.5.1. No additional human resources have been identified

6.6. Risk Management Implications

- 6.6.1. Without the provision of a transit site, the Council will have to deal with unauthorised encampments without the ability to move them on to a safe and secure location quickly. We have seen levels fluctuate and this could continue to increase, impacting negatively on local residents and

businesses and incurring further costs and the Council will not be fulfilling the requirement to address the needs of Gypsy and Travellers.

6.6.2. For the scheme to proceed, planning permission must firstly be obtained for it. Before proceeding further we will await the outcome of the decision.

6.6.3. Estimated costs could increase following tendering, due to the current environment we are now operating in, which has seen construction costs increase. We have built in a contingency sum and have built in the control of Portfolio Holder consultation at the award stage.

6.6.4. The Government announced on 6th February 2019 that they are planning to give police tougher powers to crack down on illegal traveller sites, including being able to direct travellers to alternative sites outside of the local authority area. These plans are subject to consultation on amendments to the Criminal Justice and Public Order Act 1994 and no decision has been reached.

6.7. Rural Communities Implications

6.7.1. The site is located in Middlewich and the development of, in itself, is not considered to have any significant implications for rural communities. The provision of a transit site would reduce the likelihood of unauthorised encampments which currently occur within built up areas and rural areas.

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

6.8.1. The provision of a transit site will provide a safe and secure environment in which young people and children can reside whilst in the Local Authority area. It enables other services to make contact and provide necessary services to safeguard the welfare of the young people and children who are part of the Travelling communities.

6.9. Public Health Implications

6.9.1. The provision of a transit site supports the health and well-being of Gypsies and Travellers. It gives them a safe and appropriate place to stay whilst travelling through the borough. It also provides an opportunity for health services to engage with the Travelling communities whilst they are resident in the area.

6.10. Climate Change Implications

6.10.1. The Council has committed to becoming carbon neutral by 2025 and to encourage all businesses, residents and organisations in Cheshire East to reduce their carbon footprint.

6.10.2. The ability to meet the BREAAAM Excellent standard has been considered for this project, however due to the nature and the type of provision it is not considered appropriate. Options are however currently being explored in relation to identifying a solution for the amenity block which would contribute to the carbon neutral requirement.

7. Ward Members Affected

7.1. Middlewich Ward Members

8. Consultation & Engagement

8.1. Residents will be given the opportunity to submit their comments on the proposed scheme through the planning application process.

9. Access to Information

10. Contact Information

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

Name: Karen Carsberg

Job Title: Head of Housing

Email: Karen.carsberg@cheshireeast.gov.uk

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EQUALITY IMPACT ASSESSMENT

**TITLE: Cledford Gypsy and Traveller Transit Site
2020**

VERSION CONTROL

Date	Version	Author	Description of Changes
30 th September 2020	DRAFT 1.0	Chris Hutton	None

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EQUALITY IMPACT ASSESSMENT

CHESHIRE EAST COUNCIL - EQUALITY IMPACT ASSESSMENT

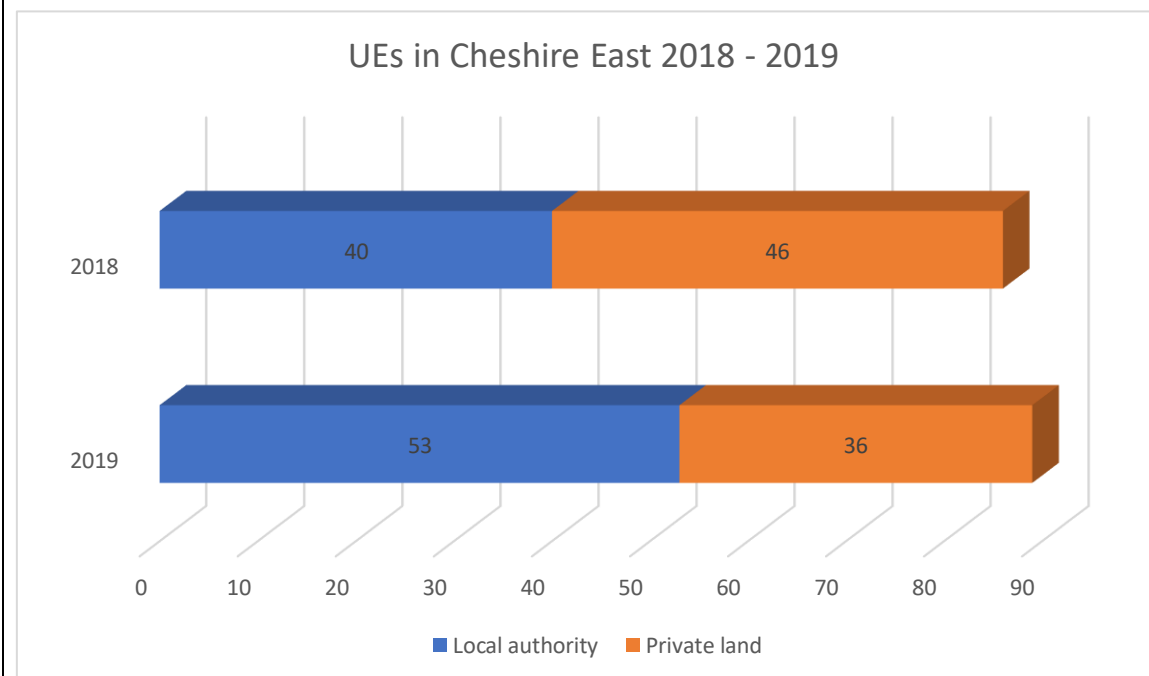
Stage 1 Description: Fact finding (about your policy / service /

Department	Place		Lead officer responsible for assessment		Chris Hutton	
Service	Housing		Other members of team undertaking assessment		John Howard Dawn Taylor	
Date	30 th September 2020		Version		DRAFT 1.0	
Type of document (mark as appropriate)	Strategy	Plan	Function	Policy	Procedure	Service ✓
Is this a new/ existing/ revision of an existing document (please mark as appropriate)	New ✓		Existing		Revision	
Title and subject of the impact assessment (include a brief description of the aims, outcomes , operational issues as appropriate and how it fits in with the wider aims of the organisation) Please attach a copy of the strategy/ plan/ function/ policy/ procedure/ service	<p>Governmental statutory documentation, advisory and guidance notes recognise the long-standing role Gypsies and Travellers have played in society and how prejudice, discrimination and legislative change have increasingly marginalised these distinctive ethnic groups. Gypsies and Travellers are one of the most socially excluded groups in society and are particularly susceptible to a range of inequalities relating to health, education, and quality of accommodation.</p> <p>There is an identified national shortage of pitch provision for Gypsies and Travellers.¹ This is seen in the sub – Region, with Cheshire West and Chester, and Warrington, witnessing increases in unauthorised encampments (UEs). Cheshire East Council (CEC) has also seen a number of UEs over recent years.</p>					

¹ This includes MHCLG caravan count data and information on unauthorised encampment data provided by Local Authorities.

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In Cheshire East, the number of UEs on local authority land (LA) show an increase (32.5%), whilst the number of UEs on private land (PR) show a decrease of 21.7%.



To help meet the local demand for pitches CEC is therefore providing 10 transit pitches along with an amenity block. This official transit site, fully authorised and permanent, in an appropriate place, is likely to reduce the number of UEs in Cheshire East. Transit pitches will also reduce problems when UEs are moved on. The transit site will have adequate facilities and should not interfere with the day to day life in the settled community.

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	<p>The transit site is intended for short-term use while families are travelling. There will be a limit on the length of time residents can stay. In practice the length of stay on a transit pitch is generally limited to a maximum of 13 weeks.</p> <p>The transit pitches will be used for all year round to meet the needs of those families travelling through the Cheshire East area temporarily, such as when visiting relatives, travelling to specific events like weddings and funerals, or for work.</p> <p>This will allow Travellers to be allowed to stop without being criminalised, in a safe, clean stopping space.</p> <p>The assumption is for one caravan on each pitch, but the pitch could technically accommodate up to two caravans if this is appropriate to the families travelling, or the usual length of stay on site. However, doubling up is only generally appropriate where a single or related household is travelling together or when encampments are for short periods. Within the Travelling community it is accepted that pitches could accommodate up to two caravans if the pitch is being occupied by the same household or for short periods.</p> <p>The amenity block, will have access to shared facilities with hot and cold water supply:</p> <ul style="list-style-type: none"> ○ a family room ○ female / male shower rooms ○ toilets ○ disabled access bathroom <p>On each pitch there will be 2 electrical hook-ups, with access to drinking water and drainage.</p> <p>A number of requirements, in relation to the welfare of children, access to essential services, and right to private and family life, make it important that local authorities seek to provide sufficient pitches in their own area to reflect current and meet possible future transit needs.</p> <p>This will include things like:</p> <ul style="list-style-type: none"> ○ Gypsy and Traveller Services
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- Traveller Education
- Adult education
- Law Centre
- Citizens Advice Bureau
- Other welfare rights advice
- Doctor (G.P.)
- Dentist
- Accident and emergency
- Health visitors
- Social services

Proximity to shops, a Post Office / cash point, and a main road / motorway links, are also important requirements.

Transit pitch rent will be charged at an affordable rent, and this will be put towards the Service Charge for ongoing maintenance of the site, such as repairs and maintenance of the site and amenity block. It is not considered culturally sensitive to ask about household income in Travelling families. Individual electricity cards to pay for hook ups will be available on the site.

The site will be managed whilst it is in occupation by the Cheshire and Warrington Traveller Team (CWTT) who will ensure that families are sign-posted to the correct services, including Health and Education. The site will have a staff member there between Monday and Friday 9:00 -5:00, and also as and when required.

Traveller groups included in Protected Characteristics are those people affected by one of more of the following:

- age
- disability
- gender reassignment
- marriage and civil partnership
- pregnancy and maternity
- race

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	<ul style="list-style-type: none"> • religion or belief • sex • sexual orientation
Who are the main stakeholders and have they been engaged with? (e.g. general public, employees, Councillors, partners, specific audiences, residents)	<p><i>If yes, who did you engage with? Please state below:</i></p> <p>(i.e. if risk increases, vulnerability increases etc. services should include methods of adaptation to meet these increased needs without creating client uncertainty, or loss of services).</p> <p><i>Name any groups/ stakeholders that you have involved or consulted with during the Equality Impact Assessment. Provide a brief summary of how they have been involved and what they said – positive or negative.</i></p> <p><i>For example, asking disabled people about access issues and gender groups about gender specific issues before a service is introduced. Involving people with protected characteristics in training, policy review, satisfaction surveys etc.</i></p> <p>Local residents, Travelling families, Police, Local Elected Members , local businesses. Consultation will be carried out as part of the formal Planning process.</p>
What consultation method(s) did you use?	<p>Consultation will be carried out through the formal Planning process. The purpose of the consultation is to outline how the implementation of the service will affect stakeholders and to raise awareness between the groups.</p>

Stage 2 Initial Screening

Who is affected and what evidence have you considered to arrive at this analysis?	<p><i>Such as a 'Process Map' of your service (assessment of customer journey through service) / analysis of complaints / analysis of patient satisfaction surveys and feedback from focus groups /consultations / national & local statistics and audits etc.</i></p> <p><i>List what other information you have reviewed.</i></p>
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(This may or may not include the stakeholders listed above)	There has been an impact on local communities of recent UEs, and the associated costs of clean up to CEC. This has contributed to some community tensions and resentments.
Who is intended to benefit and how?	<p>Health & educational inequalities within Gypsy and Traveller communities will be addressed, benefitting Traveller families through access to local services.</p> <p>Cheshire East residents who live close to UE sites, less resources required around managing UEs and clean up, reduced use of Police, Court time, and bailiffs.</p> <p>It will address a need for better communication and improved understanding between, and within, Travelling communities themselves, and between Travelling communities and Elected Members, service providers, Police, and permanently settled communities.</p>
Could there be a different impact or outcome for some groups?	No.
Does it include making decisions based on individual characteristics, needs or circumstances?	Yes.
Are relations between different groups or communities likely to be affected? (eg will it favour one particular group or deny opportunities for others?)	It is intended that community relations are improved and that communication improves between different stakeholders.
Is there any specific targeted action to promote equality? Is there a history of unequal outcomes (do you have enough evidence to prove otherwise)?	Not at the moment but this will be monitored each quarter through the Performance Monitoring Framework (PMF).
Is there an actual or potential negative impact on these specific characteristics? (Please tick)	

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EQUALITY IMPACT ASSESSMENT

Age	Y	N	Marriage & civil partnership	Y	N	Religion & belief	Y	N
		√			√			√
Disability	Y	N	Pregnancy & maternity	Y	N	Sex	Y	N
		√			√			√
Gender reassignment	Y	N	Race	Y	N	Sexual orientation	Y	N
		√			√			√
What evidence do you have to support your findings? (quantitative and qualitative) Please provide additional information that you wish to include as appendices to this document, i.e., graphs, tables, charts							Consultation/ involvement carried out	
							Yes	No
Age	<p>It will be possible to interview families on the transit site to see if older people are happy with their main home base caravan or if they would prefer to live in a different type of home or need to access to particular support services.</p> <p>The education needs of children and young people can be assessed and access to services can be highlighted / signposted.</p>							√
Disability	Families containing Disability Benefit recipients can be signposted to appropriate services and an up to date assessment of their needs carried out by health staff.							√
Gender reassignment	<p>There are gender specific housing related support services. All services are available to all genders, unless exempted.</p> <p>CEC expects partner providers at all times to carry out a risk assessment of the existing clients and the service to ensure that individuals transitioning are safeguarded.</p>							√

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Marriage & civil partnership	Families depend on their extended network and often try to live near relatives and rely on them for work opportunities.		√
Pregnancy & maternity	This group may benefit from the stability of transit provision for a few weeks and can use the stop around childbirth, making access to local hospital / health services easier.		√
Race	A dual concern about race relations and inequality cover this group, and there is a duty on CEC to promote race equality and good race relations. It will be possible to signpost families who have / are experiencing racism to relevant services, such as Police.		√
Religion & belief	All assessment and support plans will be individualised and address issues specific to the individual which will include issues related to religion or belief. Families new to the area may be signposted to local church / faith groups.		√
Sex	All assessment and support plans will be individualised and address issues specific to the individual which will include issues related to sex. This will reflect specific cultural sensitivities through things like single gender outreach sessions.		√
Sexual orientation	LGBTQ+ are a hard to reach group within the Traveller community, and for many this is still a taboo subject. It will be possible to signpost individuals to services such as Health, and Mental Health. The engagement of service - users will be sensitive to their needs, and ensure compliance with data protection policies and procedures.		√
Proceed to full impact assessment? (Please tick)	Yes	No √	Date
Lead officer sign off		Date	
Head of service sign off		Date	

If yes, please proceed to Stage 3. If no, please publish the initial screening as part of the suite of documents relating to this issue

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EQUALITY IMPACT ASSESSMENT

Stage 3 Identifying impacts and evidence

This section identifies if there are impacts on equality, diversity and cohesion, what evidence there is to support the conclusion and what further action is needed

Protected characteristics	Is the policy (function etc....) likely to have an adverse impact on any of the groups? Please include evidence (qualitative & quantitative) and consultations <i>List what negative impacts were recorded in Stage 1 (Initial Assessment).</i>	Are there any positive impacts of the policy (function etc....) on any of the groups? Please include evidence (qualitative & quantitative) and consultations <i>List what positive impacts were recorded in Stage 1 (Initial Assessment).</i>	Please rate the impact taking into account any measures already in place to reduce the impacts identified <i>High:</i> Significant potential impact; history of complaints; no mitigating measures in place; need for consultation <i>Medium:</i> Some potential impact; some mitigating measures in place, lack of evidence to show effectiveness of measures <i>Low:</i> Little/no identified impacts; heavily legislation-led; limited public facing aspect	Further action (only an outline needs to be included here. A full action plan can be included at Section 4) <i>Once you have assessed the impact of a policy/service, it is important to identify options and alternatives to reduce or eliminate any negative impact. Options considered could be adapting the policy or service, changing the way in which it is implemented or introducing balancing measures to reduce any negative impact. When considering each option you should think about how it will reduce any negative impact, how it might impact on other groups and how it might impact on relationships between groups and overall issues around community cohesion. You should clearly demonstrate how you have considered various options and the impact of these. You must have a detailed rationale behind decisions and a justification for those alternatives that have not been accepted.</i>
Age				
Disability				
Gender reassignment				
Marriage & civil partnership				

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EQUALITY IMPACT ASSESSMENT

Pregnancy and maternity				
Race				
Religion & belief				
Sex				
Sexual orientation				
Is this change due to be carried out wholly or partly by other providers? If yes, please indicate how you have ensured that the partner organisation complies with equality legislation (e.g. tendering, awards process, contract, monitoring and performance measures)				

Stage 4 Review and Conclusion
ASSESSMENT

Summary: provide a brief overview including impact, changes, improvement, any gaps in evidence and additional data that is needed			
Specific actions to be taken to reduce, justify or remove any adverse impacts	How will this be monitored?	Officer responsible	Target date
Please provide details and link to full action plan for actions			
When will this assessment be reviewed?			
Are there any additional assessments that need to be undertaken in relation to this assessment?			
Lead officer sign off		Date	
Head of service sign off		Date	

Please publish this completed EIA form on the relevant section of the Cheshire East website

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Working for a brighter future together

Key Decision Y

Date First Published:
09/10/2020

Cabinet

Date of Meeting: 1st December 2020

Report Title: Adult Social Care: Our COVID-19 Winter Plan 2020/21

Portfolio Holder: Cllr. Laura Jeuda (Adult Social Care and Health)

Senior Officer: Mark Palethorpe, Executive Director of People – Director of Children's Services and Director Adult Social Services

1. Report Summary

- 1.1. The following report has been produced to provide Cabinet with an overview of the council's response to the government's publication of the policy paper entitled 'Adult social care: our COVID-19 winter plan 2020 to 2021' and the actions which have taken place locally. Appendix 1 contains the letter from The Association of Directors of Adult Social Services (ADASS) received on 19/09/2020 which outlined the winter planning requirements and Appendix 2 details the Cheshire East Council COVID-19 Winter Plan 2020/21 with the requirements noted by the government's policy paper and the local actions taken to date.

2. Recommendation

- 2.1. That Cabinet note the content of this report and is satisfied that measures have taken place to meet the government's winter planning requirements.

3. Reasons for Recommendations

- 3.1. The recommendation ensures that the appropriate local actions have taken place. One of the actions noted from the government's winter plan is that the local authority writes to the Department for Health and Social Care by 31 October confirming they have put in place a winter plan and that they are working with care providers in their area on their business continuity

plans, highlighting any key issues if needed. The local authority wrote to the Department for Health and Social Care on 27 October confirming that we had a winter plan in place.

4. Other Options Considered

- 4.1. No realistic alternative is available, the Department for Health and Social Care published the adult social care winter plan. The plan incorporates the Government's actions/recommendations and seeks to support social care through the next six months.

5. Background

- 5.1. The health and social care system in Cheshire East has faced unprecedented pressure as a result of the COVID-19 pandemic. We have seen the very real impact on people's lives. As at 14/10/2020 the rate of positive cases for the previous seven days for Cheshire East was 158 per 100,000 population. This is above the England average of 150.1/100,000 cases. New restrictions were placed on Cheshire East residents from 14/10/2020, in response to a sharp increase in the number of coronavirus (COVID-19) cases in the borough.
- 5.2. Thousands of people across Cheshire East rely on the care sector to provide them with the support they require to live their everyday lives. Nationally, two thirds of people living in care homes for the over 65's are over 85, with around 70% living with dementia. Over a quarter of a million people under 65 also receive support, whether for Mental Health, for Physical Support or Support Living with Learning Disabilities. This can be through Supported Living arrangements, Accommodation with Care, Direct Payments or through wider community support services. (COVID-19: Our action plan, 16th April 2020). More locally, we have 92 homes (Residential and Nursing) across Cheshire East; 59 Care at Home Providers (8 of which are Prime Providers) and 73 Complex Care Providers.
- 5.3. A number of winter plans have been developed and enacted as part of the process of responding to increased demand for services through the coming months. This also includes increased pressure as a result of COVID-19. These plans include; seasonal flu & winter resilience plans.
- 5.4. A regional seasonal flu plan has been developed, every year NHS England commission a seasonal Influenza vaccination programme to protect individuals from the flu, preventing severe illness and avoidable deaths, as well as avoiding the occurrence of a flu pandemic which would have a severe impact on NHS services. This plan ensures that there is a

comprehensive seasonal 'business as usual' plan and is not the pandemic flu plan.

5.5.A Winter Resilience Plan Cheshire for Cheshire has been produced for the period of 2020/21. The Cheshire Wide winter plan addresses the needs and challenges of the Cheshire Health and Care system during the winter of 2020/21 in the context of our 5 Year Place Plans. The plan presents an integrated approach to the delivery of additional services to meet surges in demand. The plan outlines how the system is working together to ensure patients receive the right care safely and we support more patients in their own homes whilst ensuring flow within the acute trust.

5.6. Cheshire East Council has through the Better Care Fund established a number of schemes to support the health and social care system through the winter period. The schemes include: securing block booked beds, implementing a care at home hospital retainer, rapid response, social work support, people helping people, increased flu vaccinations, safe steps to reduce falls in care homes, a review of double handling care & spot purchasing additional care beds.

5.7. On Friday 18th September 2020 the policy paper entitled 'Adult social care: our COVID-19 winter plan 2020 to 2021' was published by the government. The document focuses on the required actions for; Local Authorities, the NHS and Adult Social Care providers when approaching the expected challenges that COVID-19 will create during this period.

5.8. The plan sets out the government's three overarching priorities for the sector during this period which are:

- Ensuring everyone who needs care or support can get high-quality, timely and safe care throughout the autumn and winter period.
- Protecting people who need care, support or safeguards, the social care workforce, and carers from infections including COVID-19.
- Making sure that people who need care, support or safeguards remain connected to essential services and their loved ones whilst protecting individuals from infections including COVID-19.

5.9. The plan sets out how it intends to do this by:

- Detailing what the government's national support will be.
- Establishing expectations of other parts of the system, including local authorities, NHS organisations, and care providers.
- Putting into practice the recommendations of the Social Care Sector COVID-19 Support Taskforce.
- Providing a stimulus for further local winter planning and preparedness.

5.10. The plan includes recommendations and actions for the following key areas:

- Guidance on Infection Prevention and Outbreak Management
- Managing Staff Movement
- Personal Protective Equipment
- COVID-19 Testing
- Seasonal Flu Vaccines
- Safe Discharge from NHS settings and Preventing Avoidable Admissions
- Social Prescribing
- Visiting Guidance
- Direct Payments
- Support for Unpaid Carers
- End-of-life Care
- Care Act Easements
- Supporting the workforce
- Workforce Capacity
- Shielding and People who are Clinically Extremely Vulnerable
- Social Work and other Professional Leadership
- Funding
- Market and Provider Sustainability
- CQC Support: Emergency Support Framework and Sharing Best Practice
- Local, Regional and National Oversight and Support
- Enhanced Health in Care Homes
- Technology and Digital Support
- Acute Hospital Admissions

5.11. Guidance on Infection Prevention and Outbreak Management

5.12. The Department of Health and Social Care (DHSC) has worked with the National Institute for Health and Care Excellence (NICE) to develop a new guidance portal specifically for care providers, overview of adult social care guidance on coronavirus (COVID-19). In order to support the effective management of local outbreaks, DHSC will publish information about local and regional protocols and operational procedures, based on what we have learnt so far, where there is increased community transmission. Cheshire East Council continues to send weekly briefings to providers which make reference to the latest guidance and information available.

5.13. Managing Staff Movement

5.14. Effective management of staff in and between care settings is vital to restrict the spread of COVID-19 and other viruses including influenza. The plan notes that providers should utilise Infection Control Funds to meet

additional costs associated with restricting workforce movement for infection control purposes, in accordance with the conditions on which it is given by local authorities. In addition to this the plan notes that Care Homes should limit all staff movement between settings unless absolutely necessary to help reduce the spread of infection. Providers who use staffing agencies to supplement their workforce should review exclusivity arrangements as part of their preparations for the winter period. In Cheshire East we have distributed Infection Control Funds, we have asked for providers to set out proposals for cohorting and zoning.

5.15. Personal Protective Equipment

5.16. There will be some stock of Personal Protective Equipment made available to providers at no cost as part of this plan. This stock will supplement what providers currently source through existing supply chains. The policy paper sets out that free Personal Protective Equipment will be made available to Adult Social Care providers until March 2021. The Personal Protective Equipment can be accessed via the Personal Protective Equipment portal and is designed to be supplementary to what is already being purchased through existing supply chains.

5.17. An evidence bank has been set up to monitor Personal Protective Equipment issues / risks in the area since July. Cheshire East Council staff have received Personal Protective Equipment training through the CCG and we have taken on board their comments. We continue to report directly to the regional Personal Protective Equipment cell to report shortages. The region is currently collating ongoing requirement with a view to informing the Local Resilience Forum of our Personal Protective Equipment requirements. Shortages are reported to the Local Resilience Forum and Department for Health and Social Care. Positive cases in Care settings received from CTAS/Public Health England are notified to ASC Team.

5.18. COVID-19 Testing

5.19. The policy paper notes the importance of COVID-19 testing to support adult social care services. Testing helps to prevent and control the spread of the infection as well as outbreaks, this is done by breaking the chain of transmission. Nationally guidance has been produced on the testing strategy for adult social care, this includes a breakdown of the tests for various different adult social care services. The policy paper notes the government's ambition to deliver 500,000 a-day antigen testing capacity by 31/10/2020. Local government has a role in ensuring positive cases are identified promptly, ensure that providers can carry out testing in-line with national guidance. In addition to this local government has a role in

monitoring local testing data to identify and then act upon concerns, taking appropriate follow-up actions where necessary.

5.20. Seasonal Flu Vaccines

5.21. The policy paper places emphasis on the importance of the social care workforce, including personal assistants, receiving the vaccine this year to help reduce it being spread across the workforce in the midst of the ongoing COVID-19 pandemic. There is an emphasis on providers to support and promote to staff the importance of receiving the vaccination. The paper notes that providers should also encourage and enable staff to receive the vaccination which, for example, could be done within the workplace or in conjunction with a local pharmacy or GP. The paper notes that providers will also be asked to provide information on vaccination rates within staff teams as well as staff and service user vaccination status. Locally staff are eligible for a flu vaccine and these will be made available at Cheshire East wide pharmacies. We have a winter wellbeing communication campaign which has been used to promote citizens on the flu vaccine offer for Cheshire East. We are working with care homes to ensure effective up take amongst staff and service users.

5.22. Safe Discharge from NHS settings and Preventing Avoidable Admissions

5.23. More recently the Department for Health and Social sent out a letter on 13/10/2020 in relation to in designating suitable premises and care for people discharged from hospital who have tested COVID positive. The local authority is in the process of identifying appropriate premises and should conclude the process on 14/10/2020. In selecting the appropriate provider, a number of considerations were made: quality of the provider, availability of Personal Protective Equipment, assurance that staff are assigned on a willing basis and appropriate medical, nursing and therapy is available.

5.24. Social Prescribing

5.25. The policy paper notes the importance of Social prescribing link workers (SPLWs), Social prescribing link workers are medically trained and refer people to services outside of the NHS which can offer opportunities around health, wellbeing and practical and emotional support. Social prescribing link workers have are part of the Primary Care Networks, part of the role through the pandemic has been to support those people shielding or in receipt of social care. In Cheshire East a number of link workers are already in place. Link Workers have been provided with NHS emails and have access to EMIS via horizon via provided, secure laptops which are ISO27001 information security certificated. SPLWs Social Prescribing Link Worker are running remote clinics.

5.26. Visiting Guidance

5.27. The policy paper highlights the importance of care home residents being able to meet with their loved ones, in particular those residents who are on end of life care. The government has previously issued guidance, and this is scheduled to be amended in light of the recommendations that have been made as part of the winter plan. Separate guidance was also issued for visitors in supported living settings. The winter plan does not explicitly state that there will be further amendments to these. However, providers who deliver care in a supported living setting should continue to review the government issued guidance regularly to ensure they are aware of any changes. Locally the Director of Public Health has provided support and guidance to care homes on visiting guidance. We continue to review the situation in care homes and across the borough in multidisciplinary meetings 3 times a week and the public health team are in contact with both infection control teams and the care home quality team in the event of outbreaks.

5.28. A statement provided by North West ADASS on the issue of care home visiting in areas of high Covid-19 community transmission (areas of intervention). Noted that decision to allow for safe visits to care homes rests with the Registered Manager of the care home following national guidance on dynamic risk assessments, local advice and guidance and with the support of the local authority/CCG and public health teams.

5.29. Direct Payments

5.30. The Care Act 2014 allows people who receive direct payments to use them flexibly and in a way that works for them, giving them more flexibility, control and responsibility over how their care and support is arranged, providing it continues to meet their needs and keeps them safe. It has been recognised that as a result of the COVID-19 outbreak that the flexibility outlined in the Care Act 2014 needs to be maintained and that care and support may differ as a result of the pandemic. The government's policy paper notes the requirement for local authorities to take a flexible approach to the arrangement of people receiving direct payments. In addition to this the policy paper makes reference to the updated guidance on direct payments which was released on 11/09/2020. The released guidance notes how direct payments can be deployed through the winter period, personal assistants can access flu vaccination, access free Personal Protective Equipment.

5.31. Support for Unpaid Carers

5.32. Nationally there are over 5.4 million people in England providing care. The national census completed in 2011 indicated that there are 40,003 people in Cheshire East providing care. The policy paper notes the importance of continuing to recognise and support these carers over the winter period. Nationally carers are being supported through refreshed guidance, funding has been extended to a Carer's UK support line and its free flu vaccines. In Cheshire East the refreshed guidance has been translated into local actions which have been implemented, carers assessments have been provided both through face to face and through virtual mediums. Carers have been notified of the free flu vaccine. A wellbeing exercise was undertaken locally to contact every carer to make sure the following was identified: wellbeing, contingency planning, and additional care and support needs.

5.33. End-of-life Care

5.34. Providers should have regard to the guidance issued in the winter plan in delivering personalised approaches to care. This is applicable to all providers delivering end of life care irrespective of the setting that it is taking place in. The winter plan seeks to ensure that providers make every effort, wherever practicable and safe, to enable a dying person to be with their loved ones, particularly in the last hours of life.

5.35. Care Act easements

5.36. The Coronavirus Act 2020 introduced some amendments to the Care Act 2014, which included easements. These easements were introduced to streamline assessment processes in the face of increased demand on social services and/or reduced capacity within the workforce. They continue to be available to Local Authorities but are only to be enacted when deemed absolutely necessary. Cheshire East Council have not utilised the Care Act easements.

5.37. Supporting the workforce

5.38. A priority for the government remains to prevent infections and outbreaks ensuring the safety of staff and residents. Alongside the policy paper the government published a framework for local decision making in respect of visiting guidance, the framework enables local decision making following the assessment by the Director of public health and care providers. Public Health England produce a surveillance report which notes areas of intervention where visits should be stopped. Separately the Care Quality Commission will be undertaking Infection Prevention Control inspections to

ensure providers meet and adhere to Infection Prevention and control for visitors. The plan goes on to note the additional steps in place to support the workforce which includes: free induction training as well as promoting and distributing relevant guidance.

5.39. Workforce Capacity

5.40. It has been recognised that an important consideration through this winter period it is ensuring that providers have effective staffing. This includes considerations around vacancy and absence levels. A number of national actions have been taking place for example; the Department for Work and Pensions have been promoting opportunities in social care, Skills for Care has rapid response induction training to share guidance and resources to help recruit staff. The local authority has undertaken a number of local actions; reviewed contingency arrangements to help manage staff shortages through winter, issued provider briefings providing guidance on staff movement, monitor COVID-19 impact on a weekly collation of staff affected and we regularly distribute a 'how to guide' on the capacity tracker to monitor impacts on staff.

5.41. Shielding and People who are Clinically Extremely Vulnerable

5.42. Through the COVID-19 pandemic, those clinically extremely vulnerable (CEV) were notified to shield with further information set out in national shielding guidance. Shielding was paused on 01/08/2020, those clinically extremely vulnerable will be contacted in the event of any change to the position on shielding.

5.43. Social Work and other Professional Leadership

5.44. The delivery of health and social care over winter includes the practice of social care professionals to support people through new discharge processes as well as meeting the Care Act 2014 responsibilities whilst delivering good quality practice. Nationally a range of support has been identified; support of social work professionals through webinars, the creation of new senior roles, share learning and embedding good practice. In Cheshire East a range of actions have been implemented through the winter period; A strength-based approach underlines social work practice, operational calls internally and between partners to support practice, the ethical framework has been applied, data on safeguarding is collected and shared weekly.

5.45. Funding

5.46. Cheshire East received the first tranche of funding from Round 2 of the Infection Control fund on 2nd October 2020. The total funding allocation

(tranche 1 and 2) for the Borough is £4.71 million. In accordance with the guidance 80% of the funding has been distributed to eligible care homes and community care providers in Cheshire East. With regard to the 20% discretionary element of the funding, the Council has decided to also pass this directly to local care homes and community care providers for infection control and workforce resilience, with a small percentage of this (5%) retained in the first instance for contingency purposes e.g. any successful challenge from a care provider who believes they should be eligible for the grant.

5.47. Market and Provider Sustainability

5.48. COVID-19 has placed significant pressures on care providers, it is recognised nationally that there is a requirement to ensure services remain sustainable and also that providers could exit the marketplace. The government's policy paper notes the local authority duty under the Care Act 2014 to shape the provision of care ensuring that service continuity is maintained. In addition to the Care Act 2014 requirement there is also market oversight and regulation undertaken by the Care Quality Commission.

5.49. The Care Quality Commission has a number of responsibilities in relation to market oversight these include monitoring the financial health of providers. As part of these efforts to ensure market sustainability the Association of Directors of Adult Social Services have distributed a Service Continuity and Care Market Review: Self-Assessment to be undertaken by local councils. The aim of the self-assessment is to identify; what additional support may be needed, to secure sufficient, sustainable and suitable capacity over winter, and maintain continuity of provision.

5.50. CQC Support: Emergency Support Framework and Sharing Best Practice

5.51. In March 2020, the CQC introduced the Emergency Support Framework (ESF). This interim approach was put in place to lessen the burden of regulation on providers by taking a more data-driven and risk-based approach to regulation. The ESF involves gathering and sharing information to target support where it is needed most and taking action to keep people safe and to protect people's human rights. We work closely with CQC to keep providers updated. The Emergency Support Framework was shared with Cheshire East Council and acted upon where appropriate.

5.52. Local, Regional and National Oversight and Support

5.53. The national policy paper notes that local authorities were asked to review or put in place a Care Home Support Plan, this was the condition to access

the Infection Control Fund. In Cheshire East we have put in place a winter plan and we have implemented a Care Home Support Plan. The first tranche of funding was distributed. We continue to have a risk-based approach in place locally via the Quality Assurance and Contract Management Team. Where required Quality Assurance visits will be undertaken to Homes to seek additional assurance if required. Attendance at Regional Local Resilience Forum calls and any supplementary calls linked to Providers are covered by the Quality Assurance team. We have nominated champions within the local authority to promote and champion the use of the capacity tracker. Our champions promote the importance as well as notifying providers of any changes.

5.54. Enhanced Health in Care Homes

5.55. The government through its policy paper notes that from 01/10/2020 that Primary Care Networks will work with community healthcare providers and will be responsible for delivering the Enhanced Health in Care Homes framework. The requirement of Primary Care Networks are to ensure that; care homes receive timely clinical advice for care home residents, each and every care home will have a clinical lead identified and this will be support through weekly multi-disciplinary team support. The Primary Care Networks will provide support with suspected or confirmed COVID-19 cases for care home residents. In addition to timely access and support, care homes will be provided with oximeters, training and development, support with data, IT and technology.

5.56. Technology and Digital Support

5.57. As a result of COVID-19 there has been a transition towards more digitally enabled services. This shift has included the digital provision of health information, advice and clinical support. In addition to this technology and digital support has been used to keep care home residents stay connected with family and friends. The government's policy paper notes the further deployment of NHSmail and Microsoft Teams for all care providers. The plan notes that support should be provided to care home providers so that they can access broadband where required. Finally, regular updated support on will be made available online and tablet devices will be made available so that care home staff can access remote health consultations.

5.58. Acute Hospital Admissions

5.59. Recovery of elective care is a priority for the NHS and clear guidance on accelerating the return of non-COVID-19 health services has been issued to systems and trusts in the NHS Phase 3 letter. The NHS have been asked to ensure that personalised care and support planning is at the heart

of decision making. Guidance has asked that NHS settings take a risk-based approach to routine admissions for elective care and advise patients about appropriate testing and/or isolation requirements pre-admission. CCG GPs are aware of and following the national Standard Operating Procedure for general practice in the context of COVID-19, including risk-based admissions for elective care. GPs to follow local Trust guidance regarding appropriate testing and/or isolation requirements.

6. Implications of the Recommendations

6.1. Legal Implications

- 6.1.1. The COVID-19 winter care plan will comprise a number of mechanisms to ensure resources are targeted in accordance with Government objectives in fighting the COVID- 19 pandemic, both from a central and local perspective.
- 6.1.2. Resources will be delivered using grants, s75 pooled funds and various contractual mechanisms. It will be necessary to provide legal advice and issue appropriate formal documentation to protect the Council from legal liability, to protect its interests and reputation and to ensure that scarce resources are properly directed and not misused.
- 6.1.3. Legal risks exist around a number of areas including grant conditions, state aid, procurement law, third party provider obligations and health & safety. Advice will be tailored according to the mechanisms through which the resources are to be directed and implemented.

6.2. Finance Implications

- 6.2.1. Cheshire East received the first tranche of funding from Round 2 of the Infection Control fund on 2nd October 2020. The total funding allocation (tranche 1 and 2) for the Borough is £4.71 million. In accordance with the guidance 80% of the funding has been distributed to eligible care homes and community care providers in Cheshire East. With regard to the 20% discretionary element of the funding, the Council has decided to also pass this directly to local care homes and community care providers for infection control and workforce resilience, with a small percentage of this (5%) retained in the first instance for contingency purposes e.g. any successful challenge from a care provider who believes they should be eligible for the grant.
- 6.2.2. The initiatives proposed in the winter plan will be funded through a number of sources. These include direct grants received from Central Government (such as the Infection Control grant) and also, individual strands of the Better Care Fund, for example, the Winter Pressures

grant. It is envisaged that all elements of the plan will be fully funded through these sources and therefore no changes are required to the Council's Medium-Term Financial Strategy (MTFS) in respect of the affordability implications of these investments.

6.3. Policy Implications

6.3.1. The government's policy paper has had a number of implications across policy within Cheshire East Council, the policy paper notes the challenges faced as a result of increased pressure from COVID-19 and winter pressure. The policy paper includes over 23 areas of practice which have been impacted. The Local Government Association has produced a gap analysis template which highlights that local authorities should implement over 80 actions.

6.4. Equality Implications

6.4.1. The policy paper has a focus on ensuring that the right support is offered to the right people at the right time, that service users and staff are protected, and that people remain connected throughout winter and the pandemic. In particular the plan notes the importance of ensuring social work practice is fully cognisant of and acts on the issues of inequality and deprivation and the impact this has on communities and people's access to health and social care services.

6.4.2. The North West Association of Directors of Adult Social Services Black, Asian, and minority ethnic toolkit is an exemplar of best practice. This has been shared with staff across the sector. The higher prevalence of COVID-19 in Black, Asian, and minority ethnic communities and the inequalities experienced by people with LD, Autism and mental ill health is recognised and central to discussions with partner agencies.

6.5. Human Resources Implications

6.5.1. The adult social care winter plan notes a number of actions undertaken by the local authority and partners. The plan also describes a number of ongoing actions undertaken by public health, infection control and quality assurance teams.

6.6. Risk Management Implications

6.6.1. The council completes the production of a weekly COVID-19 highlight report which includes the impact of COVID-19 on a range of adult social care services. The report is separated into the main key care domains: Complex Care & Supported Living Network, Care at Home, Accommodation with Care, Extra Care Housing. The report will also

cover the following key areas: Personal Protective Equipment, Accommodation with Care Bed Vacancies, Care at Home Provider Capacity, Rapid Response Service, Brokerage Position Statement.

6.7. Rural Communities Implications

6.7.1. There are no direct implications for rural communities.

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

6.8.1. The plan refers to a number of adult social care services which include all age services such as carers. The local authority also collects the impact on a range of adult social care services on a weekly basis to better understand the impact on service users and staff.

6.9. Public Health Implications

6.9.1. The planned actions being undertaken by the local authority note the role of the Director of Public Health in relation to visiting guidance for Care Home visitors. In addition to this there is a public health role in controlling local outbreaks and referencing the contain framework. The plan notes that Regular testing reports are received from the Regional Coordination team to consider local testing data and to identify and act on emerging concerns. Public Health staff attend the weekly C&M Testing Cell meeting. Finally, the plan notes the regular provider briefings which have and continue to be issued throughout the COVID-19 outbreak.

6.10. Climate Change Implications

6.10.1. Cheshire East Council published its environment Strategy for the period 2020-24. The strategy includes the following notions; sustainable purchasing, waste reduction and sustainable transport. The plan refers to guidance on shielding for those clinically extremely vulnerable with guidance to be released should the national or local position change.

7. Ward Members Affected

7.1. The implications are borough wide.

8. Consultation & Engagement

8.1. Consultation & engagement has taken place with partners during the production of the winter plan. Partners have provided information to inform the report and have been consulted through the Better Care Fund Governance Group.

9. Access to Information

- 9.1. Adult social care: our COVID-19 winter plan 2020 to 2021, Published 18 September 2020: <https://www.gov.uk/government/publications/adult-social-care-coronavirus-covid-19-winter-plan-2020-to-2021/adult-social-care-our-covid-19-winter-plan-2020-to-2021>

10. Contact Information

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

Name: Alex Jones

Job Title: Better Care Fund Programme Manager

Email: Alex.T.Jones@cheshireeast.gov.uk

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Appendix one – ADASS letter received 19/09/2020 regarding Adult Social Care Winter Plan

Dear Mark,

Re: The Adult Social Care Winter Plan, Local Outbreaks and Contracts/ Communication with Care Homes

First of all, I want to recognise the scale of the commitment that I know ADASS members and their teams are showing to the people we serve and to our local communities during the on-going pandemic. I know you have all been doing this relentlessly for six months and that the signs are that this winter could be more difficult than any we have known. Our intellects, courage and energy will no doubt be tested further. Our shared values and commitment to do the right thing for people needing care and support, their families and the staff who care for them will be the anchor in what will no doubt be difficult decisions to come.

As you will be aware, late on Friday night, the Department for Health and Social Care published the [adult social care winter plan](#). The plan incorporates the Government's response to many of the recommendations of the adult social care taskforce which has been chaired by David Pearson, which I have been involved in and which I and my trustee, Regional Chair colleagues and the staff team have sought to influence and shape over recent weeks. The plan seeks to support social care through what promises to be a very difficult 6 months. The Department has also published the taskforce report and a number of supporting documents which you can find [here](#). We will be analysing the taskforce report over the coming days, but I wanted to share the immediate topline from the plan.

The headlines have been well trailed in the press over recent days, but it good to see them set out formally in the plan:

- Confirmation of the continuation of the Infection Control Fund, with an additional £546 million being allocated 'to support providers to stop all but essential movement of staff between care homes to prevent the spread of infection' – including payment of staff who need to self-isolate.
- Requirement for local authorities to distribute extended Infection Control Fund funding as quickly as possible and report on its use.
- Free PPE for 'care workers and people receiving social care' until 31st March 2021 for all CQC registered adult social care providers (via PPE portal and LRFs) and a commitment to also support the wider PPE needs of the sector.
- Further measures to reduce the risks associated with visiting in care homes, which seeks to balance importance of visits with extra precautions to ensure adherence to social distancing and infection prevention and control measures.
- Development of a new designation scheme with CQC for premises that are safe for people leaving hospital who have tested positive for COVID-19 or are awaiting a test result and the ability to designate 'areas of intervention' to prohibit visiting

except in exceptional circumstances, notably end-of-life.

- The appointment of a new Chief Nurse for Adult Social Care to provide clinical leadership to the social care nursing workforce.
- Commitment to publish the new online Adult Social Care Dashboard, 'bringing together data from the Capacity Tracker and other sources, allowing critical data to be viewed, in real time, at national, regional and local levels by national and local government'. And an enhanced ability to monitor care home infections and enable quicker local responses.
- Proposals for strengthened monitoring by local authorities alongside CQC and CCGs and regulation and enforcement by CQC where there are quality or safety concerns (such as around staff movement, or, as highlighted in their report this week [incorrect or non-use of PPE](#)). The Department has stated that it will set out separately how the winter plan will be enforced in due course.
- A commitment to improve access to testing and testing flow.
- An additional 500 CQC inspections focused on infection prevention and control and follow-up on all high-risk services and monitoring targeted infection.
- Access to free flu vaccinations to all health and care staff, personal assistants and unpaid carers.
- Local authorities to work with social care services to re-open safely, in particular, day services or respite services, or provide alternative arrangements.
- Requirement for all local authorities to confirm in writing to DHSC that they have in place their own winter plans, which have been developed with local partners and reflect existing planning, measures to tackle inequalities, local outbreak plans and the actions contained in the winter plan.

These are just the topline and across the plan, taskforce report and supporting documents that is a lot to digest, something that we will endeavour to do over the coming days.

We have welcomed the plan, and in particular the emphasis and steps it contains to support people living and staff working in care homes. We particularly welcome the announcements regarding the extension of the Infection Control Fund, free PPE, the strong emphasis on quality and safety and the recognition of the vital role being played by our brilliant social care workforce and family carers.

However, we believe that the plan should be seen as a first step, and that whilst it recognises care at home, it is important that we focus more than it does on the experiences and safety of the around 70% of long term council funded social care clients who receive care and support in their own homes, carers and families and those who pay for their own care. We need to develop a plan to build up that support so that care homes can run with reduced occupancy (and thus be safer and more able to offer visiting), more people can be supported at home as a preference and

because that builds better for the care we want for the future. We welcome the funding to keep existing models going but will be calling for more, to support increased need and increased capacity to respond.

We also believe that the plan must be followed by meaningful reform proposals. It was disappointing to hear [Lord Bethell earlier this week informing the House of Lords that reform proposals were likely to be further delayed until 2021](#). We will continue to press on this and with partners. You can find our full media statement [here](#).

The winter plan and the wider challenges presented by Covid-19 has thrown up a number of issues which pose important questions about care and support available and the human rights of older and disabled people and their carers and families. In particular my trustee colleagues and I have been reflecting on two particular issues that face all of us in our local communities.

First, the discharge of Covid+ people and those awaiting test results to care homes and to their own homes. We understand that this poses particular dilemmas for both local authorities and providers. We strongly suggest that there should be not even a hint of blanket requirements for providers to take people who are Covid+ or whose status is not known and that the focus on providers only accepting people whose needs they can safely meet is paramount.

We worked hard with [NHSE on the Discharge Guidance](#) and the responsibilities of councils, CCGs and providers are very clear. Please do make sure that your CCGs are also following this and let us know if there are unresolvable difficulties so that we can discuss them with NHSE. I would also ask you to check very carefully any letters that are going out to providers from your Departments to make sure that they do not imply any coercion or that any additional funding could be interpreted wrongly for profit rather than to meet additional needs. To help you, your teams and providers think this through we have penned the following advice on [Zoning and Cohorting](#) and would welcome hearing your examples of alternative provision including intensive care at home.

Second, the consideration of restrictions on visiting care homes. It is important that we seek to balance the need to keep people safe with the need for people, particularly those in the last weeks and months of life, to see family members. We all know that these visits are profoundly necessary for both the physical and mental health of all those involved. Please think this through with your teams and local providers to come up with innovative approaches and solutions such as separate sections and summer houses as protected spaces.

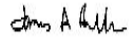
The extension of the Infection Control Fund should also mean that there is a better level of funding to enable care homes to maintain reduced occupancy so as to enable human contact at the end of life. As you see we are also seeking funding for sufficient intensive care at home to substitute if needed for lost care home places. We would also be interested in the innovative solutions that you are rolling out locally to ensure that families remain connected.

We will keep you up to date with further developments. In the meantime, I would like to emphasise that the support, knowledge, energy and encouragement that we share

with each other as part of ADASS has always been priceless and is needed now more than ever.

Thank you again to you and your teams for everything you are doing to provide care, certainty and protection for your communities.

Kind Regards,



ADASS President

James Bullion

Appendix two – Cheshire East Council COVID-19 Winter Plan 2020/21

Adult Social Care: Our COVID-19 Winter Plan 2020/21

Key Points - Summary of Key Local Authority Actions

Preventing and Controlling the Spread of Infection in Care Settings

Guidance on Infection Prevention and Outbreak Management		
Actions		
Local Authority	Key Area/Responsible Officer	Commentary on Actions & links to any associated documents
<ul style="list-style-type: none">Continue to implement relevant guidance and circulate and promote guidance to adult social care providers in their area, including for visitors.Directors of public health should work with relevant partners including Public Health England and local health protection boards to control local outbreaks and should refer to the contain framework.Support care homes, working with local partners to carry out learning reviews after each outbreak to identify and share any lessons learned at local, regional and national levels.	<ul style="list-style-type: none">Quality AssuranceACTION: Send weekly provider briefings, this will include information on Infection Prevention Control guidance. Ongoing	<ul style="list-style-type: none">Information and resource packs/toolkits have been developed for Care Homes and similar. This detail is discussed during Operations Calls with Senior Adult Social Care Officers, three times per week.The Director of Public Health chairs the local protection board on a fortnightly basis, this board includes representation from key partners including Public Health England, CCG, local authority trusts, IPC provider and environmental health. We liaise regularly with Public Health England through routine meetings and in the event of local outbreaks. We have collaborated with Public Health England on tabletop exercises and on outbreak control meetings as and when appropriate.Care homes are supported following an outbreak with learning reviews undertaken. Information is shared at a local, regional and national level.
Managing Staff Movement		
Actions		

Local Authority	Key Area/Responsible Officer	Commentary on Actions & links to any associated documents
<ul style="list-style-type: none"> • Distribute money from the Infection Control Fund, and submit returns on how the funding has been used in line with the grant conditions. • Consult the guidance available on redeploying staff and managing their movement, and support providers in their area to access other initiatives – for example Bringing Back Staff. • Continue to review contingency arrangements to help manage staffing shortages, within social care provision, through the winter, with the aim of reducing the need for staff movement. • Provide clear communication to social care providers regarding the importance of implementing workforce measures to limit COVID-19 infection, signpost relevant guidance, and encourage providers to make use of additional funding where appropriate. • Actively monitor Capacity Tracker data to identify and act on emerging concerns regarding staff movement between care settings, including following up with care providers who are not limiting staff movement. 	<ul style="list-style-type: none"> • Quality Assurance/ Finance/Audit • ACTION: Disseminate any national guidance to providers. Ongoing 	<ul style="list-style-type: none"> • The Infection Control Fund has been distributed in accordance with guidance. A return was submitted in time for the deadline on 30/09/2020. The submission showed how the funding was used by providers in line with the grant conditions. • A sample project was completed with homes on the border of Greater Manchester (where there are local restrictions) to look at movement of staff – the result was positive in terms of what those providers were doing to mitigate risks. In addition to this we also enacted an information campaign with care homes. • A briefing was issued to providers on 24/09/2020 it summarised the winter plan's content on managing staff movement and included the need to make exclusivity arrangements with staffing agencies to minimise the risk of COVID-19 transferring between homes. Throughout the pandemic recruitment opportunities, jobs fairs etc have been shared with all providers to assist with recruitment. All future initiatives both locally and nationally will be shared with all providers. The Quality Assurance Team have recently undertaken a piece of work with providers near to areas that border on Local Authorities who have local restrictions in places who may have staff members who live in these areas. • Providers have been contacted by email to make them aware of the importance of workforce measures to limit COVID-19. We have encouraged the use of additional funding where appropriate. • The capacity tracker is regularly monitored and any concerns flagged to the Quality Assurance team to discuss action required in weekly telephone calls. Guidance has been sent to all providers in relation to limiting movement between care settings. Quality Assurance Officers collect information in

		relation to use of agency, block booking of staff etc and where concerns are raised the provider is moved up to red on the COVID-19 Risk Log which is kept updated and distributed to Directors weekly. 58 providers have used the grant to help restrict the movement of care workers between care settings.
Personal Protective Equipment		
Actions		
Local Authority	Key Area/Responsible Officer	Commentary on Actions & links to any associated documents
<ul style="list-style-type: none"> Provide Personal Protective Equipment for COVID-19 needs (as recommended by COVID-19 Personal Protective Equipment guidance) when required, either through the Local Resilience Forum (if in an area where they are continuing Personal Protective Equipment distribution), or directly to providers (if in an area where the Local Resilience Forum has ceased distribution). Report shortages to the Local Resilience Forum or to Department for Health and Social Care. 	<ul style="list-style-type: none"> Emergency Planning ACTION: We will continue to monitor Personal Protective Equipment for COVID-19 needs and report any shortages. Ongoing 	<ul style="list-style-type: none"> Outbreaks in care homes and in the area are monitored closely. Any services (providers, care homes etc) logged as an outbreak are communicated to by a Quality Assurance officer and Personal Protective Equipment requirements are monitored and met. An evidence bank has been set up to monitor Personal Protective Equipment issues / risks with in the area since July. Cheshire East Council staff have received Personal Protective Equipment training through the CCG and we have taken on board their comments. We continue to report directly to the regional Personal Protective Equipment cell to report shortages. The region is currently collating ongoing requirement with a view to informing the Local Resilience Forum of our Personal Protective Equipment requirements. Shortages are reported to the Local Resilience Forum and Department for Health and Social Care. Positive cases in Care settings received from CTAS/Public Health England are notified to ASC Team.
COVID-19 Testing		
Actions		
Local Authority	Key Area/Responsible Officer	Commentary on Actions & links to any associated documents

<ul style="list-style-type: none"> • Ensure positive cases are identified promptly, make sure care providers, as far as possible, carry out testing as per the testing strategy and together with NHS organisations, provide local support for testing in adult social care, if needed. • Actively monitor their local testing data to identify and act on emerging concerns, including following up with care homes that are not undertaking regular testing, as per the guidance. 	<ul style="list-style-type: none"> • Public Health 	<ul style="list-style-type: none"> • Regular testing reports are received from the Regional Coordination team to consider local testing data and to identify and act on emerging concerns. Public Health staff attend the weekly C&M Testing Cell meeting. • Regular testing reports received from the Regional Coordination team. Public Health staff attend the weekly C&M Testing Cell meeting.
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Seasonal Flu Vaccines

Actions

Local Authority	Key Area/Responsible Officer	Commentary on Actions & links to any associated documents
<ul style="list-style-type: none"> • Support communications campaigns encouraging eligible staff and people who receive care to receive a free flu vaccine. • Direct providers to local vaccination venues. • Work with local NHS partners to facilitate and encourage the delivery of flu vaccines to social care staff and residents in care homes. 	<ul style="list-style-type: none"> • Public Health 	<ul style="list-style-type: none"> • All staff will be eligible for their flu vaccine (either due to being at risk and entitled under NHS offer / For those who aren't eligible under NHS scheme, this will be available via a selection of Cheshire-East wide pharmacies. We have a winter wellbeing communication campaign which will update citizens on a range of topics including receiving a flu vaccine. An overview of accessing the flu vaccine through pharmacies is as follows: <ul style="list-style-type: none"> • CEC Council (including maintained schools) will attend the most convenient pharmacy available to them (as explained below); by appointment only. Residents whom are eligible on the NHS Scheme, i.e. of a certain age / health condition, will be invited by their GP to be vaccinated in a phased approach, subject to cohort prioritisation.

		<ul style="list-style-type: none"> • The staff flu scheme specifications had the necessary amendments made and has been approved by the Local Pharmaceutical Committee (LPC). • Immunisation clinics at pharmacies will be run on an appointment basis. Once a list of pharmacies is compiled, this will be communicated to staff with details of how to book their appointment (i.e. phone/online booking). • CEC staff will use their ID badge on arrival at their appointment – Their unique 6digit ID code will be inputted onto PharmOutcomes to identify the quantity of vaccines delivered. CEC colleagues have PharmOutcomes access and can produce data reports at short notice, when requested. • Providers will be signposted to GPs and community pharmacies as part of our communications throughout the winter. • The regional seasonal flu plan notes the eligibility of care home residents 'All registered patients aged 65 and over (including all Care Homes)'. The local authority is working with local NHS partners to ensure effective uptake of the flu vaccine. Care Homes - a proposal is also being made to the North West Flu Board, that Pharmacist be requested to undertake all vaccinations in Care Homes for both staff and residents.
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Collaboration across Health and Care Services

Safe Discharge from NHS settings and Preventing Avoidable Admissions

Actions

Local Authority/NHS	Key Area/Responsible Officer	Commentary on Actions & links to any associated documents
<p>Local authorities and Clinical Commissioning Groups (CCGs) should work together to:</p> <ul style="list-style-type: none"> Jointly commission care packages for those discharged (including commissioning of care home beds). The local authority should be the lead commissioner unless otherwise agreed between the CCG and the local authority. Establish an Executive Lead for the leadership and delivery of the discharge to assess model; Establish efficient processes to manage Continuing Healthcare assessments in line with the guidance on the reintroduction of NHS continuing healthcare (as well as the discharge guidance), which includes extending the use of the Trusted Assessor Model and digital assessments. Secure sufficient staff to rapidly complete deferred assessments, drawing on discharge funding but without negatively impacting on care home support. Work with partners to coordinate activity, with local and national voluntary sector organisations, to provide services and support to people requiring support around 	<ul style="list-style-type: none"> Local authority/CCG 	<ul style="list-style-type: none"> The local authority and CCG work in partnership to commission services in response to local need with the local authority leading the process. The CCG have been part of the evaluation panel to appoint new Care at Home providers and more recently, commissioners and contract managers within the local authority have worked collaboratively to secure care home beds in response to the increased demand resulting from the Covid-19 pandemic. The Rapid Response service is also a prime example of jointly commissioned service. An executive lead for the leadership and delivery of the discharge to assess model has been implemented. Weekly calls between the local authority and the CCG have been established to monitor progress in managing Continuing Healthcare assessments. In addition to this the local authority have also set up fortnightly calls internally to ensure social work processes are prioritising the right cases. We have agreed a workforce plan with the CCG to ensure sufficient staff to rapidly complete deferred assessments. We are recruiting additional staff which includes 2 Social workers and 1 WTE to support the financial assessment process as well as brokerage. The workforce plan was received on 05/10/2020 and a recruitment exercise was undertaken with 1 social worker and 1 brokerage worker appointed to support this work. We are working with partners to coordinate activity with local and national voluntary sector organisations to provide services and support for people requiring help through discharge and recovery. The following activities are being undertaken:

<p>discharge from hospital and subsequent recovery.</p> <p>Local authorities additionally:</p> <ul style="list-style-type: none"> • Are required to provide appropriate accommodation for people who have been discharged from hospital, if their care home cannot provide appropriate isolation or cohorting facilities, as set out in the Adult Social Care Action Plan. Every local authority should work with their respective CCG, to ensure that they have safe accommodation for people who have been discharged from hospital with a positive or inconclusive COVID-19 test result. Discharge funding has been made available via the NHS to cover the costs of providing alternative accommodation should consider adopting the cohorting and zoning recommendations published by ADASS, working with providers. This should include ensuring early partnership discussions with providers. • Safety and feasibility of implementing these arrangements within their care homes. 		<ul style="list-style-type: none"> ○ Weekly multi agency rapid discharge meetings for planning and implementation of guidance ○ Monthly discharge meetings with the Trust director of Operations ○ Work with the CCG regarding planning of staffing for additional Discharge to Assess beds at Clarendon Court ○ Existing structures in place to provide staffing support for Discharge to Assess and rehabilitation community beds ○ Proactive work under way with health partners to design and participate in the SPA for management of Leighton and OOA discharges ○ Use of 6 weeks enhanced discharge funding is under way ○ Multi agency use of the electronic IDT system to simplify and speed up communications between agencies for discharge planning ○ Attendance at regular meetings with Continuing Healthcare partners to facilitate work on the Continuing Healthcare backlog and new discharges under the enhanced discharge funding. • The local authority will consider the cohorting and zoning recommendations published by Association of Directors of Adult Social Services. • An initial single site to service the north of the borough providing care home beds (based in Macclesfield), has been in place to meet this demand and support hospital discharges since mid May 2020. Due to the success of the model, the service was extended to the end of 31/10/2020 • and currently we are awaiting confirmation of funding to extend the service to the 31/03/2021. The model is now being
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		replicated in the south of the borough in Nantwich to support Leighton Hospital. The second facility is likely to be available from October 2020 and will remain in place to the 31/03/2021. This is a key example of the local authority and CCG working collaboratively to secure the right kind of service to meet increased demand. The success of this model requires the full range of wrap around services to be in place.
Social Prescribing		
Actions		
Local Authority/NHS	Key Area/Responsible Officer	Commentary on Actions & links to any associated documents
<p>Local authorities and NHS organisations should:</p> <ul style="list-style-type: none"> • Work closely with Social Prescribing Link Workers to co-ordinate support for people identified by health and care professionals as most needing it, especially those impacted by health inequalities and autistic people and people with learning disabilities. • Ensure Social Prescribing Link Worker have the support and equipment to work remotely and access GP IT systems. 	<ul style="list-style-type: none"> • Local authority/NHS 	<ul style="list-style-type: none"> • A number of Social Prescribing Link Workers are already in place and are good communication links in place. This gives due consideration of people impacted by health inequalities and autistic people with learning disabilities. • Social Prescribing Link Workers have been provided with NHS emails and have access to EMIS via horizon via provided, secure laptops which are ISO27001 information security certificated. SPLWs Social Prescribing Link Worker are running remote clinics through provided mobiles where it is inappropriate for them to be in practices due to COVID-19 safety measures. Social Prescribing Link Worker are supported through a Social Prescribing Link Worker network across a number of Cheshire East Primary Care Networks.

Supporting people who receive social care, the workforce, and carers (Supporting independence and quality of life)

Visiting Guidance
Actions

Local Authority	Key Area/Responsible Officer	Commentary on Actions & links to any associated documents
<p>Directors of Public Health should:</p> <ul style="list-style-type: none"> • Give a regular assessment of whether visiting care homes is likely to be appropriate, within their local authority, or within local wards, taking into account the wider risk environment. • If necessary, impose visiting restrictions if local incidence rates are rising, and immediately if an area is listed as 'an area of intervention'. <p>In all cases exemptions should be made for visits to residents at the end of their lives.</p>	<ul style="list-style-type: none"> • Local authority 	<ul style="list-style-type: none"> • The Director of Public Health has provided support and guidance to care homes as restrictions have been lifted, supporting the Care Home Quality Team. Where complex questions have arisen direct support will be given. We continue to review the situation in care homes and across the borough in multidisciplinary meetings 3 times a week and the public health team are in contact with both infection control teams and the care home quality team in the event of outbreaks. • Should we move to being an 'area of intervention' we will be in a position to rapidly provide advice and guidance to care homes on visiting through the strong networks that we have developed throughout the COVID-19 situation.
Direct Payments		
Actions		
Local Authority/NHS	Key Area/Responsible Officer	Commentary on Actions & links to any associated documents
<p>Local authorities and CCG commissioners should:</p> <ul style="list-style-type: none"> • Consult the new guidance for the actions that they should undertake to ensure that people receiving direct payments, their families and carers are able to meet their care and support needs this winter. • Give people with direct payments the level of flexibility and control as envisaged in the 	<ul style="list-style-type: none"> • Direct Payments 	<ul style="list-style-type: none"> • An internal meeting was held 06/10/20 business, finance and commissioning to review national guidance/local approach. Follow up meeting scheduled 08/10/20 with PeoplePlus commissioned provider of the Direct Payment Support Service to review and consult national guidance / local approach. On the w/c 05/10/20 telephone wellbeing exercise being undertaken to contact each Direct Payment recipient and/or their responsible person to gain views from individuals in respect of their wellbeing, contingency planning, and additional care and support needs.

Care Act and NHS Direct Payment regulations and accompanying guidance, allowing them to stay well, and get the care and support they need.		<ul style="list-style-type: none"> Personal Protective Equipment virtual workshops scheduled to take place on 15/10/2020 and 16/10/2020 – opportunity for Direct Payment recipients / Personal Assistants to ask questions, guidance in relation to Personal Protective Equipment. These will be supported by internal staff – contract and commissioning, Public Health and external representation from PeoplePlus.
Support for Unpaid Carers		
Actions		
Local Authority	Key Area/Responsible Officer	Commentary on Actions & links to any associated documents
<ul style="list-style-type: none"> Make sure carers, and those who organise their own care, know what support is available to them and who to contact if they need help. Follow the direct payments guidance and be flexible to maximise independence. Ensure that assessments are updated to reflect any additional needs created by COVID-19 of both carers and those in need of social care. Work with services that may have closed, over the pandemic, to consider how they can reopen safely or be reconfigured to work in a COVID-19 secure way and consider using the Infection Control Fund to put in place infection prevention and control measures to support the resumption of services. 	<ul style="list-style-type: none"> Local authority 	<ul style="list-style-type: none"> Any additional needs identified as a result of COVID-19 are reflected in assessments for carers and those in need of social care. The local authority continues to follow direct payments guidance to ensure that we maximise independence. An internal meeting was held on 06/10/2020 to review national guidance to identify and implement local actions. A meeting with PeoplePlus the commissioned provider of the direct payment support service was held on 08/10/2020 to review and consult on both the national guidance and the local approach. On the week commencing 05/10/2020 a telephone wellbeing exercise was undertaken to contact each direct payment recipient and/or their responsible person to gain views from individuals in respect of their wellbeing, contingency planning, and additional care and support needs. Virtual Personal Protective Equipment workshops have been scheduled to take place on 15/10/2020 and 16/10/2020. This is an opportunity for Direct Payment recipients / Personal Assistants to ask questions, guidance in relation to Personal Protective Equipment.

<ul style="list-style-type: none"> Where people who use social care services can no longer access the day care or respite services that they used before the pandemic, work with them to identify alternative arrangements that meet their identified needs. 		<ul style="list-style-type: none"> Any additional needs identified as a result of COVID-19 are reflected in assessments for carers and those in need of social care. Face to face assessments are now taking place for carers who are unable to have a virtual assessment. Full risk assessments are in place along with Personal Protective Equipment and awareness training for staff carrying out f2f visits. An online offer is available offering groups and activities. Reopening of groups will be reviewed monthly. "Both in house and the majority of commissioned day services have been able to work flexibly and adapt during the pandemic to support people by offering outreach and virtual support (telephone, facetime etc). In terms of respite services these continue to be operational during the pandemic, those that have been unable to access this provision have been supported again through other methods such as outreach and virtual wellbeing calls. We have also established a Hidden Carers Service to support unpaid carers to take a break (up to 3 hours) and provide support including shopping and medication deliveries as well as information and advice."
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End-of-life Care

Actions

Local Authority/NHS	Key Area/Responsible Officer	Commentary on Actions & links to any associated documents
<p>NHS organisations and local authorities should:</p> <ul style="list-style-type: none"> Ensure that discussions and decisions on advanced care planning, including end of life, should take place between the individual (and those people who are important to them where appropriate) and 	<ul style="list-style-type: none"> Local authority/CCG ACTION: Further resources to be issued to providers in relation to end of life care as part of briefings issued 	<ul style="list-style-type: none"> Discussions and decisions on advanced care planning, including end of life, should take place between the individual (and those people who are important to them where appropriate) and the multi-professional care team supporting them. This is considered to be good practice and is already in place.

<p>the multi-professional care team supporting them. Where a person lacks the capacity to make treatment decisions, a care plan should be developed following where applicable the best interest check-list under the Mental Capacity Act.</p> <ul style="list-style-type: none"> Implement relevant guidance and circulate, promote and summarise guidance to the relevant providers. This should draw on the wide range of resources that have been made available to the social care sector by key health and care system partners and organisations including those on the NHS website and those published by the Royal Colleges of GPs. <p>All organisations should put in place resources and support to ensure that wherever practicable and safe loved ones should be afforded the opportunity to be with a dying person, particularly in the last hours of life.</p>	<p>to providers. There is new guidance to be issued in relation to Care Home visitation based on the recommendations made in the winter plan. Ongoing</p>	<ul style="list-style-type: none"> A Summary of winter plan guidance on end of life care has been issued to providers in briefing on 24/09/20.
Care Act Easements		
Actions		
Local Authority	Key Area/Responsible Officer	Commentary on Actions & links to any associated documents
<ul style="list-style-type: none"> Only apply the Care Act easements when absolutely necessary. Notify Department for Health and Social Care of any decisions to apply the Care Act easements. 	<ul style="list-style-type: none"> Local authority ACTION: Should the decision to operate under easements this 	<ul style="list-style-type: none"> We have not enacted any Care Act Easements & have therefore not had to notify Department for Health and Social Care of any decisions to apply easements.

<ul style="list-style-type: none"> • Communicate the decision to operate under easements to all providers, people who need care and support, carers and local MPs in an accessible format. • Meet the needs of all people where failure to do so would breach an individual's human rights under the European Convention on Human Rights. • Follow the Ethical Framework for Adult Social Care when making decisions regarding care provision, alongside relevant equalities-related and human rights frameworks. • Work closely with local NHS Continuing Healthcare teams, to ensure appropriate discussions and planning concerning a person's long-term care options take place, as early as possible after discharge. 	<p>will be communicated to all providers, people who need care and support, carers and local MPs in an accessible format. Ongoing</p>	<ul style="list-style-type: none"> • Providers have been made aware of care act easements through provider briefings but as noted previously we haven't had to enact any easements. • Staff are aware of the Ethical Framework for decision making in Adult Social Care and this is reinforced by Managers and through training. • Adult Social Care and Continuing Healthcare Teams work closely to ensure appropriate discussions and planning concerning a person's long term care options takes place. This is as early as possible after discharge. The local authority also monitors the CQC website for those local authorities operating under easements, this is discussed in a range of North West Association of Directors of Adult Social Services meetings.
Supporting the workforce		
Actions		
Local Authority	Key Area/Responsible Officer	Commentary on Actions & links to any associated documents
<ul style="list-style-type: none"> • Ensure providers are aware of the free induction training offer and encourage them to make use of it. • Promote and summarise relevant guidance to care providers. 	<ul style="list-style-type: none"> • Quality Assurance • ACTION: Providers will be made aware on an ongoing basis of free induction training. The 	<ul style="list-style-type: none"> • Cheshire East Council Contracts team sends out a weekly provider briefing which details training offers. We encourage that providers make use of the available training. • We continue to promote and summarise relevant guidance through our provider briefings which are email directly to providers.

	<p>following link will be shared on all ongoing provider briefings: https://www.gov.uk/government/collections/coronaviruses-covid-19-social-care-guidance. Ongoing</p>	
Supporting the wellbeing of the workforce		
Actions		
Local Authority	Key Area/Responsible Officer	Commentary on Actions & links to any associated documents
<ul style="list-style-type: none"> • Maintain, where possible, the additional staff support services which they put in place during the first wave of the pandemic. • Review current occupational health provision with providers in their area and highlight good practice. • Promote wellbeing offers to their staff and allow staff time to access support, as well as promoting to providers in their area. 	<ul style="list-style-type: none"> • Quality Assurance 	<ul style="list-style-type: none"> • COVID-19 Mental Health Information Point website was developed which contains a range of information and resources that individuals can use to overcome any anxieties they may have during this time of uncertainty. https://www.cheshireeast.gov.uk/livewell/campaigns/covid-19-information-point/covid19-mental-health-information-point.aspx. • An Emotional Support for Care Staff Resource was also developed (which was sent to All Care Providers) this covered such areas as; practical tips for coping at work, tips for starting and ending a shift, Sources of support, relaxation and mindfulness links and downloadable apps. We contact all care home providers every week to understand if they have any issues or risks this includes whether they have safe staffing levels. • We procured a provider called Project 5 to support the wellbeing of those staff working within the Accommodation

		with Care setting (Care Homes) This contract was implemented to offer each care home member of staff the opportunity to have access to such things as, wellbeing support, including self-help, coaching and short term specialist input. This will also support care home staff to find the right level of support, based on their need and will move them to a more specialist form of support as and when appropriate This will also enable the Council to evaluate the full impact that the pandemic has had on Care home staff.
Workforce Capacity		
Actions		
Local Authority	Key Area/Responsible Officer	Commentary on Actions & links to any associated documents
<ul style="list-style-type: none"> Continue to review contingency arrangements to help manage staffing shortages within social care provision through the winter. Consult the guidance available on deploying staff and managing their movement, and support providers in their area to access other initiatives – for example Bringing Back Staff. Consider how voluntary groups can support provision and link-up care providers with the voluntary sector where necessary. Support providers, in their area, to complete the capacity tracker and update their adult social care workforce data set (ASCWDS) records to help ensure effective local capacity monitoring and planning. 	<ul style="list-style-type: none"> Quality Assurance 	<ul style="list-style-type: none"> The local authority continues to review contingency arrangements to help manage staff shortages through the winter. This is ongoing across all contract areas with the relevant members of the team. There are upcoming opportunities for recruitment that will be shared with all providers via provider briefing. A provider briefing was issued on 24/09/20 this outlined a summary section in the winter plan around managing staff movement. In this summary it requests that where agency staff are used, providers seek to have an exclusivity arrangement in place to avoid the risk of spreading COVID-19 between homes/providers. Cheshire East Council compiled a list of staffing agencies to support providers encountering difficulties during the first wave of COVID-19. Quality Assurance team have worked closely with Care Homes on managing staff movement. Mutual aid calls have taken place with prime, framework and off contract providers which was attended by PHP. The local

		<p>authority outlined to the providers what PHP do and how they can support providers, providers are starting to see an increase in staff sickness and so by utilising PHP for the low level support should support the providers to complete calls which are critical and CQC. regulated activities. An email has been sent to operations team requesting that the waiting list is also RAG rated and asked that they link with PHP to look at reducing reliance on traditional domiciliary care as well as supporting with capacity in the domiciliary market.</p> <ul style="list-style-type: none"> • We regularly send out a 'how to guide' on the capacity tracker and how to update it. Regular reporting on care homes not updating is undertaken and the relevant Quality Assurance will speak to the home manager or person responsible for updating the capacity tracker to explain the importance of doing so. If there are technical issues these are flagged to NHS capacity tracker to remedy.
Shielding and People who are Clinically Extremely Vulnerable		
Actions		
Local Authority	Key Area/Responsible Officer	Commentary on Actions & links to any associated documents
<ul style="list-style-type: none"> • Local authorities will coordinate local support if shielding is reintroduced in a local area. This includes provision of enhanced care and support for CEV people on the shielded persons list. 	<ul style="list-style-type: none"> • Local authority 	<ul style="list-style-type: none"> • A National, Regional or Local Lockdown Contingency Plan for supporting those who are most vulnerable including the shielding cohort has been produced. A Local Lockdown would potentially be required in the event of an Outbreak occurring within a defined area. Cheshire East Council has developed a suite of Outbreak plans for actions to be taken in the event of such an outbreak occurring in several settings. The authority's Outbreak Prevention Plans are posted via: https://www.cheshireeast.gov.uk/pdf/covid-19/cec-covid-outbreak-doc-4-digital-lres-final.pdf . Should the mitigation measures detailed within the Outbreak Plans not be sufficient

		to reduce the spread of the virus, a Local Lockdown may be required. Alongside this the Health Protection Board (information to be live and updated regularly) and the 7 associated Test Tract Track and Contain workstreams will be ongoing further details (information to be live and updated regularly) to identify and support any local lockdowns. This plan provides the background of what the shielding response constituted in the first phase of shielding, the preparations underway for any future shielding periods, and how the response will be reinstated in the event of a local, regional or national lockdown. Shielding - There are a number of individuals with underlying health conditions who require to precautions to protect themselves in reducing the risk of contracting Coronavirus (COVID-19).
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Social Work and other Professional Leadership

Actions

Local Authority	Key Area/Responsible Officer	Commentary on Actions & links to any associated documents
<p>Directors of Adult Social Services and PSWs, working with other professional leaders, must assure themselves that the delivery of high-quality social work support and interventions remains at the forefront of the local authority's offer in this period. This will include Adult Safeguarding responsibilities as set out in the Care Act, working in partnership with local multi-agency safeguarding arrangements, including Safeguarding Adult Boards.</p> <p>Directors of Adult Social Services and PSWs should:</p>	<ul style="list-style-type: none"> • Social work and other professional leadership 	<ul style="list-style-type: none"> • A strengths based approach underpins all our social care practice. Staff are acutely aware of their duties under the Care Act and Mental Capacity Act and partner agencies are supported in their understanding. • Being cognisant of these issues, the impact on communities and people's access to health and social care services is fundamental to Social Work practice. • The North West Association of Directors of Adult Social Services Black, Asian, and minority ethnic toolkit is an exemplar of best practice. This has been shared with staff across the sector. The higher prevalence of COVID-19 in BAME communities and the inequalities experienced by

<ul style="list-style-type: none"> • Ensure that their social work teams are applying legislative and strengths-based frameworks (including those based on duties under the Care Act and Mental Capacity Act) and support partner organisations such as the NHS to do the same. • Ensure social work practice is fully cognisant of and acts on the issues of inequality and deprivation and the impact this has on communities and people's access to health and social care services. • Understand and address health inequalities across the sector and develop actions with partners, where required, taking into account the implications of higher prevalence of COVID-19 in Black, Asian and minority ethnic communities and inequalities experienced by people with learning disabilities, autistic adults, and people with mental health difficulties. • Review their current quality assurance frameworks and governance oversight arrangements to ensure that winter and COVID-19 pressures do not reduce the ability to deliver high-quality social work practice. 		<p>people with LD, Autism and mental ill health is recognised and central to discussions with partner agencies.</p> <ul style="list-style-type: none"> • Operational calls currently take place 3 times per week involving all senior managers in Adult Social Care, Commissioning, Public Health and the Police. Health System calls also take place regularly. At the height of the pandemic these calls took place every day and will be stepped up should the need arise. Winter Planning discussions with Health partners are ongoing. Appropriate arrangements are in place to support practitioners and first line managers in the delivery of services. • Links are well established locally, sub regionally and regionally. • The application of the Ethical Framework is led by Adult Social Care. Health staff are reminded of this framework in joint working in all settings including Discharge to Assess arrangements. • People who use services are central to the design of any new ways of working and Pathways. Heads of Service in Adult Social Care and Commissioning have good working relationships and work effectively together. • Social work and other professional leadership – the local authority collect weekly data on Safeguarding concerns and Deprivation of Liberty which are reviewed and submitted to the Director and CEMART. All safeguarding and DOLs referrals are screened and actioned or signposted. Initially we saw a drop in safeguarding referrals, but they have increased more recently – we have noted increased activity around SCAMS and Cyber Crime. The Safeguarding Adults Provider Team have worked proactively with the Contracts Team, CCG, Care Quality Commission and Infection Control Teams to respond to Organisational Safeguarding issues in Care Homes and
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<ul style="list-style-type: none"> • Develop and maintain links with professionals across the health and care system to ensure joined-up services. • Lead local application of the Ethical Framework for Adult Social Care, ensuring that NHS partners fully understand their responsibilities to apply the ethical principles and values as part of discharge to assess delivery. • Ensure that the application of new models and pathways are offering the best possible outcome for individuals, their families and loved ones, advocating for them and advising commissioners where these pathways cause a conflict. • Review any systemic safeguarding concerns that have arisen during the pandemic period and ensure actions are in place to respond to them, enabling readiness for any increased pressures over the winter period. • Support and lead social workers and safeguarding teams to apply statutory safeguarding guidance with a focus on person-led and outcome focused practice. 		<p>Domiciliary Agencies. DOLS referrals have increased greatly due to movement between hospital and care homes. This has placed added pressure on the Teams, particularly administrators. Weekly meetings with the Independent Chair of the Safeguarding Adults Board take place and we have held virtual meetings with Partners to share information and give encouragement to those Officers who are working in High Risk Areas, ie Hospitals and Care Homes. We continue to respond to High Risk Neglect cases and any Safeguarding Adult Review requests. The council continues to join other Local and PAN Cheshire Partnerships ie Harmful Practices, Children's Safeguarding and Safer Cheshire East Partnerships to ensure a holistic response to Safeguarding, Community Safety and Domestic Abuse. In Cheshire East – My CWA – continues to work with victims of Domestic Abuse and Perpetrators.</p> <ul style="list-style-type: none"> • The Director and Principal Social Worker issued Statutory Guidance, including Safeguarding Duties, to all Social Workers as the Government directed. Advice regarding Mental Capacity and DOLS has been shared in a timely way with Practitioners. Best Interest Assessors have continued to complete DOLS assessments using Technology to engage with residents or patients. The Safeguarding Adults Board has a dedicated page on its website regarding Safeguarding and COVID-19. Leaflets have also been produced to assist individuals and communities. All volunteers who were part of the People Helping People work were expected to view a 5 minute video about Children and Adult Safeguarding The lead for safeguarding Chairs the CHANNEL panel on a monthly basis. This is a forum for supporting vulnerable people who are at risk of being radicalised and this is a statutory duty. The lead for safeguarding facilitates a Safeguarding Meeting for all
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		Practice Managers on a Bi- monthly basis. We continue to meet using Teams, and have guest speakers to talk about Stalking, Ambulance referrals and SCAMS. Our Professional Lead for Safeguarding produces a Safeguarding Bulletin for Safeguarding Champions in Teams and our other Professional Lead ensures that Social Workers have resources from SCIE and NICE and are renewing their Social Work Registrations. The North West Association of Directors of Adult Social Services Safeguarding Forum are currently working on a MSP project with Service Users, to produce information about S42 Enquiries and Meetings. Cheshire East is well represented at both the NW Association of Directors of Adult Social Services Safeguarding and DOLS meetings.
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Supporting the System

Funding		
Actions		
Local Authority	Key Area/Responsible Officer	Commentary on Actions & links to any associated documents
<ul style="list-style-type: none"> Provide Department for Health and Social Care with information about how the money Infection Control Fund has been spent by 30 September 2020. Continue to maintain the information they have published on their websites about the financial support they have offered to their local adult social care market. 	<ul style="list-style-type: none"> Quality Assurance/Finance/Audit ACTION: Manage the information published on the website about financial support offered to the local adult social care market. Ongoing 	<ul style="list-style-type: none"> We have supplied Department for Health and Social Care with information about how the money (Infection Control Fund) has been sent, this was completed by 30/09/2020. The local authority has continued to maintain the information on its website about the financial support that has been offered to the local adult social care market. The local authority has provided regular returns to Department for Health and Social Care on the spending of the Infection Control Fund and will continue to do so in relation to the extended Infection Control Fund ensuring that this is in line with the grant conditions.

<ul style="list-style-type: none"> • Provide regular returns to Department for Health and Social Care on the spending of the extended Infection Control Fund in line with the grant conditions. 		
Market and Provider Sustainability		
Actions		
Local Authority	Key Area/Responsible Officer	Commentary on Actions & links to any associated documents
<ul style="list-style-type: none"> • Work with local partners to engage with the Service Continuity and Care Market Review, and – when requested – complete a self-assessment of the health of local market management and contingency planning leading into winter. • Continue to work understand their local care market; and to support and develop the market accordingly. • Continue to support their provider market as needed, to secure continuity of care, including promoting the financial support available. 	<ul style="list-style-type: none"> • Local authority 	<ul style="list-style-type: none"> • A fortnightly MDT preparedness meeting is in place with a representative from key partners. The focus of the call is related to provider Market oversight and contingency planning in the event of any provider market failure. • Work is ongoing to look at how the local care market may need to adapt and shift priorities longer term in response to COVID-19 in order to remain financially viable. In addition to this, the local authority has been proactive in supporting the sector to overcome specific challenges including recruitment, supporting residents in rural locations and upskilling providers to bid for contracts. The local authority's Quality Assurance Team offer direction and support to providers, supporting them to improve the quality of the services they deliver. • Mutual aid calls have been reimplemented as we see the possibility of another peak of COVID-19. Initiatives have been discussed on how best to support providers at this time including the Trusted Assessor model. Through this model domiciliary providers will inform the Authority where they feel calls can be reduced or are no longer required, calls sometimes will need to be increased. This model will support providers with capacity, attaining better compliance against KPIs and support the Authority financially. As Local Authority

		and government initiatives are confirmed providers are kept updated via weekly updates, mutual aid calls and other supportive mechanisms.
CQC Support: Emergency Support Framework and Sharing Best Practice		
Actions		
Local Authority	Key Area/Responsible Officer	Commentary on Actions & links to any associated documents
Work with the CQC to promote and inform providers about monitoring processes.	<ul style="list-style-type: none"> Quality Assurance ACTION: We will work closely with CQC to keep providers updated about monitoring processes. Ongoing 	<ul style="list-style-type: none"> We work closely with CQC to keep providers updated. ESF information was shared with Cheshire East Council and acted upon where appropriate.
Local, Regional and National Oversight and Support		
Actions		
Local Authority	Key Area/Responsible Officer	Commentary on Actions & links to any associated documents
<ul style="list-style-type: none"> Write to Department for Health and Social Care by 31 October confirming they have put in place a winter plan and that they are working with care providers in their area on their business continuity plans, highlighting any key issues if needed, in order to receive the second instalment of the Infection Control Fund. These plans should consider the recommendations of this Winter Plan, and involve NHS and voluntary and community sector organisations where possible. 	<ul style="list-style-type: none"> Care Home Resilience Group/ Quality Assurance 	<ul style="list-style-type: none"> We have written to Department for Health and Social Care to confirm we have put in place a winter plan and that we are working with care providers in relation to their business continuity plans. The plan considers and documents the recommendations noted through the governments adult social care plan. We continue to have comprehensive oversight and a risk based approach is in place locally via the Quality Assurance and Contract Management Team. Where required Quality Assurance visits will be undertaken to Homes to seek additional assurance if required. Attendance at Regional

<ul style="list-style-type: none"> Continue current oversight processes, including delivery of Care Home Support Plans and engagement with regional feedback loops. Continue to champion the Capacity Tracker and the CQC community care survey and promote their importance as a source of data to local providers and commissioners. Establish a weekly joint communication from local directors of adult social services and directors of public health to go to all local providers of adult social care, as a matter of course, through the winter months. 		<p>Local Resilience Forum calls and any supplementary calls linked to Providers are covered by the Quality Assurance team.</p> <ul style="list-style-type: none"> We have nominated champions within the local authority to promote and champion the use of the capacity tracker. Our champions promote the importance as well as notifying providers of any changes. Providers have received regular briefing throughout the COVID-19 outbreak. Specific content related to Public Health is shared with appropriate person to ensure content is accurate. Public Health also liaise with specific guidance that they would like to be shared with providers.
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Key Points - Summary of NHS Organisations Actions

Guidance on Infection Prevention and Outbreak Management		
Actions		
NHS	Key Area/Responsible Officer	Commentary on Actions & links to any associated documents
NHS organisations will continue to offer clinical support and training where needed in a system.	<ul style="list-style-type: none"> CCG 	<ul style="list-style-type: none"> The project to provide secure NHS accounts as part of the essential enabling infrastructure to all care homes to support Enhancing Health in Care Homes including remote consultation is now completed with 98% offer to care home providers, and 80% home care providers sign up to promote the usage of the accounts, which is still relatively low support is being provided from the NHSE Team with resources and training being offered weekly to Providers to learn about their accounts.
COVID-19 Testing		

Actions		
NHS	Key Area/Responsible Officer	Commentary on Actions & links to any associated documents
<p>NHS organisations should:</p> <ul style="list-style-type: none"> Continue to test people being discharged from hospital to a care home. <p>Public Health England Health Protection Teams (HPTs) should:</p> <ul style="list-style-type: none"> Continue to deliver their testing responsibilities, as outlined in the testing strategy. This includes continuing to arrange testing for outbreaks in care homes and other adult social care settings, as appropriate. In an outbreak area, refer to the COVID-19 Contain Framework and follow the local outbreak plan as directed by their Director of Public Health. A risk-based testing regime should be implemented appropriate for the area, seeking advice from the National COVID-19 Response Centre as needed. Advise care homes on outbreak testing and infection prevention and control measures. 	<ul style="list-style-type: none"> CCG 	<ul style="list-style-type: none"> Pillar 1 testing programme in place for hospital based testing. Mobile Testing schedule agreed monthly to provide testing for local people. Outbreak arrangements in place with Public Health England. An Outbreak Plan is in place and agreed with local partners including Public Health England. Regular updates are being provided to local care homes regarding testing arrangements.
Seasonal Flu Vaccines		
Actions		
NHS	Key Area/Responsible Officer	Commentary on Actions & links to any associated documents

<ul style="list-style-type: none"> • GPs and pharmacists will coordinate and deliver vaccinations to recipients of care and staff, alongside care providers' existing occupational health programmes, and should consider how best to ensure maximum uptake, including through delivering the vaccines in care homes. <p>NOTE The Government has agreed a change to the pharmacy contract so that, this year, pharmacists are able to vaccinate staff and recipients of care in care homes at the same time. GP practices can also provide flu vaccines in care homes to recipients of care and staff who are registered with the practice. Care home vaccination delivery should be aligned with the new Enhanced Health in Care Homes model where appropriate.</p>	<ul style="list-style-type: none"> • CCG 	<ul style="list-style-type: none"> • Contracts are being arranged for local pharmacies to provide our scheme. Combined communications approach to increase awareness of flu vaccine eligibility for front line social care staff. Public Health team support a partnership approach alongside NHS partners in planning and delivery of the flu campaign.
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Enhanced Health in Care Homes

Actions

NHS	Key Area/Responsible Officer	Commentary on Actions & links to any associated documents
<p>Clinical commissioning groups (CCGs) should:</p> <ul style="list-style-type: none"> • Confirm to NHS England that all care homes have been aligned to a PCN by 1 October 2020 • Work with care home providers to support home oximetry including identifying local need for oximeters. 	<ul style="list-style-type: none"> • CCG 	<ul style="list-style-type: none"> • All care homes are now aligned to a Primary Care Network and have a named GP practice lead with the exception of one specialist care home where the practice lead is to be confirmed. • The CCG has received 180 oximeters from NHSE following a bid for national equipment which will be distributed pro rata to care homes across Cheshire. This in addition to the 63 Oximeters already in circulation across Cheshire (37 distributed for Cheshire East). The equipment will be used as part of a pan Cheshire project being delivered in partnership with the

<p>PCNs should:</p> <ul style="list-style-type: none"> Nominate a clinical lead and ensure that partner care homes are informed of their lead and the support available, including home oximetry. Ensure delivery of the of the EHCH service requirements. Engage with personalised care roles within their PCN – social prescribing link workers, health and wellbeing coaches, and care coordinators – to ensure that personalised care approaches are embedded. 		<p>Improvement Agency to roll out RESTORE2 a framework for managing the deteriorating patient.</p> <ul style="list-style-type: none"> Cheshire CCG has established a programme of work to bring together the health contribution to this framework and support ongoing development and delivery. The work streams map across to the 7 core elements of the framework. There is a list of contact details for 17 care community Single Points of Assessments across Cheshire , 8 for Cheshire East which link to an established MDT and work is underway to map commissioned community services support for care homes across Cheshire. There is also a compiled list of Medicines Optimisation in Care Home contacts, contacts for community pharmacy providing dispensing to each home and palliative care providers circulated. Requirements in the Enhanced Health in Care Homes Framework included in the SDIP with the main community care providers.
Technology and Digital Support		
Actions		
NHS	Key Area/Responsible Officer	Commentary on Actions & links to any associated documents
<p>CCGs should:</p> <ul style="list-style-type: none"> Continue to support all care providers in their local area to enable NHSmail, collaboration tools and remote consultations for people receiving social care in all settings. Work with local authorities to support eligible care homes in their local area to apply for a tablet device as part of the NHSX offer. 	<ul style="list-style-type: none"> CCG 	<ul style="list-style-type: none"> The CCG is working with with all care providers in the local area to enable NHSmail, collaboration tools and remote consultations. In anticipation of the national allocation of ipads the CCG has prioritised the implementation of email address to link with MS Team solutions. The CCG has already deployed ipads to numerous care homes across Cheshire to support immediate GP needs at the larger Care homes using the new email addresses to facilitate the use of MS teams. We have an identified project manager ensure that all Care Homes have a Business direct contact email address that all GP Practices can use for their identified Lead GP in communications for support

<ul style="list-style-type: none"> • Have active conversations about whether appropriate local data-sharing agreements are in place between health and social care provider settings. • Alert the NHSX Information Governance team england.IGpolicyteam@nhs.net if issues with sharing information are identified. 		<p>their patients. This process is supported with both a DPIA & and Standard Operational Process Documents (SOP), this was agreed with all GP Practices and Care homes that will be utilised with the national allocations to ensure a timely implementation of MDT and one to one patient care video triage consultations. These account creations have been supported by our ICT provider Midlands and Lancs CSU.</p> <ul style="list-style-type: none"> • The video consultation in Care homes project aims to enable Care homes and GP's to provide video consultations for the residents. The CCG has provided 57 homes with an i-pad so far. The remaining homes are being encouraged/supported to apply to NHSE for an i-pad. <ul style="list-style-type: none"> ○ The CCG has loaned a number of iPads to the care Homes and provide a Microsoft teams address as a secure (information governance) way of completing video consultations. Priority was given to those homes with high incidence of COVID-19 and high admission to hospital rates. ○ Although the focus, in the first instance, is on GP practise linking to Care homes the Ipad and MS teams address can also be used by other health and social care professionals and for MDT meetings if required. ○ This will reduce the number of visits to Care homes thereby reducing infection risk and allow care home staff timely access to the appropriate health care advice. In addition these Care homes have also been supplied with pulse oximeters, thermometers and Blood pressure equipment so they can complete some observations to support the video consultation. • Yes data sharing agreements are in place. • No issues have been identified or escalated, a short Data protection impact assessment has been produced.
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Acute Hospital Admissions		
Actions		
NHS	Key Area/Responsible Officer	Commentary on Actions & links to any associated documents
<p>NHS settings should:</p> <ul style="list-style-type: none"> Take a risk-based approach to routine admissions for elective care and advise patients about appropriate testing and/or isolation requirements pre-admission. 	<ul style="list-style-type: none"> CCG 	<ul style="list-style-type: none"> CCG GPs are aware of and following the national SOP for general practice in the context of COVID-19, including risk-based admissions for elective care. GPs to follow local Trust guidance regarding appropriate testing and/or isolation requirements pre-admission. https://www.england.nhs.uk/coronavirus/publication/managing-coronavirus-covid-19-in-general-practice-sop/



Working for a brighter future together

Key Decision Y

Date First Published:
09/10/2020

Cabinet

Date of Meeting: 1st December 2020

Report Title: Better Care Fund Section 75 Agreement

Portfolio Holder: Cllr. Laura Jeuda (Adult Social Care and Health)

Senior Officer: Mark Palethorpe, Executive Director People

1. Report Summary

1.1. This report requests that Cabinet authorises the Council to enter into a new section 75 agreement with the local health partner (NHS Cheshire Clinical Commissioning Group) to cover the period from 1st April 2020 until 31st March 2021 with the option to extend the agreement for a further period of one year, subject to there being a national requirement to operate the Better Care Fund/improved Better Care Fund/Winter Pressures as a section 75 pooled budget agreement until 2021/22. The national Better Care Fund policy and planning guidance for 2020/21 hasn't been published which in turn has caused this agreement to be delayed.

1.2. Historically Cheshire East Council entered into two separate section 75 agreements, one with each Clinical Commissioning Group operating within the Cheshire East Borough footprint. In accordance with those agreements (and the statutory requirement to hold Better Care Fund pooled funds under a section 75 agreement), the agreements operated for a period of one year with an option to renew. Following the merger between clinical commissioning groups with effect from April 1st, 2020 there is now a need for one agreement between the newly created combined Cheshire CCG and the Council.

1.3. The scope of the section 75 agreement between the local authority and NHS Cheshire CCG includes: Winter Pressures, Better Care Fund, improved

Better Care Fund and the schemes identified as in-scope for older people joint commissioning.

2. Recommendations

That Cabinet:

- 2.1. Authorise the Council to enter into a single S75 Agreement to establish a pooled budget with NHS Cheshire CCG for an initial period of one year (2020-21) for the Council's minimum required budget as set out in paragraph 6.2.1.
- 2.2. Authorise the Better Care Fund Governance Group to continue oversight and responsibility for reviewing the delivery of the S75 agreement.
- 2.3. Delegate authority to the Executive Director of People to:
 - Extend the S75 agreement for a further period of one further year (2021-22) to establish a pooled budget for 2021-22 for the Council's revised minimum required budget for 2021-22 and subject to there being a continuing national requirement to operate the Better Care Fund and Improved Better Care Fund as a Section 75 pooled budget agreement for that period.
 - Make decisions and enter into agreements on behalf of the Council in relation to the commissioning of schemes funded by the Better Care Fund.

3. Reasons for Recommendations

- 3.1. Today, people are living much longer, often with highly complex needs and multiple conditions. These needs require ongoing management from both health and social care services, which combine both the medical and social models of care. As our population ages and the financial pressures on the health and care system increase, we need to be better at providing proactive, preventative care in community settings, so that people can be supported to live at home for longer and avoid the need for commissioned health and care services.
- 3.2. As a result of increasing health inequalities, increasing older populations and demand on services the NHS Long Term Plan highlights the need to focus on prevention, which is reflected within our commissioning intentions in Cheshire East in the 5 Year NHS and Council Place Plan. The Cheshire East Health and wellbeing Board agreed at its September 2020 meeting to establish a Reducing Inequalities Commission. The Commission will take the lead on joining up work across health and care focussed upon reducing inequalities but will look to address the wider determinants of health

inequality. This work will also support the Cheshire and Merseyside Health and Care Partnership's ambition to become a Marmot Community.

- 3.3. The NHS Long Term Plan sets out new commitments for action that the NHS itself will take to improve prevention. The extra costs to the NHS of socioeconomic inequality have been calculated as £4.8 billion a year in greater hospitalisations alone. A key indicator for success in Cheshire East identified within the 5 Year Plan is to 'Improve health related quality of life for older people'.
- 3.4. Nationally the Government is committed to the aim of person-centred integrated care, with health, social care, housing and other public services working seamlessly together to provide better care, this is expressed in the funding streams linked to Better Care Fund and the schemes which comprise the plan. This type of integrated care is the key to strong, sustainable local health and care systems which prevent ill-health (where possible) and the need for care and avoid unnecessary hospital admissions.
- 3.5. It also ensures that people receive high-quality care and support in the community. For people who need both health and social care services, crucially this means only having to tell their story once and getting a clear and comprehensive assessment of their needs with plans put in place to support them. The aim is to ensure that people get the right care, in the right place, at the right time.

4. Other Options Considered

- 4.1. No other options have been considered we are putting in place a new section 75 agreement for a number of reasons:
- The section 75 is a statutory requirement,
 - The existing section 75 agreement has expired and
 - The previous section 75 agreement was with the two CCG's (NHS Eastern Cheshire CCG & NHS South Cheshire CCG) which had responsibility for commissioning hospital and community NHS services in Cheshire East. On the 1st April 2020 NHS Eastern Cheshire, NHS South Cheshire, NHS Vale Royal and NHS West Cheshire merged to become a single CCG (NHS Cheshire CCG). The new section 75 agreement will be between Cheshire East Council and single CCG (NHS Cheshire CCG).

5. Background

- 5.1. The Better Care Fund was nationally announced in 2013 to bring about greater integration between health and social care. The Better Care Fund requires that the NHS and local government create a single pooled budget. The section 75 agreement is a legal agreement made between local authorities and NHS bodies to allow for resources to be pooled.
- 5.2. The Better Care Fund provides a mechanism for joint health and social care planning and commissioning, bringing together ring-fenced budgets from Clinical Commissioning Group allocations, the Disabled Facilities Grant and funding paid directly to local government for adult social care services – the improved Better Care Fund.
- 5.3. The Better Care Fund in recent years has expanded to include: Winter Pressures funding, improved Better Care Fund. The Winter Pressures funding was paid directly to local government via a section 31 grant. There is a requirement to use the funding to alleviate pressures on the NHS over the winter period. Conditions attached to the funding note that it should be pooled into the Better Care Fund. The schemes funded by the Winter Pressures are included within the section 75 agreement. Reporting in relation to this funding is managed through wider Better Care Fund reporting. Plans are submitted to the Health and Wellbeing Board to confirm plans for the use of the funding.
- 5.4. Whilst the Better Care Fund planning and policy guidance for 2020/21 hasn't been published, the 2019/20 policy guidance noted that local authorities were to continue to pool grant funding from the improved Better Care Fund, Winter Pressures funding and the Disabled Facilities Grant.
- 5.5. Since June 2018, local health systems have been tasked with reducing the number of extended stays in hospital. This has required a number of changes to the way that hospitals work but also what happens outside the hospital when the person is fit to go home. The Better Care Fund aims to support the aim to reduce the number of patients who remain in acute hospitals for an extended period (21 days or more).
- 5.6. One of the conditions attached to the improved Better Care Fund grant is that it needs to be aligned with the Better Care Fund pooled budget through a section 75 agreement which is part of the NHS Act 2006 (section 75). In addition to this the monies forming part of the winter pressures allocation has been included within the section 75 agreement.
- 5.7. Both nationally and locally Better Care Fund plans reflect a focus on improved hospital flow and performance. Two of the metrics used to judge the

effectiveness of the Better Care Fund are reducing non-elective admissions and reducing delayed transfers of care. Research shows that reduced hospital length of stay is linked with lower odds of a decline of physical functioning. There are a number of Better Care Fund and improved Better Care Fund schemes which are linked towards achieving this aim. Within the Better Care Fund there are also schemes aimed at all age support in the form of Disabled Facilities Grant as well as Carers breaks and support.

5.8. In addition to physical health It must be noted that there are wider determinants which help build control, resilience and can help against disease and influence health behaviour. The Better Care Fund includes a number of schemes to support health and wellbeing in the community, these include our mental health reablement services (Better Care Fund) as well as our Live Well service (Winter pressures) which amongst other things provides information on; community activities, care and support and keeping independent at home.

5.9. Local Better Care Fund plans are subject to national conditions and guidance. Local plans are monitored through NHS England and there are strict timelines regarding submission of plans for both regional and national assurance of plans to take place. NHS England required that Better Care Fund plans demonstrated how the area will meet the following national conditions:

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

5.10. National funding for the Better Care Fund in 2019-20 totalled £6.422bn.

Table 1 – Better Care Fund funding contributions in 2019-20

Better Care Fund funding contribution	2019-20
Minimum NHS (Clinical Commissioning Groups) contribution	£3.840bn
Disabled Facilities Grant (capital funding for adaptations to houses)	£0.505bn
Grant allocation for adult social care (improved Better Care Fund). Combined amounts were announced at Spending Review 2015 and Spring Budget 2017.	£1.837bn
Winter Pressures grant funding	£0.240bn
Total	£6.422bn

5.11. **Older people joint commissioning**

5.12. The scope of the section 75 agreement between the local authority and NHS Cheshire CCG includes: Winter Pressures, Better Care Fund, improved Better Care Fund and the schemes identified as in-scope for older people joint commissioning.

5.13. The local authority and NHS Cheshire CCG have created a mandate for the joint commissioning for place for all age mental services and older people services. The local authority will lead on the joint commissioning of older people's services (Table 1: Opportunities and Outcomes for Joint Commissioning (Scope). The NHS Cheshire CCG will lead on the joint commissioning of mental health services. The mandate for the joint commissioning of older people's services includes the following: summary of priorities, targets and commissioning intentions and Opportunities and Outcomes for Joint Commissioning (Scope).

5.14. **Summary of Priorities, Targets and Commissioning Intentions**

5.15. Priorities identified within the Cheshire East 5 Year Plan that will be addressed by joint commissioning for Older People include:

- Help people to live healthier lives for longer
- Enable people to stay out of hospital when they do not need to be there
- Deliver more services at home or closer to home
- Reduce the demand on all hospital services

5.16. The 5 Year Plan identified the difficulties in sourcing care, due to local and national issues such as recruitment and retention within the health and care workforce. "Getting the right service in the right place for someone who is unwell or in need of care is often difficult."

5.17. Local consultation feedback for the NHS Long Term Plan identified that a priority for local Older People is that they want their independence and staying in their own home. "In terms of maintaining their health and independence in later life, people surveyed overwhelming felt the most important factor was being able to stay in their own home for as long as it was safe."

5.18. Due to increasing health inequalities, increasing older populations and demand on services the NHS Long Term Plan highlights the need to focus on prevention, which is reflected within our commissioning intentions in Cheshire East via the 5 Year Plan. The NHS Long Term Plan sets out new commitments for action that the NHS itself will take to improve prevention. The extra costs to the NHS of socioeconomic inequality have been

calculated as £4.8 billion a year in greater hospitalisations alone. A key indicator for success in Cheshire East identified within the 5 Year Plan **Error! Bookmark not defined.** is to 'Improve health related quality of life for older people'.

5.19. Delayed Transfers of Care (DTOC) is a key outcome of the Better Care Fund. Progress has been made to reduce DTOC in the two years since the last review (June 2017) with monthly DTOC's reducing from approximately 2,000 days per month to approximately 1,000 days per month. A stronger joint commissioning approach for older people will also aim to have an impact on DTOC outcomes as well as:

- Non-elective admissions (General and Acute);
- Admissions to residential and care homes;
- The effectiveness of reablement.

5.20. **Table 1: Opportunities and Outcomes for Joint Commissioning**

Out of Scope	The operational delivery of Older Peoples services is 'not' in scope of this programme, only the 'commissioning' of contracted service provision.
	Integrated Care Partnership (ICP) developments are not in scope, although it is aligned via the Commissioning for Integration Board.
In Scope	A focus on older people aged 65 plus
	<p>Our Joint Commissioning will focus on 'Home First' as a priority, and the service areas in scope of the pilot include:</p> <ul style="list-style-type: none"> • Continuing Healthcare (CHC), Funded Nursing Care (FNC) • Winter Pressures • Care at Home (Domiciliary Care) • Accommodation with Care - Nursing and Care Homes • Respite Care, Short Stay and Step Up/Step Down/Rapid Response (Home First) • Extra Care Housing • Community Equipment • Assistive Technology • End of Life • Reablement • Intermediate Care

(Scope)

- 5.21. We are proposing the exploration of a joined-up workforce across Cheshire East Council and NHS Cheshire CCG Commissioning and Contract Management for Older People. During the pilot phase staff will remain employed by their existing employers and exploring opportunities for co-located within Council offices.
- 5.22. Our aim is for Commissioners to work as a single team to build on existing joint commissioning mechanisms already established in order to re-design a single pathway of care for Older People across the whole system for the Cheshire East place. For example, a single Care at Home approach for Social Care and CHC packages. A joint commissioning approach will enable commissioners to identify joint solutions to local issues including difficult to serve rural areas, recruitment and retention within the supplier workforce, residential admissions (Home First), and delayed transfers of care.
- 5.23. We will explore a joint Contract Management and Quality Assurance approach will support the improvement of the quality and of care and outcomes for Older People in Cheshire East. This will be achieved through collective and therefore stronger local insight, intelligence, data, and offering a coordinated approach by the LA and CCG. The development of shared intelligence will also avoid duplication of contract management and Quality Assurance processes with suppliers who are contracted by both the Council and the CCG. This will also support the capacity of contract

managers to ensure improved quality of care across a large number of suppliers for Older Peoples care services.

- 5.24. To support a joint market management approach, we are proposing the development of a single Care Sourcing function, which will focus on the whole system and a single pathway for Older People. This will support improved outcomes for local people, including choice and control, independence, and timely discharge from hospital (delayed transfers of care). The Council's Brokerage Team are based at Macclesfield Town Hall, and are well established with good relationships with suppliers. We will explore how the Council's Care Brokerage Team could pilot Care Sourcing on behalf of CCGs including CHC, with a longer-term ambition for a single care sourcing function and co-located single team sourcing care across the whole system.
- 5.25. Our proposal to pilot Joint Commissioning for Older People will also support the development of a single strategic approach for a Cheshire East Place Winter Plan across Cheshire CCGs and Cheshire East Council. This will be aligned to the Cheshire East Better Care Fund Governance Board. Budgets for the service in scope of the Older Persons pilot will form 'shadow' joint budgets, which are not pooled, while exploring future opportunities for a possible 50/50 risk/gain share approach. The implementation plan for management of the shadow budget and the risk/gain share approach will be developed further by commissioners, finance leads and legal. Full pooling of budgets could be explored as an option post pilot phase, following further governance agreement from each organisation.
- 5.26. Part of the 2021-22 pooled budget will be used to fund services provided under the Cheshire Integrated Community Equipment Partnership which commences on 1st April 2021 and will run until at least March 2025. The terms of the Partnership require the Council and NHS Cheshire CCG to fund their share of the services in East Cheshire from the pooled budget and to put in place the section 75 agreement before the services commence. The budget for 2020 for Cheshire East is as follows: £412,873.

6. Implications of the Recommendations

6.1. Legal Implications

- 6.1.1. Under section 75 of the NHS Act 2006, NHS bodies may enter into arrangements with local authorities in relation to NHS functions and the health functions of local authorities.

6.1.2. S141 of the Care Act 2014 provides for the Better Care Fund and improved Better Care Fund Pooled Funds to be held under and governed by an overarching section 75 NHS Act 2006 Partnership Agreement.

6.1.3. The Council may therefore enter into an agreement with NHS Cheshire Clinical Commissioning under section 75 of the NHS Act 2006 or renew an existing agreement.

6.1.4. Historically Cheshire East Council entered into two separate section 75 agreements, one with each Clinical Commissioning Group operating within the Cheshire East Borough footprint. In accordance with those agreements (and the statutory requirement to hold Better Care Fund pooled funds under a section 75 agreement), the agreements operated for a period of one year with an option to renew. Following the merger between clinical commissioning groups with effect from April 1st, 2020 there is now a need for one agreement between the newly created combined Cheshire CCG and the Council.

6.2. Finance Implications

6.2.1. The total Better Care Fund Pooled Budget for 2020/21 is envisaged to be just over £37.3m and includes a number of funding sources. Firstly, the traditional Better Care Fund of £25.86m which is the minimum mandated allocations for the Better Care Fund from CCGs for 2020-21. the improved Better Care Fund of £6.99m, Winter Pressures funding of £1.45m, Disabled Facilities Grant of £2.06m and carried forward monies from 2019/20 of £0.96m. Although the Better Care Fund allocation were published on 04/02/2020 the NHS hasn't formally confirmed the final allocations with local CCG's. Assuming the full allocations are passported into the Better Care Fund, there is currently funding available for 2020-21 of £0.57m which would be reduced in the event of a lower allocation being confirmed. To illustrate this point, if last year's uplift of 2% was received as opposed to the 5.2% modelled, the headroom currently available would fall to £0.3m. It is envisaged that all elements of the plan will be fully funded through these sources and therefore no changes are required to the Council's Medium-Term Financial Strategy (MTFS) in respect of the affordability implications of these investments.

6.3. Policy Implications

6.3.1. Cheshire East Council and NHS Cheshire CCG are committed to maximising the opportunities afforded via the Better Care Fund to further integrate health and social care, to promote health and wellbeing and improve the health outcomes of the local population.

6.3.2. The Better Care Fund and improved Better Care Fund will be used to target those areas identified as requiring immediate improvement to enable more people to remain independent and effectively cared for in their community, care closer to home as an appropriate alternative to hospital admission and to support the timely discharge of anyone who is admitted to hospital with a focus on Home First.

6.4. Equality Implications

6.4.1. An Equality Impact Assessment has been completed and is shown in Appendix 2.

6.5. Human Resources Implications

6.5.1. Any impact for Cheshire East employees will be as a result of the need for greater integration in care delivery and commissioning. These will be dealt in accordance with the Councils policy and procedures. Any identified implication will have a full impact assessment completed and assurance that all employment legislation is adhered to.

6.6. Risk Management Implications

6.6.1. There is no guarantee that improved Better Care Fund will be available in 2020/21. This risk to funding has been noted and recorded in the corporate risk register.

6.7. Rural Communities Implications

6.7.1. There are no direct implications for rural communities. As noted in the body of the report the local authority and NHS Cheshire CCG have created a mandate for the joint commissioning for place for all age mental services and older people services. The local authority will lead on the joint commissioning of older people's services. There are 11 service areas in scope of the pilot.

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

6.8.1. The section 75 agreement includes two schemes which are all age services: Disabled Facilities Grant (Better Care Fund) and Carers hub (Better Care Fund). All age services are also included within Home first schemes (Better Care Fund).

6.9. Public Health Implications

6.9.1. The section 75 agreement includes the Care home flu vaccination (improved Better Care Fund) scheme which aims to reduce the impact of flu on care home residents and amongst care home staff. This aligns to

the role of public health to prevent disease and reduce the risk of communicable and non-communicable diseases.

6.10. Climate Change Implications

6.10.1. Cheshire East Council published its environment Strategy for the period 2020-24. The strategy includes the following notions; sustainable purchasing, waste reduction and sustainable transport. The aim of the schemes included within the Better Care Fund aim to keep people as independent as possible. A number of schemes involve the efficient use of commissioning and delivery of resources which includes care sourcing (improved Better Care Fund), reablement services (Better Care Fund) and care at home services (Older people joint commissioning). A number of services use software to ensure the efficient use of human resources which help in waste reduction. The aim of the Better Care Fund is to bring about greater integration of health and social care services along Older people joint commissioning in scope services, the outcome of this integration will contribute to waste reduction.

7. Ward Members Affected

7.1. All wards affected.

8. Consultation & Engagement

8.1. Consultation and engagement with CCG partners through the Better Care Fund Governance Group has and will continue to take place. Plans are submitted to the Health and Wellbeing Board to confirm plans for the use of the funding.

9. Access to Information

9.1. NHS Long Term Plan (2019) <https://www.longtermplan.nhs.uk/>

9.2. Cheshire East 5 Year plan <https://healthwatchcheshireeast.org.uk/wp-content/uploads/2019/07/Cheshire-East-5-year-plan-v8c.pdf>

9.3. Better Care Fund planning requirements 2019-20
<https://www.gov.uk/government/publications/better-care-fund-planning-requirements-for-2019-to-2020>

10. Contact Information

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

Name: Alex Jones

Job Title: Better Care Fund Programme Manager

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

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Appendix one – List of schemes included within the section 75 agreement

Scheme number	Scheme name	Funding stream
001	Winter Pressure Beds	Winter Pressures
002	Rapid response	Winter Pressures
003	Spot short stay beds	Winter Pressures
004	Care at home hospital retainer	Winter Pressures
005	Social work support (station house)	Winter Pressures
006	Additional Social Care staff to prevent people from being delayed in hospital	Winter Pressures
007	Live Well Cheshire East	Winter Pressures
008	Enhanced Care Sourcing Team (8am-8pm)	improved Better Care Fund
009	Winter Schemes Cheshire CCG	improved Better Care Fund
010	Improved access to and sustainability of the local Care Market (Home Care and Accommodation with Care)	improved Better Care Fund
011	Cheshire east people helping people	improved Better Care Fund
012	Care home flu vaccination scheme	improved Better Care Fund
013	Safe Steps	Better Care Fund
014	Double handling care review	Better Care Fund
015	Trusted assessor service	Better Care Fund
016	Social Work Team over Bank Holiday weekends	Better Care Fund
017	Assistive Technology (AT)	Better Care Fund
018	British Red Cross Support at Home Service	Better Care Fund
019	Combined Reablement Service	Better Care Fund
020	Safeguarding Adults Board	Better Care Fund
021	Programme Management and Infrastructure	Better Care Fund
022	Winter Schemes Cheshire CCG	Better Care Fund
023	Carers Hub	Better Care Fund
024	MH Social Workers	Better Care Fund
025	Carers Live Well fund	Better Care Fund
026	Home First Schemes Cheshire CCG	Better Care Fund
027	Home First Schemes Cheshire CCG	Better Care Fund
028	Disabled Facilities Grant (DFG)	Better Care Fund
029	Older people joint commissioning Care at home	Better Care Fund
030	Care at home	Older people joint commissioning
031	Accommodation with care - nursing and care homes	Older people joint commissioning
032	Respite care short stay and step up	Older people joint commissioning
033	Extra care housing	Older people joint commissioning
034	Continuing healthcare, Funded nursing care	Older people joint commissioning
035	Winter pressures	Older people joint commissioning

036	Community equipment	Older people joint commissioning
037	End of life	Older people joint commissioning
038	Reablement and Intermediate care	Older people joint commissioning
039	Assistive Technology (AT)	Older people joint commissioning

Appendix two – Equality Impact Assessment

EQUALITY IMPACT ASSESSMENT

TITLE: Better Care Fund section 75 agreement

VERSION CONTROL

Date	Version	Author	Description of Changes
08/10/2020	One	Alex Jones	

CHESHIRE EAST COUNCIL - EQUALITY IMPACT ASSESSMENT

Stage 1 Description: Fact finding (about your policy / service /

Department	Specify the Department within which the assessment is being undertaken. People directorate		Lead officer responsible for assessment Alex Jones		State the full title(s) of the person(s) completing the assessment. Better Care Fund programme manager	
Service	Specify the Service within which the assessment is being undertaken. Better Care Fund		Other members of team undertaking assessment Shelley Brough		State the full title(s) of all person(s) supporting/ completing the assessment. Head of integrated commissioning	
Date	08/10/2020		Version One			
Type of document (mark as appropriate)	Strategy	Plan	Function	Policy	Procedure	Service
Is this a new/ existing/ revision of an existing document (please mark as appropriate)	New		Existing		Revision	
Title and subject of the impact assessment (include a brief description of the aims, outcomes, operational issues as appropriate and how it fits in with the wider aims of the organisation) Please attach a copy of the strategy/ plan/ function/ policy/ procedure/ service	Better Care Fund The Better Care Fund was first announced in 2013 to bring about greater integration between health and social care. The Better Care Fund requires that the NHS and local government create a single pooled budget. The section 75 agreement is a legal agreement made between local authorities and NHS bodies to allow for resources to be pooled. The Better Care Fund provides a mechanism for joint health and social care planning and commissioning, bringing together ring-fenced budgets from Clinical Commissioning Group					

	<p>allocations, the Disabled Facilities Grant and funding paid directly to local government for adult social care services – the improved Better Care Fund.</p> <p>The Better Care Fund in recent years has expanded to include: Winter Pressures funding, improved Better Care Fund. The Winter Pressures funding was paid directly to local government via a section 31 grant. There is a requirement to use the funding to alleviate pressures on the NHS over the winter period. Conditions attached to the funding note that it should be pooled into the Better Care Fund. The schemes funded by the Winter Pressures are included within the section 75 agreement. Reporting in relation to this funding is managed through wider Better Care Fund reporting. Plans are submitted to the Health and Wellbeing Board to confirm plans for the use of the funding.</p> <p>Whilst the Better Care Fund planning and policy guidance for 2020/21 hasn't been published, the 2019/20 policy guidance noted that local authorities were to continue to pool grant funding from the improved Better Care Fund, Winter Pressures funding and the Disabled Facilities Grant. Since June 2018, local health systems have been tasked with reducing the number of extended stays in hospital. This has required changes to the way that hospitals work but is also affected by what happens outside of acute hospital when patients are fit to go home. The Better Care Fund should continue to support the aim to reduce the number of patients who remain in acute hospitals for an extended period (21 days or more) by continuing ongoing work to implement and embed the High Impact Change Model for Managing Transfers of Care that support this ambition. One of the conditions attached to the improved Better Care Fund grant is that it needs to be aligned with the Better Care Fund pooled budget through a section 75 agreement which is part of the NHS Act 2006 (section 75). In addition to this the monies forming part of the winter pressures allocation has been included within the section 75 agreement.</p>
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	<p>Local Better Care Fund plans are subject to national conditions and guidance. Local plans are monitored through NHS England and there are strict timelines regarding submission of plans for both regional and national assurance of plans to take place.</p> <p>NHS England required that Better Care Fund plans demonstrated how the area will meet the following national conditions:</p> <ul style="list-style-type: none"> • Plans to be jointly agreed • NHS contribution to adult social care is maintained in line with inflation • Agreement to invest in NHS commissioned out-of-hospital services, which may include 7-day services and adult social care • Managing Transfers of Care (Delayed Transfers of Care)
Who are the main stakeholders, and have they been engaged with? (e.g. general public, employees, Councillors, partners, specific audiences, residents)	<p>The following stakeholders have been engaged:</p> <ul style="list-style-type: none"> • Cheshire East Council • NHS Cheshire CCG <p>Consultation and engagement with CCG partners through the Better Care Fund Governance Group has and will continue to take place. Plans are submitted to the Health and Wellbeing Board to confirm plans for the use of the funding.</p>
What consultation method(s) did you use?	<i>Engagement has taken place through virtual meetings.</i>

Stage 2 Initial Screening

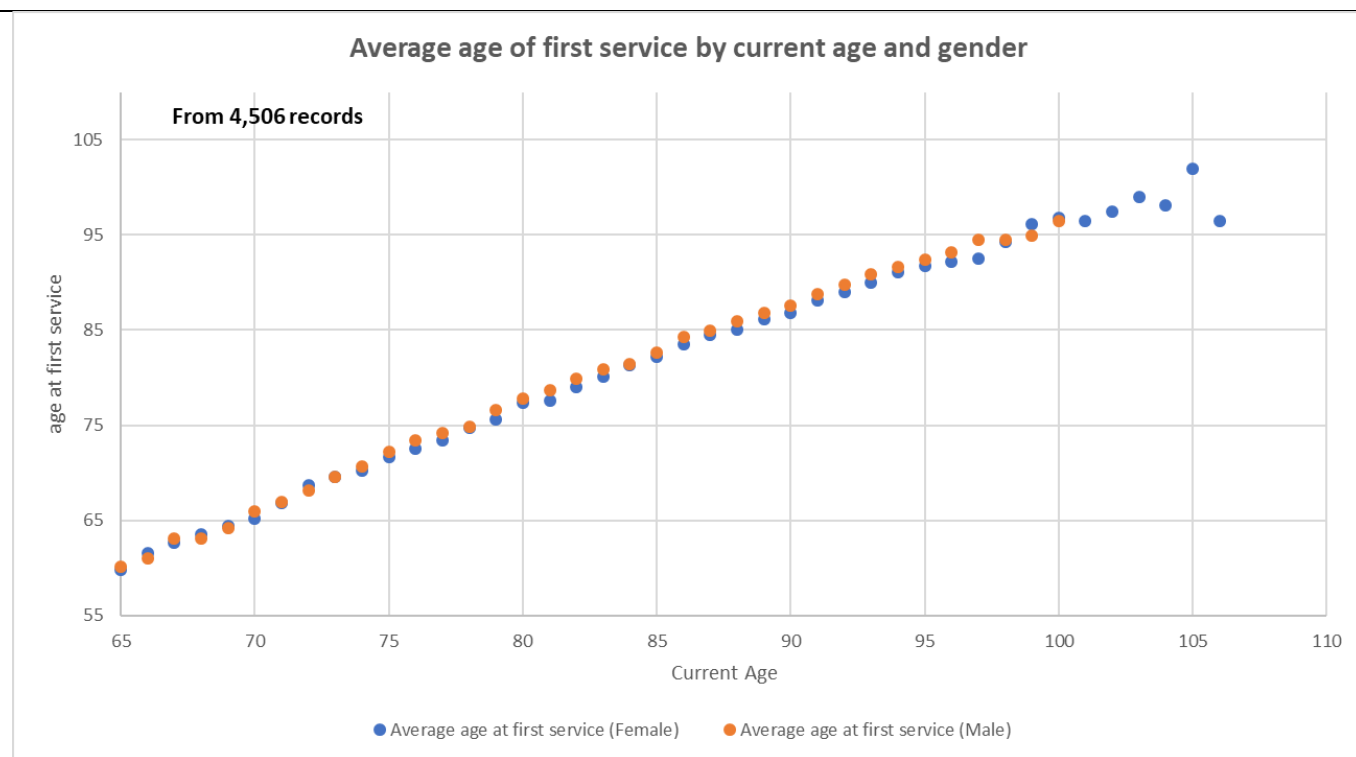
Who is affected and what evidence have you considered to arrive at this analysis?	<i>There are a number of implications as a result of the services which are included within: Winter pressures, improved Better Care Fund, Better Care Fund and older people joint commissioning schemes.</i>
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<p>(This may or may not include the stakeholders listed above)</p>	<p><i>There are no direct implications for rural communities. As noted in the body of the report the local authority and NHS Cheshire CCG have created a mandate for the joint commissioning for place for all age mental services and older people services. The local authority will lead on the joint commissioning of older people's services. There are 11 service areas in scope of the pilot.</i></p> <p><i>The section 75 agreement includes two schemes which are all age services: Disabled Facilities Grant (Better Care Fund) and Carers hub (Better Care Fund). All age services are also included within Home first schemes (Better Care Fund).</i></p> <p><i>The section 75 agreement includes the Care home flu vaccination (improved Better Care Fund) scheme which aims to reduce the impact of flu on care home residents and amongst care home staff. This aligns to the role of public health to prevent disease and reduce the risk of communicable and non-communicable diseases.</i></p> <p><i>In total there are some 39 schemes which are included within the scope of the Better Care Fund section 75 agreement. Each of the schemes will at the time of being commissioned have information about who is affected by the scheme.</i></p>
<p>Who is intended to benefit and how?</p>	<p>The Better Care Fund will positively impact on the age protected characteristic; the Better Care Fund section 75 agreement comprises of 39 schemes which are focused primarily on older people's services. Since June 2018, local health systems have been tasked with reducing the number of extended stays in hospital. This has required changes to the way that hospitals work but is also affected by what happens outside of acute hospital when patients are fit to go home. The Better Care Fund should continue to support the aim to reduce the number of patients who remain in acute hospitals for an extended period (21 days or more) by continuing ongoing work to implement and embed the High Impact Change Model for Managing Transfers of Care that support this ambition.</p> <p>Both nationally and locally Better Care Fund plans reflect a focus on improved hospital flow and performance. Two of the metrics used to judge the effectiveness of the Better Care Fund are reducing non-elective admissions and reducing delayed transfers of care. Research shows that reduced hospital length of stay is linked with lower odds of a decline of physical functioning. There</p>

	are a number of Better Care Fund and improved Better Care Fund schemes which are linked towards achieving this aim. Within the Better Care Fund there are also schemes aimed at all age support in the form of Disabled Facilities Grant as well as Carers breaks and support.
Could there be a different impact or outcome for some groups?	<p>An analysis of older people's services was undertaken to analyse the service users accessing, provide some demographic information, better understand the interaction between services and how long services were accessed for. The analysis considered adult social care services but also included a range of Better Care Fund and older people joint commissioned services.</p> <p>This report provides data analysis of a dataset of older people (aged 65 and over) in receipt of adult social care services and looks back at their history of services by various category types. The criteria for inclusion within the dataset was as follows:</p> <ul style="list-style-type: none"> • The person had an active service at any time between 1st July 2020 and 19th August 2020. • The person's 65th birthday was on or before the end of their latest service (or on or before 19th August if they have an open service). <p>For each person included within the criteria above, every service episode that the person ever had was extracted.</p> <p>The dataset is made up of 4,507 distinct clients and 26,679 individual service episodes. The service episodes can stretch back to 2008. As there have been numerous service titles and sub-categories over this time, for ease of analysis and presentation, the different services have been categorised under 19 different categories.</p> <p>Services were categorised into the following category types:</p> <ul style="list-style-type: none"> • Nursing Dementia • Nursing • Residential Dementia • Residential • Supported Living • Home Care • Direct Payment

	<ul style="list-style-type: none"> • Night Support • Day Care • Extra Care Housing • Short Term Residential/Nursing • Reablement • Intermediate Care • Rapid Response • Respite / Sitting Service • Shared Lives Telecare • Professional Support • Carers Direct Payment • Other
Does it include making decisions based on individual characteristics, needs or circumstances?	<p>Individual schemes include provision for decisions and due consideration of characteristics, needs or circumstances. For example, the trusted assessor service includes the following:</p> <p>The service specification notes the following in relation to equality and diversity:</p> <p>Provider[s] will ensure that access to services by individuals, considers the needs of specific groups to ensure that disadvantage does not occur. Provider[s] will need to demonstrate their understanding of the population and geography of Cheshire East to inform their marketing and service delivery approaches. This applies equally to the specific needs of distinct ethnic groups, gender, age, disability, and sexuality as it does for our towns, villages and rural populations. Provider[s] understanding of modes of transport and transport routes, acceptable service delivery locations for children, young people, families, adults and communities will be vital in ensuring flexible, mobile, and outreach service delivery, at accessible times, and in locations that best meets need.</p>

	<p>Provider[s] will ensure that the needs of service users / patients from under-represented groups and priority groups are fully considered in the planning and delivery of service arrangements, these groups are as follows:</p> <ul style="list-style-type: none"> • Ex-service personnel • People with a Learning Disability • Lesbian, Gay, Bisexual, Transgender • Black and minority ethnic groups
<p>Are relations between different groups or communities likely to be affected? (e.g. will it favour one particular group or deny opportunities for others?)</p>	<p>As noted previously the primary user of the services included within the Better Care Fund section 75 agreement is older people, the data analysis of social care service users identified the age of service users when they first accessed social care shown by gender.</p> <p>Age at first adult social care service</p> <p>The following chart shows the average age at which the clients within the dataset received their first adult social care service cross referenced to their age as at 19th August 2020. This data is split by gender. The overall average age at which people aged 65 and over start their first adult social care service is 81 (82 for females and 80 for males).</p>

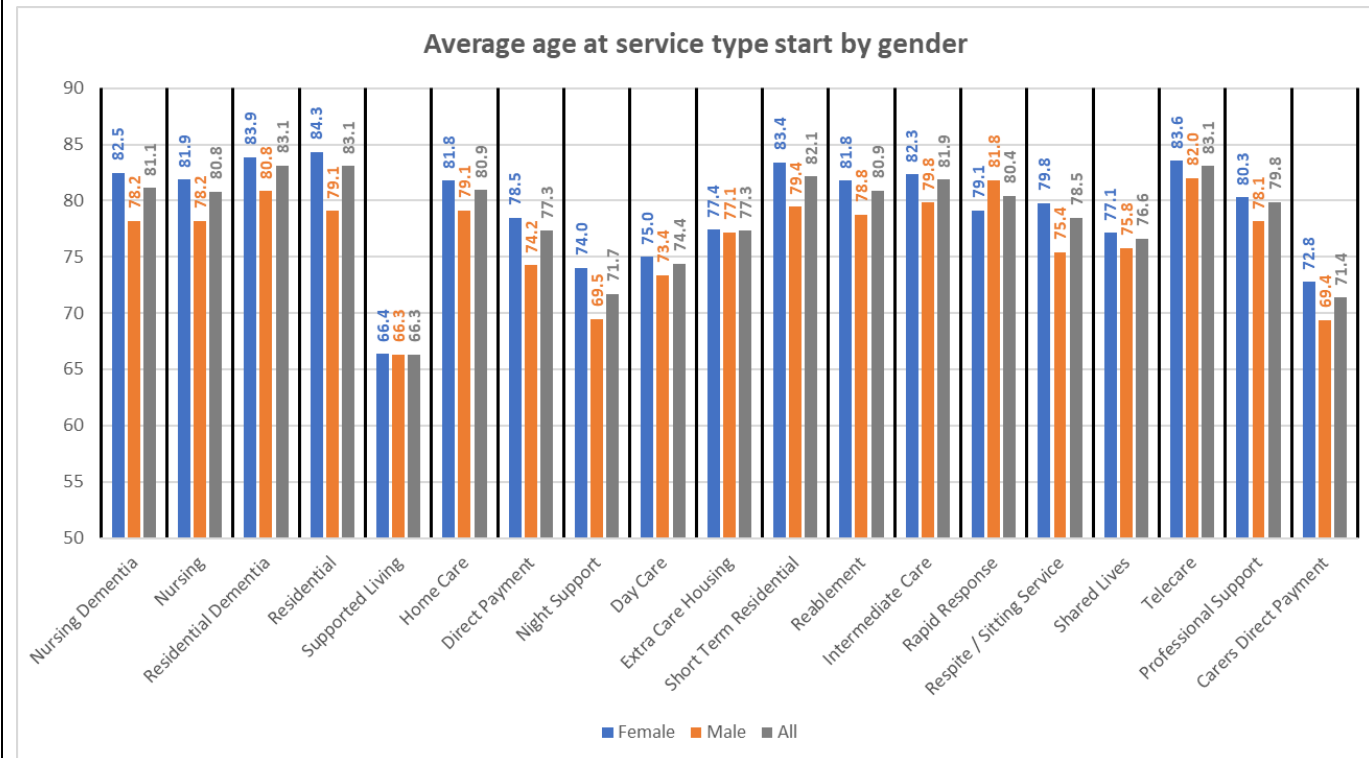


Length of stay within services

From the dataset, it is also possible to calculate the length of time that each person received a particular service type. The following charts show the lengths of stay (in weeks) for different cohorts: the first is for those people who no longer receive that service type and are now receiving other services; and the second includes those who are still receiving that service type as at the data extract date. Please note that the length of stay ignores temporary breaks in service and excludes service types that are generally short term or for a time-limited period or where there were particularly low numbers within a cohort.

	<div><p>Average length of stay (including breaks in service) where service has ended by service type and gender</p><table><thead><tr><th>Service Type</th><th>Female</th><th>Male</th><th>All</th></tr></thead><tbody><tr><td>Nursing Dementia</td><td>91</td><td>77</td><td>86</td></tr><tr><td>Nursing</td><td>73</td><td>93</td><td>80</td></tr><tr><td>Residential Dementia</td><td>121</td><td>80</td><td>110</td></tr><tr><td>Residential</td><td>109</td><td>77</td><td>102</td></tr><tr><td>Home Care</td><td>75</td><td>73</td><td>74</td></tr><tr><td>Direct Payment</td><td>106</td><td>108</td><td>107</td></tr><tr><td>Day Care</td><td>104</td><td>79</td><td>95</td></tr><tr><td>Extra Care Housing</td><td>233</td><td>178</td><td>216</td></tr><tr><td>Shared Lives</td><td>84</td><td>121</td><td>97</td></tr><tr><td>Telecare</td><td>104</td><td>97</td><td>102</td></tr><tr><td>Professional Support</td><td>12</td><td>16</td><td>12</td></tr></tbody></table></div>	Service Type	Female	Male	All	Nursing Dementia	91	77	86	Nursing	73	93	80	Residential Dementia	121	80	110	Residential	109	77	102	Home Care	75	73	74	Direct Payment	106	108	107	Day Care	104	79	95	Extra Care Housing	233	178	216	Shared Lives	84	121	97	Telecare	104	97	102	Professional Support	12	16	12
Service Type	Female	Male	All																																														
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Extra Care Housing	233	178	216																																														
Shared Lives	84	121	97																																														
Telecare	104	97	102																																														
Professional Support	12	16	12																																														
<p>Is there any specific targeted action to promote equality? Is there a history of unequal outcomes (do you have enough evidence to prove otherwise)?</p>	<p>As noted previously each commissioned service will give due consideration to effective promotion of equality, the data analysis of social care service users shows the age at first episode by different social care service.</p> <p>Age at first episode of service type</p> <p>Although there is little difference between males and females in terms of age at their first adult social care service, there are some significant differences when looking at the age that people first have a particular type of service as their support needs change. The following chart shows</p>																																																

the average age at which people first access a type of service and is split by gender, as well as showing the overall average for that service type.



Is there an actual or potential negative impact on these specific characteristics? (Please tick)

Age	Y	N	Marriage & civil partnership	Y	N	Religion & belief	Y	N
Disability	Y	N	Pregnancy & maternity	Y	N	Sex	Y	N

Gender reassignment	Y	N	Race	Y	N	Sexual orientation	Y	N
What evidence do you have to support your findings? (quantitative and qualitative) Please provide additional information that you wish to include as appendices to this document, i.e., graphs, tables, charts In relation to the specific characteristics noted, the majority of the schemes are targeted at older people over the age of 65. This is as a result of the core aims of the fund and as a result of the programme trying to bring about positive performance against the Better Care Fund metrics.							Consultation/ involvement carried out	
							Yes	No
Age	Does this service provide any impact for different age groups? If so, what is this?						X	
Disability	Does this service provide any impact for disabilities? If so, what is this?						X	
Gender reassignment	Does this service provide any impact for those who have undergone gender reassignment? If so, what is this?						X	
Marriage & civil partnership	Does this service provide any impact for people who are married or have a civil partner?						X	
Pregnancy & maternity	Does this service provide any impact for women who are pregnant or on maternity leave?						X	
Race	Does this service provide any impact for people from a particular race? If so, what is this?						X	
Religion & belief	Does this service provide any impact for people from different faith groups? If so, what is this?						X	
Sex	Does this service provide any impact for men or women? If so, what is this?						X	
Sexual orientation	Does this service provide any impact for people who are gay, lesbian etc.? If so, what is this?						X	

Proceed to full impact assessment? (Please tick)	Yes	No	Date
Lead officer sign off	Alex Jones	Date	08/10/2020
Head of service sign off	Shelley Brough	Date	09/10/2020

If yes, please proceed to Stage 3. If no, please publish the initial screening as part of the suite of documents relating to this issue

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Schedule of Urgent Decisions

Urgent decisions made by the Chief Executive relating to Covid-19 funding etc under general delegation dated 2nd July 2020

Date	Summary of decision	MO/S151 consulted	Status
09 11 20	The acceptance of funds for being in Tier 2 of the national COVID-19 restrictions, based on £3 per head, payable from the “Contain Outbreak Management Fund”. Funding: £1,152,456.00	Yes	Completed
19 11 20	Approval of a Supplementary Revenue Estimate of £15,262,935, to be funded from the Local Restrictions Support Grant. The Executive Director-Place be authorised to develop policies and procedures, as fall within his executive responsibilities, and then to fully distribute funding from the Grant, subject to conditions, subject to consultation with the appropriate Portfolio Holder. The Executive Director- Corporate Services be authorised to fully distribute funding from the Grant as fall within her executive responsibilities, subject to consultation with the appropriate Portfolio Holder.	Yes	Completed

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