

Health and Adult Social Care and Communities Overview and Scrutiny Committee

Agenda

Date: Thursday, 9th July, 2020

Time: 10.00 am

Venue: Virtual

How to Watch the Meeting

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

[Live Meeting](#)

or dial in via telephone on 141 020 3321 5200 and enter Conference ID: 168 404 919# when prompted.

Please turn off your camera and microphone when entering the meeting and ensure they remain turned off throughout.

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

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

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

1. **Apologies for Absence**
2. **Minutes of Previous meeting** (Pages 5 - 14)

For requests for further information

Contact: Joel.Hammond-Gant

Tel: 01270 686468

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

To approve the minutes of the meeting held on 5 March 2020.

3. **Declarations of Interest**

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

4. **Declaration of Party Whip**

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

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

A total period of 15 minutes is allocated for members of the public to make a statement(s) on any matter that falls within the remit of the Committee. Individual members of the public may speak for up to 5 minutes, but the Chairman will decide how the period of time allocated for public speaking will be apportioned, where there are a number of speakers.

Members of the public wishing to make a statement should provide notice in writing at least three clear working days before the meeting takes place.

6. **Covid-19 Response - Update from Cheshire NHS Partners** (Pages 15 - 24)

To receive a presentation update on the response to Covid-19 by local health partners in Cheshire East.

7. **Vulnerable and Older Persons Housing Strategy** (Pages 25 - 116)

To consider the draft Vulnerable and Older Persons Housing Strategy, with a view to providing comments and feedback to form part of the council's consultation on the proposed strategy.

8. **Performance Scorecard - Quarter 4 (2019/20)** (Pages 117 - 122)

To consider the key performance data from the council's adult social care, public health and communities services from Quarter 4 of the previous municipal year, 2019/20.

9. **Forward Plan** (Pages 123 - 130)

To review the council's forward plan of key decisions.

10. **Work Programme** (Pages 131 - 142)

To review the current work programme.

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

CHESHIRE EAST COUNCIL

Minutes of a meeting of the **Health and Adult Social Care and Communities Overview and Scrutiny Committee**
held on Thursday, 5th March, 2020 at Committee Suite 1,2 & 3, Westfields,
Middlewich Road, Sandbach CW11 1HZ

PRESENT

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

Councillors S Brookfield, J Clowes, D Edwardes, S Gardiner, B Evans,
M Houston, D Murphy, J Parry, P Redstone and N Wylie

PORTFOLIO HOLDERS IN ATTENDANCE

Councillor L Jeuda, Portfolio Holder for Adult Social Care and Health; Deputy
Leader of the Labour Group
Councillor J Rhodes, Portfolio Holder for Public Health and Corporate
Services

OFFICERS IN ATTENDANCE

Jill Broomhall, Director of Adult Social Care
Linda Couchman, Acting Strategic Director of Adult Social Care and Health
John Hunter, Medical Director (East Cheshire NHS Trust)*
Mark Palethorpe, Executive Director of People
James Sumner, Chief Executive (Mid Cheshire NHS Hospitals Foundation
Trust)*
Nichola Thompson, Director of Commissioning
Matt Tyrer, Interim Director of Public Health
Curtis Vickers, Senior Commissioning Manager**
Clare Watson, Chief Executive Officer (Cheshire Clinical Commissioning
Groups)*
John Wilbraham, Chief Executive Officer (East Cheshire NHS Trust)*

* Attended for Minute No. 86 only

** Attended for Minute No. 88 only

81 APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors A Critchley, M
Goldsmith (substituted for by Councillor B Evans), J Weatherill and R
Vernon.

82 MINUTES OF PREVIOUS MEETING**RESOLVED –**

That the minutes of the previous meeting held on 6 February be approved as a correct record and signed by the Chairman.

83 DECLARATIONS OF INTEREST

There were no declarations of interest.

84 DECLARATION OF PARTY WHIP

There were no declarations of a party whip.

85 PUBLIC SPEAKING TIME/OPEN SESSION

The Chairman invited those in attendance that wished to speak to the committee to come forward and make a statement.

Mr Richard Walton, a Congleton resident, spoke to the committee about the working arrangements at the Congleton War Memorial Hospital, and concern that no further updates, or robust solutions had been provided since he last spoke to the Committee on 10 October 2019 (Minute No. 31, Health and Adult Social Care and Communities Overview and Scrutiny Committee, 2019/20).

In his statement, Mr Walton said that he, and other concerned Congleton residents, had wanted to see a more robust recovery plan be put in place to resolve the issues at the Congleton War Memorial Hospital and ensure a consistent service at its Minor Injuries Unit.

Congleton Town Councillor Suzy Firkin also spoke to the committee in relation to the Congleton War Memorial Hospital, stating that providing care closer to the home is key to supporting sustainable, robust local healthcare. Ms Firkin also stated that Congleton Town Council and Congleton residents wanted to work with East Cheshire NHS Trust and support its long-term plan for the Congleton War Memorial Hospital.

RESOLVED –

That Mr Richard Walton and Ms Suzy Firkin be thanked for attending the meeting and making statements to the committee.

86 NHS SERVICE FRAGILITY AND SUSTAINABILITY IN CHESHIRE EAST / CHESHIRE CCG COMMISSIONING INTENTIONS

The Chairman moved that Items 6 and 7 (Minute No. 86 and 87) be taken as one due to their interlinked nature, and that it would benefit members to discuss and scrutinise the entire range of information at the same time.

Consideration was given to presentations and reports submitted by East Cheshire NHS Trust and Eastern Cheshire Clinical Commissioning Group

(CCG) (soon-to-be part of the pan-Cheshire CCG), on the current issues impacting the sustainability and fragility of health services in Cheshire East. The presentations linked in to the various strategies and partnership working approaches in place across the borough and how this joined-up approach aimed to ensure a sustainable, robust provision of healthcare services in Cheshire East for the future.

Members asked questions and put comments in relation to;

- the need for healthcare professionals, partner organisations and the public to be more honest and realistic about what health services can be provided and where, during the current challenging financial climate and ever-increasing pressure and demand on resources;
- whether the concerns previously noted regarding the reduced and intermittent service provided at the Congleton Minor Injuries Unit had been made worse by the national recruitment issues faced by the NHS;
- why the CCG's commissioning intentions did not explicitly discuss the role of district general hospitals as part of the future plans for healthcare services in Cheshire East; and
- how the three major NHS hospital trusts in Cheshire East could work collaboratively and pragmatically to ensure services are provided in a sustainable way; and

RESOLVED –

- 1 That the updates and presentations be received.
- 2 That the committee be informed and made aware of the outcomes of the meeting to be held between Mr John Wilbraham and other health service colleagues, and members of Congleton Town Council.
- 3 That further updates on the CCG's commissioning intentions be shared with the committee in the future.

87 RECOMMISSIONED RESPITE CARE SERVICES

Consideration was given to a report on the council's re-commissioned respite care services.

Members asked questions and put comments in relation to;

- the need for the council, elected members and others to encourage carers to take up respite care services, in whatever form may be most appropriate and supportive;
- the supporting Equality Impact Assessment to the report being circulated to the committee for information;
- how the council was proactively working to promote the respite care services that had not had as much take-up comparatively; and

- what emergency plans were in place, and whether these were joined-up with those of local health partners.

RESOLVED –

- 1 That the update be received and noted
- 2 That the Equality Impact Assessment be circulated to the committee for information.

88 REVIEW OF PERFORMANCE OF SUBSTANCE MISUSE CONTRACT

The committee considered an update on activity and performance of the Integrated Substance Misuse Service contract.

Members asked questions and put comments in relation to;

- the well-documented reports of substance misuse by certain equality groups, and concern that the report had not noted its Equality Impact Assessment, or highlighted any of these higher-risk groups;
- whether the statistics relating to deaths from drug overdoses were accurate or had been reported incorrectly;
- whether people accessing the service had received enough contact (roughly 10 contacts per person and 7.5 contacts per young person) to successfully see them through their recovery;
- whether the council had stiffened its enforcement activity in relation to substance misuse, e.g. the sale of alcohol to underage persons; and
- concern that people had to be registered to a GP to access the service, and the impacts that this would have on certain cohorts of the borough's population, notably rough sleepers and those presenting as homeless.

Officers present advised that where it was not possible to provide full answers to members' questions, the information would be collated and circulated to the committee after the meeting.

The Chairman noted that it would have been helpful for a representative from Change Grow Live (CGL) – the provider commissioned by the council to provide the Integrated Substance Misuse Contract – to attend alongside council officers, to discuss performance and provide a different perspective in their answers to members' questions.

RESOLVED –

- 1 That the update be received and noted.
- 2 That the officers present collate and circulate the required information to members of the committee.

89 FORWARD PLAN

The committee reviewed the council's most recently published forward plan of key decisions.

RESOLVED –

That the forward plan be noted.

90 WORK PROGRAMME

The committee reviewed its work programme and the Chairman invited members to discuss whether any items should be added or deleted.

Members discussed whether, in light of the concerns raised during Minute No. 86, the committee should request more regular updates from health partners by adding a standing or regular item to its work programme.

RESOLVED –

That the work programme be approved, subject to the addition of an item requesting that health partners attend on a quarterly basis (as a minimum) regarding NHS service fragility and sustainability in Cheshire East, but more frequently if required.

The meeting commenced at 10.00 am and concluded at 12.22 pm

Councillor L Wardlaw (Chairman)

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CHESHIRE EAST COUNCIL

Notes from the **informal meeting** of the **Health and Adult Social Care and Communities Overview and Scrutiny Committee**
held on Tuesday, 23rd June, 2020

PRESENT

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

Councillors S Brookfield, J Clowes, A Critchley, D Edwardes, B Evans, J Saunders, D Murphy, J Parry, P Redstone, R Vernon, J Weatherill and N Wylie

PORTFOLIO HOLDERS IN ATTENDANCE

Councillor L Jeuda, Portfolio Holder for Adult Social Care and Health; Deputy Leader of the Labour Group
Councillor J Rhodes, Portfolio Holder for Public Health and Corporate Services
Councillor M Warren, Portfolio Holder for Communities

OFFICERS IN ATTENDANCE

Jill Broomhall, Director of Adult Social Care
Linda Couchman, Acting Strategic Director of Adult Social Care and Health
Mark Palethorpe, Executive Director of People
Rod Thomson, Consultant in Public Health (Interim Specialist)
Nichola Thompson, Director of Commissioning

1 APOLOGIES FOR ABSENCE

An apology for absence was received from Councillor S Gardiner, who was substituted for by Councillor J Saunders.

2 MINUTES OF PREVIOUS MEETING

RECOMMENDED –

That the minutes of the previous meeting held on 5 March 2020 be approved as a correct record and signed by the Chairman.

3 DECLARATIONS OF INTEREST

There were no declarations of interest.

4 DECLARATION OF PARTY WHIP

There were no declarations of a party whip.

5 PUBLIC SPEAKING TIME/OPEN SESSION

There were no members of the public that had informed that they wished to speak at this meeting.

6 COVID-19 - UPDATE FROM ADULT SOCIAL CARE, COMMUNITIES AND PUBLIC HEALTH

The committee considered a report on the impact of Covid-19 on the wider care sector in Cheshire East to date, including outbreaks, impacts to service delivery and testing. It also updated members on the actions taken by the council to support the sector and minimise the impacts of Covid-19 on service users and staff.

The committee acknowledged the hard work and dedication from all staff that had supported the council's response to Covid-19.

Members asked a variety of questions regarding the immediate impacts of Covid-19 to people in the adult social care system, as well as the steps the council had taken to ensure that it had sustainable plans in place to support service users for the long-term through the pandemic.

Following discussion on the financial implications of Covid-19 to the adult social care sector, the committee agreed that, in addition to the Children and Families Overview and Scrutiny Committee, it would refer any review of these financial implications to a sub-group of the Audit & Governance Committee and Corporate Overview and Scrutiny Committee.

RECOMMENDED –

- 1 That the report be noted.
- 2 That all staff that had supported the council's response to Covid-19, be thanked for their continued hard work and commitment.
- 3 That the financial pressures faced by the council's adult social care system, created by the Covid-19 pandemic, be referred to a sub-group of the Audit & Governance Committee and Corporate Overview and Scrutiny Committee to review.

7 FORWARD PLAN

The committee reviewed the council's forward plan of key decisions.

RECOMMENDED –

That the forward plan be noted.

8 WORK PROGRAMME

The committee reviewed its work programme and discussed how it could best prioritise its planned work.

RECOMMENDED –

That the work programme be agreed, subject to the following changes being made:

- That a short briefing report on Gypsy, Roma and Traveller communities' welfare be added to the 9 July 2020 meeting agenda.
- That the 'Sustainability of Health Services in Cheshire East' be moved back to the 10 September 2020 meeting, so as to enable health partners to update the committee on their response to Covid-19.
- That the 'Cheshire East Winter Plan' be moved back to the 10 September 2020 meeting.
- That the 'Overview of Safeguarding in Cheshire East' be moved back to the 8 October 2020 meeting, so that representatives from the Local Safeguarding Adults Board can present both this and its annual report, at the same meeting.
- That the 'Syrian Vulnerable Person Resettlement Programme' report be rescheduled at a later date once updated timescales have been confirmed.

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Covid-19

Report for Cheshire East Council Overview and
Scrutiny Committee

9 July 2020

James Sumner, Clare Watson, John Wilbraham

Purpose of Presentation

An overview of initial response to Covid-19 and ongoing recovery by giving assurance that;

- the NHS is responding appropriately to Covid-19 related guidance, requirements and processes set out from NHS England and Improvement. (NHSE&I)
- the services and provisions that have been put in place in Cheshire have been effectively managed to respond to the COVID-19 national emergency.
- is working in partnership with the Local Authority and wider system partners on recovery and reset from Covid-19.

Overview of Response

- The NHS has been in a national command and control structure since the declaration of a major incident in March 2020.
- Organisations implemented their EPRR processes successfully.
- NHSE through the North West office has established two core cells – Hospital and Out of Hospital for Cheshire and Merseyside. East Cheshire Trust has linked to the Greater Manchester Hospital Cell and Cheshire & Merseyside for Out of Hospital.
- Gold Command structures across the systems to harness mutual support and gain consistency of approach.
- The Local Resilience Forum is the lead multi-agency forum for managing the response to COVID-19 across the area, and the route for escalation of issues and challenges.
- Current Position - Still command and control despite national alert level being reduced to 3.

Key Areas of NHS Focus Since March 2020

Clinical

- Focus on increased critical care capacity and acute bed availability. At peak – most critical care units at least doubled in size supported by clinicians from other specialties.
- Emergency surgery and urgent cancer patients continued to be treated and prioritised in order to ensure only most necessary come in to hospitals during peak.
- Cessation of routine elective activity.
- Virtual consultations/appointments provided where possible.
- Primary Care total triage models put in place.
- Consequence on births and neo-natal care at East Cheshire Trust.
- Mental Health 24/7 phone line in place.
- Improved Delayed Transfer of Care (DToC) position.
- Use of private Sector and Nightingale, cancer and life saving activity maintained.
- Support to Care Home residents and people assessed as vulnerable through the “Shielding Process”
- Importance of maintaining safeguarding processes during lockdown.

Key Areas of NHS Focus Since March 2020

Workforce

- Staff absence in the first few weeks as testing processes developed.
- Further Covid Antibody testing has been undertaken for key health and care staff.
- Enhanced payments to those staff able to work additional hours.
- PPE concerns – improved over time within NHS but clearly issues for partners as well.
- Infection Prevention and Control Guidance critical to the safety of patients and staff.
- BAME risk assessments.
- Staff redeployed to different areas where needed.

Key Areas of NHS Focus Since March 2020

Finance

- Block contracts in place until October.
- Costs of Covid collated and reported to NHSE&I by all organisations.
- Capital bids made for Covid requirements – outcome awaited
- (for example, second CT scanner at ECT has been funded £400k)
- (for example, community bed support for increasing pressures on hospital system (Seacole beds)).

Estates

- Covid positive and negative areas developed in Hospitals.
- Reconfigured estates in Primary Care to ensure Personal Protective Equipment (PPE) and infection control procedures are followed to undertake face to face assessment.
- Significant capital restructuring needed going forward.
- Capital bids have been submitted to provide additional capacity in hospitals that can be separate from Covid Areas and we are awaiting confirmation of successful bids.

Recovery

- Phase 1 – response - completed
- Phase 2 – recovery - planning to end June/ July
- Phase 3 – recovery - planning through Winter to end 2020/21
- Phase 4 – recovery - planning for 2021/ 23/ 25 ...

Recovery Considerations

Clinical, Workforce, Finance, Estates



Cheshire

Clinical Commissioning Group

- Restarting elective activity now – limited and patients need to self isolate to ensure no nosocomial transfer of infection.
- Cancer surgery and Diagnostic tests are a key constraint and the Hospital Cell for C&M and GM have modelled the requirements. This will be about providers working together to ensure equitable access across systems.
- Major challenge is now running a dual system of covid + care and routine clean elective work. Not enough capacity in NHS to do this and A&E returning to previous levels of demand
- GP referrals could continue to remain low .
- Infection Prevention and Control guidance will mean significant reduction in productivity. (e.g. Endoscopy c.50%)
- The risk of escalating waiting times.
- More virtual appointments to be provided.

Recovery Considerations (continued)

Clinical, Workforce, Finance, Estates

- Working as a system to get equality of access.
- Managing the risk of a second surge with our staff, financial and estates resources.
- Hospital and Out of Hospital Plans being developed for imminent submission
- Continued BAME assessments for staff.
- Ensuring community bed support for increasing pressures on hospital system (Seacole beds).
- Working together across wider systems to ensure equity of access (e.g. single Cancer waiting list across Cheshire & Merseyside).
- Focus on new ways of working to combat physical capacity and social distancing constraints e.g. video-consultations and other IT solutions.
- Continuing to work on NHS planning process for July/August to restore the NHS system with plans at a site and local system level.
- Bringing this together across Cheshire into a single plan for recovery ensuring mutual aid and equitable access.

Summary & Key Challenges

- NHS EPPR plans were tested and were effective in working with national requirements.
- Organisations worked well together including partners outside of Cheshire East.
- Staff across organisations worked brilliantly in unprecedented situation to maintain urgent care for the patients who needed it.
- Recovery underway however there will be significant implications for some time as the “new normal” is established.
- Working on the basis that the major incident status will be in place until at least March 2021.
- Concern about meeting MH demands and late presentation of illness given the reluctance of patients to access services during recent months.
- Recovery underway however there will be significant implications for some time as the “new normal” is established.
- Financial Recovery from the impacts of Covid-19 for NHS and Local Authority Partners.

Chris Hutton – Senior Policy Officer
Karen Carsberg – Head of Housing

Vulnerable and Older Persons' Housing Strategy 2020-24

Working for a *brighter future*  together

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Purpose of a Vulnerable and Older Persons' Housing Strategy

- Give an overview of the achievements and progress since the adoption of the previous strategy
- Provides analysis of the current accommodation provision
- Updates the evidence base to demonstrate current need and future need across the borough
- Sets out strategic priorities, objectives and actions to ensure suitable and safe accommodation is available where it is required
- Provides the Council with opportunity to promote or discourage development across the borough

The priorities of the new strategy

- People are supported to live in their own homes independently for longer
- When required, people can receive the support they need in a wide range of specialist, supported accommodation within the Borough
- People are able to make informed choices about the accommodation, care, and support options within Cheshire East

Vulnerable and older groups and their priorities

- Older people
- Learning disability
- Mental Health
- Physical & sensory disability
- Domestic Abuse
- Cared for Children & Care Leavers
- Young people in need
- Drugs & Alcohol
- Homelessness

• Older People

Priority: Improve the housing offer for an ageing population		
How we will do this	Who by	When by
Support the delivery of market and affordable housing across the borough, for ownership and rental	<ul style="list-style-type: none"> Cheshire East Council Cheshire East Members Registered Providers Housing Developers 	<ul style="list-style-type: none"> Ongoing through strategy lifetime
Task and finish group to be set up with registered providers to promote downsizing offer to older adults	<ul style="list-style-type: none"> Cheshire East Council Registered Providers Housing Developers 	<ul style="list-style-type: none"> Within 12 months of strategy adoption
Support delivery of extra care schemes in larger settlements of Cheshire East subject to further assessment of site specific needs	<ul style="list-style-type: none"> Cheshire East Council Registered Providers Specialist Accommodation Providers Housing Developers 	<ul style="list-style-type: none"> Ongoing through strategy lifetime
Re-address the shortfall in extra care bed spaces following a fire at a large extra-care facility in Cheshire East	<ul style="list-style-type: none"> Cheshire East Council Registered Providers Specialist Accommodation Providers Housing Developers 	<ul style="list-style-type: none"> End of strategy lifetime

• Learning Disabilities

Priority: Ensure adults and children with learning disabilities are able to access suitable accommodation across the borough

How we will do this	Who by	When by
Task and finish group to consult with residents who have learning disabilities, as well as their families to assess their housing aspirations	<ul style="list-style-type: none"> Cheshire East Council (LD Partnership Board) 	<ul style="list-style-type: none"> Within 12 months of strategy adoption
Support delivery of suitable accommodation in line with residents requirements	<ul style="list-style-type: none"> Cheshire East Council Partners 	<ul style="list-style-type: none"> Ongoing through strategy lifetime

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• Mental Health

Priority: Support the provision of appropriate accommodation for mental health clients		
How we will do this	Who by	When by
Support the delivery of a wide range of housing options for adults with care and support needs, including mental health needs	<ul style="list-style-type: none"> Cheshire East Council (MH Partnership Board) Registered Providers Specialist accommodation providers 	<ul style="list-style-type: none"> Ongoing through strategy lifetime
Work closely with CEC Commissioning and developers to facilitate delivery of suitable accommodation options for those suffering with memory and cognitive issues	<ul style="list-style-type: none"> Cheshire East Council Specialist accommodation providers 	<ul style="list-style-type: none"> Ongoing through strategy lifetime

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• Young People in Need

Priority: Reduce the number of young people in housing need and aim to reduce and prevent homelessness and rough sleeping for young people

How we will do this	Who by	When by
Use appropriate prevention tools such as mediation, in partnership, to reduce homelessness, which will be monitored through homelessness evidence.	<ul style="list-style-type: none"> Cheshire East Council Young People Registered providers 	<ul style="list-style-type: none"> Ongoing through strategy lifetime
Engage with registered providers to explore opportunities around short-term tenancies which will provide skills and knowledge to young homeless people, with a view to granting assured tenancies following this.	<ul style="list-style-type: none"> Cheshire East Council Registered providers 	<ul style="list-style-type: none"> 12 months from strategy adoption
Ensure housing pathways are in place for young people, providing a clearer understanding of local needs and provision	<ul style="list-style-type: none"> Cheshire East Council Registered providers Service providers 	<ul style="list-style-type: none"> 12 months from strategy adoption

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• Cared for Children & Care Leavers

Priority: Support the suitable and safe accommodation provision for cared for children and care leavers		
How we will do this	Who by	When by
Facilitate an increase in taster flats across the borough to enable independent living opportunities for care leavers	<ul style="list-style-type: none"> Cheshire East Council Cheshire East Members Registered providers Housing developers 	<ul style="list-style-type: none"> Ongoing through strategy lifetime
Engage with registered providers to explore opportunities around short-term tenancies which will provide skills and knowledge to care leavers, with a view to granting assured tenancies following this	<ul style="list-style-type: none"> Cheshire East Council Registered Providers Support Providers 	<ul style="list-style-type: none"> Ongoing through strategy lifetime
Encourage and support the commissioning of additional residential care homes for cared for children in areas of high need such as Crewe and Macclesfield	<ul style="list-style-type: none"> Cheshire East Council Housing Providers Support Providers 	<ul style="list-style-type: none"> Ongoing through strategy lifetime

• Drugs & Alcohol

Priority: Ensure safe and suitable accommodation is available for drug and alcohol users throughout all stages of their recovery journey

How we will do this	Who by	When by
Explore accommodation pathways for alcohol or drug dependent residents to ascertain their needs	<ul style="list-style-type: none"> Cheshire East Council 	<ul style="list-style-type: none"> Within 12 months of strategy adoption
Maintain active engagement with drug and alcohol services across the borough	<ul style="list-style-type: none"> Cheshire East Council External agencies and support organisations 	<ul style="list-style-type: none"> Ongoing through strategy lifetime

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• Physical and Sensory Disabilities

Priority: Support residents with physical and sensory disabilities to maintain their accommodation or access suitably adapted types of accommodation		
How we will do this	Who by	When by
Encourage the delivery of housing across the borough which meets mandatory and optional technical standards for accessibility	<ul style="list-style-type: none"> Cheshire East Council Registered providers Housing developers 	<ul style="list-style-type: none"> Ongoing through strategy lifetime
Explore potential for assistive technology to be incorporated into dwellings to enable independent living	<ul style="list-style-type: none"> Cheshire East Council Housing providers 	<ul style="list-style-type: none"> Within 12 months of strategy adoption
Continue to provide adaptations to homes across the borough via the Disabled Facilities Grant	<ul style="list-style-type: none"> Cheshire East Council Central government funding 	<ul style="list-style-type: none"> Ongoing subject to funding

• Domestic Abuse

Priority: Increase the provision of suitable accommodation for residents who experience domestic abuse		
How we will do this	Who by	When by
Explore funding opportunities to increase refuge and move-on housing provision	<ul style="list-style-type: none"> Cheshire East Council Cheshire East Members Registered providers Housing developers 	<ul style="list-style-type: none"> Within 12 months of strategy adoption
Ensure positive relationships maintained with registered providers to enable target hardening as well as provide the small funding pot to support people in private accommodation	<ul style="list-style-type: none"> Cheshire East Council 	<ul style="list-style-type: none"> Ongoing through strategy lifetime
Ensure positive relationships maintained with DA services to assess their housing requirements and any future changes	<ul style="list-style-type: none"> Cheshire East Council In house and commissioned DA services 	<ul style="list-style-type: none"> Ongoing through strategy lifetime
Promote strategic and operational commitment to changing responses to complex presentation	<ul style="list-style-type: none"> Cheshire East Council Housing and Commissioning Public Service Transformation Board (sub regional work) In house and commissioned DA services 	<ul style="list-style-type: none"> Within 12 months of strategy adoption

• Homelessness

Priority: Reduce homelessness and rough sleeping across Cheshire East		
How we will do this	Who by	When by
Continue to work with housing providers and landlords to enact prevention and relief duties	<ul style="list-style-type: none"> Cheshire East Council Housing providers Private landlords 	<ul style="list-style-type: none"> Ongoing through strategy lifetime
Provide interventions to prevent rough sleeping, facilitated via the Rough Sleeping Initiative	<ul style="list-style-type: none"> Cheshire East Council 	<ul style="list-style-type: none"> Ongoing
Ensure adequate support is in place to help people maintain and sustain accommodation via housing related support contracts	<ul style="list-style-type: none"> Cheshire East Council Contract providers 	<ul style="list-style-type: none"> April 2020
Explore options of using Housing First model in Cheshire East	<ul style="list-style-type: none"> Cheshire East Council Registered providers 	<ul style="list-style-type: none"> Within 12 months of strategy adoption

Strategy Development

- Throughout 2019, meetings held with internal CEC teams to assess changing picture of need and current accommodation provision
- Review of up-to-date research giving insight at a local and national level
- Further internal consultation took place at the end of 2019, following the completion of a draft strategy

External Consultation

- Following Cabinet approval to consult on 5th May 2020, the draft strategy is now out for external consultation with a wide variety of stakeholders, including NHS/CCG colleagues, town/parish councils, Members, 3rd sector and support organisations, registered housing providers
- Consultation via online survey and questionnaire due to Covid-19 restrictions, as well as ability to feedback via email. Press release and social media campaign via CEC social media platforms
- Consultation running from 18th May to 13 July. We also have ability to extend for a further 4 weeks if deemed necessary

Next steps?

- Review consultation responses and incorporate relevant changes and suggestion. Respond to consultees.
- Complete and submit report for Portfolio Holder for Environment & Regeneration, in consultation with the Portfolio Holder for Adult Social Care & Health, to consider the results of the consultation and to approve the final version of the strategy.
- Enact the action plan with relevant stakeholders and monitor progress of priorities and objectives.

Thank you

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Vulnerable and Older Persons' Housing Strategy Draft 2020-2024

Cheshire East Council

Table of Contents

Introduction	4
Aims of the 2019 update	4
Achieved to date	5
Older People	7
Background	7
Evidence Base.....	7
Detailed Findings	7
Chapter conclusions and key priorities for Older Adults	17
Learning Disabilities.....	19
Background	19
Evidence Base.....	19
Detailed Findings	19
Children with Learning Disabilities	23
Chapter conclusions and key priorities for Learning Disabilities	24
Mental Health	26
Background	26
Evidence Base.....	26
Detailed Findings	26
Specialist Provision	31
Chapter Conclusions and Key Priorities for Mental Health.....	31
Young People in Need	33
Background	33
Evidence Base.....	33
Detailed Findings	33
Chapter conclusions and key priorities for Young People in Need	34

Cared for Children & Care Leavers	36
Background	36
Evidence Base.....	36
Detailed Findings	36
Chapter conclusions and key priorities for Cared for Children & Care Leavers	39
Drug and Alcohol	40
Background	40
Evidence Base.....	40
Detailed Findings	40
Chapter conclusions and key priorities for Drugs and Alcohol	44
Physical and Sensory Disabilities.....	45
Background	45
Evidence Base.....	45
Detailed Findings	46
Chapter conclusions and key priorities for Physical and Sensory Disabilities.....	51
Domestic Abuse	53
Background	53
Evidence Base.....	53
Detailed Findings	53
Chapter conclusions and key priorities for Domestic Abuse	56
Homelessness.....	58
Background	58
Evidence Base.....	58
Detailed Findings	58
Chapter conclusions and key priorities for Homelessness	63

Introduction

In 2014 Cheshire East Cabinet approved the Vulnerable and Older People's Housing Strategy. The aim of the strategy was to provide a document which gave a detailed evidenced account of the housing needs for specific client groups.

The principle aims of the strategy were to:

- Map the current picture of accommodation supply and demand by different vulnerable groups to establish the landscape of vulnerable and older persons housing within the Borough.
- Use this information as a basis for developing a better model of accommodation and support provision across all vulnerable client groups to inform commissioning decisions.
- Integrate effective and appropriate housing into a multi-disciplinary and cross-agency approach for improving well-being for vulnerable people.
- Provide an evidence base to inform planning decisions and emergent policies, ensuring that the strategy's priorities are reflected in the accommodation constructed and the support services commissioned.

There are many vulnerable and older people with varied needs. Many individuals have complex or multiple needs, and may present to numerous departments and functions throughout their service journeys. The strategy focused on a number of vulnerable groups, though acknowledges throughout that there is often substantial cross-over between these groups. The strategy covered the following client groups:

- Older People
- Learning Disabilities
- Mental Health Issues
- Cared for Children and Care Leavers
- Drug and Alcohol Issues
- Physical and Sensory Disabilities
- Domestic Abuse
- Homelessness

The 2014 strategy defined three main outcomes which were to provide a holistic approach to accommodation and support services across the borough. Each outcome was expanded upon with policy priorities to give clarity and guidance in influencing Council strategic decisions.

Aims of the 2019 update

The aims of this housing strategy are to provide a position statement following the outcomes from the 2014 strategy. It will outline what achievements have been accomplished, provide an update on the evidence base and outline the current housing requirements. It will also explore and provide additional outcomes which will be key in delivering the strategy over its lifetime.

This strategy will also provide an update on the current national and local policy changes which impact upon each of the service areas.

Achieved to date

The 2014 strategy outlined a number of outcomes and actions and this section provides an overview on what has been achieved so far. The strategy identified three main outcomes:

- People are supported to live in their own homes independently for longer
- When required, people can receive the support they need in a wide range of specialist, supported accommodation within the Borough
- People are able to make informed choices about the accommodation, care, and support options within Cheshire East

There have been a number of changes, both in the national and local landscape, which have impacted upon the housing provision for older and vulnerable groups since the last version of the strategy, however the issues which were facing Cheshire East at the time have remained consistent. Cheshire East Council remains focused on increasing growth and employment opportunities, however the combination of an increasingly ageing population, an increase in the complexity of individuals who access services, recruitment and retention issues in the care sector, and the significant affordability disparities across the borough have resulted in additional priorities which need addressing.

On a national level, the housing sector has changed dramatically since the adoption of the previous strategy. The 1% reduction in rents for social housing was announced in 2015 as part of an effort to control rising rent levels, and the outcome of this announcement was a national slow-down in overall social housing development. The uncertainty in relation to the funding of supported housing has resulted in a slow-down in supported accommodation development and a lack of clarity relating to the future of supported accommodation. This lack of clarity continues to impact on service delivery despite a demand for services from clients. The Welfare Reform Act was introduced in 2016 and resulted in an overhaul of the welfare system, including the introduction of Universal Credit, the effects of which are being felt across the borough in terms of residents requiring additional support for their support and housing needs. The introduction of the Homeless Reduction Act in 2017 saw a huge shift in the national approach to homeless prevention and additional duties were placed on local authorities to address this issue.

On a local level, Cheshire East has responded positively to these changes. The adoption of the Cheshire East Local Plan Strategy (CELPS) in 2017 provides up-to-date planning policies related to a range of housing issues including, very importantly, affordable housing provision. It also addresses specialist accommodation provision and accessibility issues. At the time of writing, the second part of the Local Plan, the Site Allocations and Development Policies document (SADPD) is being developed which will provide more detailed, non-strategic planning policies and allocate a number of smaller sites for new housing development. The SADPD is a 'daughter' document to the CELPS and when it is adopted will, alongside the CELPS, fully replace the local plans prepared by the predecessor district councils to Cheshire East.

The key priorities and focuses raised in the 2014 strategy are very much still applicable to this Cheshire East housing strategy for vulnerable and older groups. As such, the three main outcomes from that strategy are still relevant and applicable to this strategy. In addition to these outcomes, we will expand on client-specific priorities and how housing can aim to address any current issues and aspirations.

One of the key points raised in the previous strategy, which is echoed in this one, is that there are multiple cross-over points between client groups, and these groups shouldn't be viewed in isolation of each other. The overwhelming response from local authority departments suggests that there is an increase in the complexity of clients who are seeking assistance from the council and this complexity needs to be reflected in the accommodation and support services provided.

Through the development of this strategy, it is apparent that there are still notable evidence gaps in terms of current and forecasted accommodation needs for multiple groups. This has resulted in some datasets being unable to pinpoint provision and need across the borough, which can affect strategic priorities. Despite this, there is an ongoing willingness for cross-department and cross-organisational partnerships with the aim of providing the right type and amount of housing across the entire borough.

Older People

Background

The 2014 strategy identified that the number of older adults across the borough was due to significantly increase and as such, this would impact on the requirement for a number of housing types including downsizing opportunities, as well as specialist accommodation, to address issues relating to care, access and mobility. Additional updated evidence is highlighted below which clarifies the latest population estimates for Cheshire East as well as the need data for specialist accommodation types. Since the previous strategy was published, there have been significant national changes to funding arrangements for supported accommodation, which is referred to later in this section. The impact of these changes is a slow-down in the provision of additional specialist accommodation, relative to the overall numbers of general needs properties being developed.

Evidence Base

- Projecting Adults Needs and Service Information (PANSI)
- Projecting Older Persons Population Information (POPPI)
- Cheshire East Housing Strategy 2018-23
- ORS Housing Mix and Needs Study (2019)
- Cheshire East Council Housing Optional Technical Standards Report (August 2018)
- ONS 2018 mid-year population estimates for local authorities (June 2019)
- Rental Housing for an Ageing Population (APPG, July 2019)
- Moving Insights of the over-55's (NHBC Foundation, 2017)
- Rightsizing: Reframing the housing offer for older people (MSA, 2018)
- Cheshire East Council Tartan Rug

Detailed Findings

Cheshire East, much like the rest of the UK, has an ageing demographic. As of 2019, the number of Cheshire East residents aged 65 and above totalled 88,200, according to the Projecting Older Persons Population Information (POPPI). This equates to 22.5% of the borough population. Compared to England as a whole, this is above average with that amount being 18.0%.

Estimates provided via POPPI suggest that this number is due to increase significantly over the coming years. Estimates up to 2035 show a 34% increase in the 65 and above demographic, bringing this number up to 118,500 across the borough.

	2019	2020	2025	2030	2035
People aged 65-69	22,700	24,400	24,200	28,400	28,400
People aged 70-74	23,800	24,100	21,400	23,200	24,700
People aged 75-79	17,000	17,700	22,200	19,900	21,800
People aged 80-84	12,400	12,700	15,000	19,000	17,300
People aged 85-89	7,700	7,800	9,400	11,300	14,600
People aged 90 and over	4,600	4,800	5,700	7,100	9,000
Total population 65 and over	88,200	89,500	97,900	108,900	118,500

Table 1.1 – Source: www.poppi.org.uk population estimates for Cheshire East, 2019

This predicted increase provides a number of significant challenges to Cheshire East, especially in relation to providing suitable housing provision which is available at the right time in an individual's life. Not only does this provision need to be provided at the suitable time in a resident's life; it needs to be in an appropriate location in the borough and be able to provide the type and level of care and support for their particular needs.

The most recent data that we have available in relation to the geographic spread of residents is derived from the ONS mid-year population estimates from 2018. This dataset provides details for residents aged 65 years and over, and provides some clarity over the spread of older residents across the borough.

		Settlement's share (%) of Cheshire East population	Settlement's share (%) of Cheshire East population
Settlement/LA name	Population aged 65 and above, mid-2018	All Ages	Age 65+
Other Settlements and Rural Areas	13,700	13.8%	15.8%
Crewe	12,700	19.6%	14.6%
Macclesfield	10,300	13.6%	11.8%
Congleton	6,800	7.0%	7.8%
Wilmslow	5,000	6.5%	5.8%
Nantwich	4,600	4.9%	5.3%
Sandbach	4,600	5.3%	5.3%
Poynton	3,800	3.3%	4.4%
Alsager	3,300	3.1%	3.8%

Knutsford	3,200	3.5%	3.7%
Middlewich	2,800	3.7%	3.2%
Holmes Chapel	1,800	1.6%	2.1%
Bollington	1,800	2.1%	2.0%
Handforth	1,600	1.8%	1.8%
Alderley Edge	1,400	1.5%	1.6%
Audlem	1,300	1.1%	1.5%
Disley	1,300	1.3%	1.4%
Goostrey	1,100	1.0%	1.3%
Haslington	1,100	1.2%	1.3%
Prestbury	1,100	0.9%	1.3%
Shavington	1,100	1.1%	1.3%
Mobberley	900	0.8%	1.0%
Bunbury	600	0.6%	0.7%
Wrenbury	500	0.6%	0.6%
Chelford	400	0.3%	0.4%
Cheshire East	86,700	100.0%	100.0%

Table 1.2 - Source: Office for National Statistics (ONS) 2012-18 mid-year population estimates for small areas (October 2019 release). ONS Crown Copyright 2019. ONS licensed under the Open Government Licence v. 3.0.

Notes: [1] The geographical definitions used for each town or smaller settlement are those set out in Appendix 6 of the Cheshire East 'LDF Background Report: Determining the Settlement Hierarchy', Cheshire East Council, November 2010. [2] Absolute figures rounded to nearest 100 and percentages to 1 decimal place, but percentages were calculated using unrounded figures. Figures do not sum to the stated overall totals because of independent rounding.

The table above shows that some settlements – the Key Service Centres of Alsager, Congleton, Knutsford, Nantwich and Poynton, along with Other Settlements and Rural Areas – have relatively high concentrations of older people (age 65 and above). These towns make up a much larger share of Cheshire East's older population than they do for the Borough's younger age groups. The opposite is true for the Principal Towns of Crewe and Macclesfield, along with the Key Service Centres of Middlewich and Wilmslow: these towns make up a much smaller share of Cheshire East's older population than they do for younger age groups. These are issues which need to be considered from this data. The majority of housing developments which occur in Cheshire East are in the larger settlements, and the housing offer to older adults may not be a true reflection of their aspirations. Further work needs to be completed to assess the aspirations of older adults in terms of where they want to live in the borough, and the wider priorities that they require i.e. access to community services, GP's, leisure facilities, etc.

In addition to this data, using the Cheshire East Council tartan rug allows further exploration of where older adults live in the borough. This document allows specific key health indicators to be plotted within wards and settlements across Cheshire East. In terms of 'pensioners living alone' and 'older people with low income' indicators, there is a substantial increase in the central areas of Crewe and Macclesfield, as well as the north of the borough in areas such as Handforth. This data should form part of the narrative when discussing housing needs and affordability for older adults who live alone.

Whilst there is a need to better understand the additional needs that are presented by adults in later life and how these can be addressed in client-specific accommodation, there is an equal responsibility for the Council to ensure there is adequate housing provision available for the active elderly –that is adults who are physically well and don't require additional care and support services.

There is a general assumption that older adults may be looking to downsize, for example from a larger family home, indeed, the apparent benefits of downsizing for older persons seem significant. Occupiers living in a more suitably sized property, with lower running costs, will be at lesser risk of suffering from fuel poverty. It also releases larger family accommodation for younger and working-age cohorts within the borough.

However, research by both the Manchester School of Architecture and the National House-Building Council (NHBC) has suggested that on a national level, there is only a limited evidence base to suggest that there is desire to downsize. NHBC stated that *"a third were 'same-sizers', who moved to a home with the same number of bedrooms. Over a third (39%) downsized to a home with fewer bedrooms and about 28% upsized to a home with more bedrooms"*. Similar findings from the same document highlight a key factor in the definitions and expectations of the housing requirements for older adults. Anecdotal evidence suggests that linking 'older person's accommodation' to over 55's is to the detriment of the provision. Many residents didn't feel they were 'old enough' to warrant this type of accommodation, suggesting that older people were those "aged 85 and above". Perhaps more significantly, the study by NHBC suggests that only 5.5% of those who purchased new homes did so on an "over-55's" specific scheme. As this age-restriction is applied to a number of properties in Cheshire East, this strategy suggests that accommodation designated as "over 55's" should be flexible and able to change easily to general needs *for all ages* should there be a lack of interest from over 55's.

One of the main challenges facing Cheshire East is how to promote downsizing opportunities to suitable residents, and how residents can be assisted in making this decision at an earlier point in their life before a crisis event forces a house move. An unexpected change in circumstances could result in residents moving to inappropriate accommodation which isn't suitable for their specific needs, and the upheaval of an unexpected move can impact on the wellbeing of individuals and relatives.

One of the key priorities arising from this strategy is to identify a way to develop and promote an effective downsizing offer for older adults. The Council's aims include:

- To support residents to make alternative appropriate housing choices earlier in life
- Encourage a wide mix of housing options which can cater for older adult requirements

- Explore and support the development of self-build opportunities across the borough which can aide the accommodation portfolio for older adults

Rental accommodation for older adults

There is a general assumption that the majority of older adults prefer owner-occupation, and on a national level, the amount of adults over 65 who are tenants in rented accommodation is relatively small, at approximately 22% (Rental Housing for an Ageing Population, All-Party Parliament Group, 2019). There are however concerns that due to the ageing population and the increase in 'Generation Rent', that the requirement for suitable rental accommodation will increase. Therefore, it is necessary for Cheshire East to explore a private rented sector offer which is suitable and appropriate for older adults.

On a national level, research is suggesting that generations who are getting older who are not able to own and occupy their own property, are equally facing affordability issues if they were to access the private rented sector. The APPG document suggests it is "hard to see how they can sustain their tenancy, quite apart from their accommodation proving costly to heat and care for. What is required for so many of those who fall into this affordability trap, is the opportunity to downsize to a place where rents are genuinely affordable". The affordability rates and rental amounts within Cheshire East, especially to the north of the borough, means that this Private Rented Sector offer needs to be explored as a matter of priority.

In addition to general needs owner-occupation, there are a number of types of accommodation for older persons provided across the borough, taking into account need and level of support required.

Specialist housing for older persons

There is no single suitable solution to solve housing issues for older persons. It is essential that there are a number of various housing opportunities and options across the borough. There are many different varieties of specialist housing which can be provided to accommodate older persons and provide the suitable and appropriate level of care and support that is required throughout their life. This section will describe these broad types of accommodation in order of their levels of support and care which are offered on-site. They range from fully independent, unsupported living to the provision of 24 hour nursing care.

Age-restricted general market housing

This type of housing is provided on both open market and affordable housing schemes across the borough. It is typically specified that eligibility for this housing is limited to persons aged 55 years and above, however there is no care or support provided in these units. To assist with potential future mobility and access issues, it is typical for these age-restricted units to have ground floor access and be limited to one storey, for example as a bungalow or as a ground floor flat.

Demand for this type of accommodation is high. Data retrieved via the Cheshire Homechoice Choice Based Lettings waiting list gives some clarity on the demand across the borough, as detailed below.

Location	Household demand for over-55 accommodation	As % of total
Macclesfield	186	20%
Crewe	164	17%
Nantwich	110	12%
Congleton	78	8%
Sandbach	75	8%
Knutsford	54	5%
Alsager	47	4%
Holmes Chapel	37	4%
Bollington	33	3%
Wilmslow	30	3%
Alderley Edge	27	3%
Poynton	27	3%
Not Stated	18	2%
Disley	17	2%
Handforth	17	2%
Prestbury	3	0.5%
Mottram	1	0.5%
Total	948	100%

Table 1.3 – Source: Cheshire HomeChoice LOCATA data for over-55 provision, 2019

The Manchester School of Architecture (Rightsizing: Reframing the housing offer for older people, 2018) evidence base suggests that little is known about this housing solution on a wider level and development levels of this age-restricted accommodation may not be fully addressing the over-55's housing requirements. It is fundamental that this type of accommodation can meet the needs of residents over 55, but still retain the option to be a general needs let should the property remain vacant over a certain length of time.

Retirement living/sheltered housing

These types of schemes usually consist of a number of purpose-built properties which are combined with some support such as an on-site warden, a housing manager or access to a 24 hour alarm system. Communal areas are limited but can include areas such as a guest room, laundry room, or communal lounge.

In 2019, ORS completed research to explore the need for specialist accommodation in Cheshire East. Whilst this research didn't focus specifically on locations across the borough, it highlighted the overall need for sheltered accommodation in Cheshire East over the period of the Local Plan.

		Rate per 1,000 persons aged 75+	Gross need 2018	Existing supply 2015	Backlog at start of Plan period	Gross need 2030	New need 2018-30	Total need 2030
Sheltered Housing	Owned	120	4,651	1,195	+3,456	7,523	+2,665	+6,121
	Rented	60	2,326	955	+1,371	3,761	+1,332	+2,703
Total		180	6,977	2150	+4,827	11,284	+3,997	+8,824

Table 1.4 - Source: Modelled Demand for Older Person Housing in Cheshire East based on Housing LIN Toolkit, ORS, 2019

It is assumed that, in general, the overall need and demand for this accommodation will arise in the settlements listed in Table 1.3 above.

Extra-care housing

Extra-care housing can be delivered as purpose built or adapted units which are for people with varying levels of need. One of the key features of extra-care housing is having care services available to enable residents to live as independently as possible. This can range from assistive technology, through to on-site care teams. There is typically a focus on extensive communal areas which can include a multitude of facilities such as hairdressers, GP surgeries, low-level healthcare facilities such as chiropodists, etc. The intention of these facilities is to be able to manage varying degrees of care as time progresses.

Currently there are five extra care housing schemes run by registered housing providers in Cheshire East and several other schemes that are run privately. The Council currently commissions care and support in four of the five registered provider schemes.

One of the main issues faced by Cheshire East in regards to extra-care housing is promoting the provision as an accessible and understood method of housing for residents who are not yet in need of residential or nursing care home care, but would benefit from the available support and independence that extra-care housing seeks to provide.

Part of Cheshire East's strategy for extra-care housing going forward, is to take a proactive role in promoting a better offer for this type of housing. This will be achieved through active engagement with care teams and front-line staff that can identify suitable occupants at the *right* stage of their life. In addition to this, there will be further work on outlining the housing options for older adults in an easily-accessible format. One of the main outcomes from this revised strategy is the spotlight placed on the lack of understanding of *what* is extra-care and *who* it is for. One of the key priorities of this strategy is to address this lack of understanding.

There are now an increasing number of extra-care schemes across the country which are challenging the older ideas of what constitutes this service. The Limelight scheme in Trafford was developed as a result of community consultation and has provided a high-quality development which is well-linked to the wider community and accessed by members of the public. This goes some way to addressing the social isolation of older adults, and the incorporation of businesses and valuable community services such as restaurants, podiatry, hairdresser's etc. means that residents and local people are able to benefit from the scheme.

Therefore, a renewed outlook by Cheshire East Council in terms of extra-care housing predominantly focuses on the location and surrounding facilities which are available. Existing community facilities which can be accessed by residents, an emphasis on identified need as opposed to opportunity and a clear linkage which supports our settlements within the borough will be key drivers in determining support for proposed schemes.

The need for extra care provision in Cheshire East was investigated in the ORS Housing Mix and Needs Study in 2019. This gave an initial starting point in terms of current and additional need over the local plan period, as detailed below.

		Rate per 1,000 persons aged 75+	Gross need 2018	Existing supply 2015	Backlog at start of Plan period	Gross need 2030	New need 2018-30	Total need 2030
Extra Care	Owned	40	1,550	172	+1,378	2,508	+888	+2,266
	Rented	31	1,202	545	+657	1,943	+688	+1,345
Total		71	2,752	717	+2,035	4,451	+1,576	+3,611

Table 1.5 - Source: Modelled Demand for Older Person Housing in Cheshire East based on Housing LIN Toolkit, ORS, 2019

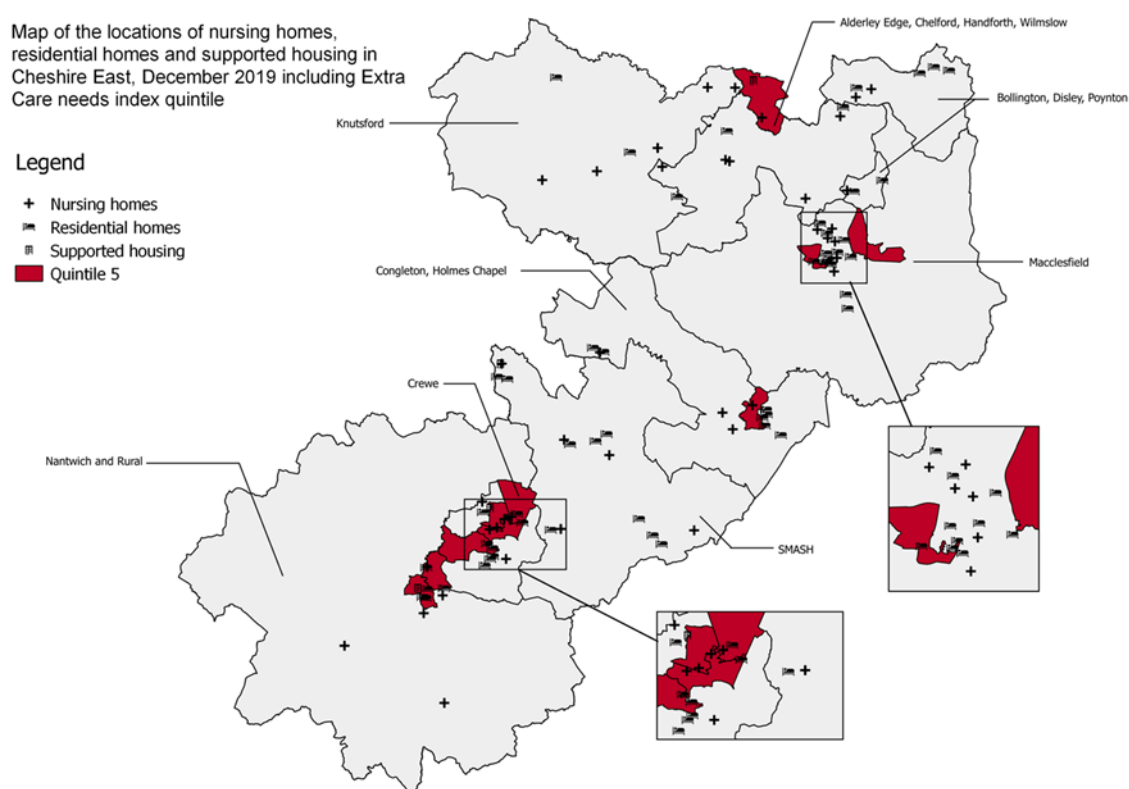
To gain further insight into potential need for extra care across the different settlements within Cheshire East, a number of indicators were applied to the data listed above. The aim of this was to give focus on where the highest levels of need could be. A suite of indicators were applied to the data in Table 1.5, including mid-census data from 2017 to assess population rates, and the prevalence of residents within the borough who receive Disability Living Allowance (DLA). The results of this are detailed in Table 1.6 below.

Settlement name	Gross need at 2018	Gross need by 2030	Net Need, 2018 (gross need in 2018, less estimated existing supply of 717 spaces)	Net Need, 2030 (gross need in 2030, less estimated existing supply of 717 spaces)
Alderley Edge	26	41	19	34
Alsager	122	192	90	160
Audlem	22	34	16	29
Bollington	44	69	32	57
Bunbury	13	21	10	17
Chelford	13	21	10	17
Congleton	214	337	158	281
Crewe	559	879	413	734
Disley	35	55	26	46
Goostrey	26	41	19	34
Handforth	74	117	55	97
Haslington	31	48	23	40
Holmes Chapel	39	62	29	52
Knutsford	79	124	58	103
Macclesfield	380	598	281	499
Middlewich	127	199	94	166
Mobberley	22	34	16	29
Nantwich	157	247	116	206
Other	349	550	258	459
Poynton	109	172	81	143
Prestbury	17	27	13	23
Sandbach	144	227	107	189
Shavington	39	62	29	52
Wilmslow	92	144	68	120
Wrenbury	17	27	13	23
Cheshire East	2,752	4,328	2,035	3,611

Table 1.6 – Source: Modelled Demand for Older Person Housing in Cheshire East based on Housing LIN Toolkit, ORS, 2019 – overlap with mid-2017 ONS census data and Disability Living Allowance (DLA) prevalence

It is apparent that there is potential need for extra care accommodation in the principal towns of Crewe and Macclesfield, as well as a smaller but significant need in the key service centres such as Nantwich, Congleton, and Sandbach. The outcomes from this data are supported by the evidence within the Cheshire East Council tartan rug. This document compares a number of health and lifestyle indicators across locations within Cheshire East and contrasts with England averages. In addition to the data above, a number of indicators were calculated for all middle layer super output areas (MSOAs) in Cheshire East. These included disability free life expectancy, residents who defined themselves as having limiting long-term illnesses, and older persons living in areas of higher deprivation.

Each of these indicators were analysed further, with MSOAs which had the highest values being assigned to Quintile 5, apart from disability free life expectancy, where the lowest values were assigned to Quintile 5. The quintile values for each MSOA were then totalled and quintiled. Quintile 5 in the composite indicator suggests that these areas have the highest level of need for extra care housing. The evidence from this exercise is mapped below, incorporating existing nursing, residential and supported accommodation across the borough.



The map above indicates a potential need for extra care housing in:

- Crewe and Nantwich
- Congleton
- Macclesfield
- Handforth/Wilmslow/Alderley Edge

Any proposed development of extra care within these geographical locations would require further evidence to support the need for such a scheme. However, the map above gives an initial starting point for evidenced need across the borough. Extra care schemes in these areas will go some way to provide a suitable housing option for older adults, and they will support current services and businesses.

There are strong links between extra-care housing and residential or nursing care homes. It is acknowledged that there is a disconnect between accessing these services at the appropriate time in a resident's life, and needing to access through necessity as opposed to choice. The impact on a resident when moving directly from their own home to a care home in a matter of weeks can have detrimental effects. Evidence suggests that people stay well for longer in an extra-care setting where they are supported in a community setting, as opposed to a need to move due to significant change in circumstances.

Residential Care Homes and Nursing Homes

Care homes and nursing homes provide individual rooms for residents and facilitate a high degree of care. This does not typically include support to enable independent living. These types of units are able to facilitate a variety of support types including physical disability, sensory, learning disability as well as dementia-friendly services.

A full list of available residential and nursing care homes is available via the Care Quality Commission's (CQC) website. At the time of writing there are 87 care homes across Cheshire East, 44 of these are residential care homes with 43 nursing homes.

As evidenced in the map on pg. 14, the majority of residential and nursing care homes in Cheshire East are located in the larger settlements of the borough. Macclesfield, Crewe, Nantwich and Congleton hold the main share of care homes with a large proportion of the remainder being provided in settlements in the north, such as Wilmslow, Knutsford and Alderley Edge. This geographical spread of care homes is broadly in line with the proportion of over 75's distributed across the borough and in terms of residential care is , therefore, generally well served. However, there is anecdotal evidence from local CCGs to suggest unmet need for nursing homes. ,

The CQC is the independent regulator for health and social care in England. Their data gives further details on the current location, client group and quality of the schemes provided. Homes are assessed by the CQC on an ad-hoc basis and range between 'outstanding' through to 'inadequate'. At the time of writing this Strategy, 3 homes had a CQC rating of outstanding, 58 good while 24 require improvement with 2 homes awaiting inspection. The Council's Contract Management and Quality team work closely with care home providers to improve standards where issues are identified as a result of CQC or local quality inspections.

Cheshire East Council and local Clinical Commissioning Groups adopt a "Home First" policy which enables residents to maintain their independence as long as possible by ensuring that they are able to access the support they need to remain in their own home (or within alternative settings offering independent accommodation such as extra care housing or retirement living schemes) for as long as possible.

Whilst the above is not an exhaustive list of the types of housing provision available for older people, it is useful as a means of describing the various levels of care and support which can be offered.

Chapter conclusions and key priorities for Older Adults

It is evident that there are number of challenges for Cheshire East Council relating to older persons' accommodation and ensuring residents have an appropriate matrix of housing options. This strategy suggests that Cheshire East Council explores a variety of housing options for older adults, including those who have additional care and support needs, and those who do not.

The Cheshire East Housing Strategy 2018-23 highlights the Council's housing ambition over the next few years, and being able to provide a housing offer for an ageing population is one of the main priorities highlighted in that strategy.

Liaison with registered providers and housing developers is essential to bring forward new, suitable accommodation which is delivered in the right locations across the borough. Equally, there needs to be direct input from Cheshire East Council is addressing how residents can downsize to a more appropriate housing provision.

It is acknowledged that this isn't a catch-all strategic direction – it should form part of a number of exploratory options for the local authority.

This chapter also raises questions around social isolation and having suitable accommodation provision to enable and facilitate a sense of community and reduce levels of loneliness. Housing plays a vital role in this.

Outlined below are a number of key focus points for Cheshire East to explore through the lifetime of this strategy.

Priority: Improve the housing offer for an ageing population		
<i>How we will do this</i>	<i>Who by</i>	<i>When by</i>
Support the delivery of market and affordable housing across the borough, for ownership and rental	<ul style="list-style-type: none"> Cheshire East Council Cheshire East Members Registered Providers Housing Developers 	<ul style="list-style-type: none"> Ongoing through strategy lifetime
Task and finish group to be set up with registered providers to promote downsizing offer to older adults	<ul style="list-style-type: none"> Cheshire East Council Registered Providers Housing Developers 	<ul style="list-style-type: none"> Within 12 months of strategy adoption
Support delivery of extra care schemes in larger settlements of Cheshire East subject to further assessment of site specific needs	<ul style="list-style-type: none"> Cheshire East Council Registered Providers Specialist Accommodation Providers Housing Developers 	<ul style="list-style-type: none"> Ongoing through strategy lifetime
Re-address the shortfall in extra care bed spaces following a fire at a large extra-care facility in Cheshire East	<ul style="list-style-type: none"> Cheshire East Council Registered Providers Specialist Accommodation Providers Housing Developers 	<ul style="list-style-type: none"> End of strategy lifetime

Learning Disabilities

Background

A learning disability can affect how an individual learns new things throughout their lifetime, and they can impact on an individual's ability to understand information and how they communicate with others. Learning disabilities can present themselves with varying degrees of severity, ranging from mild to severe and it is estimated that there are 1.4 million people in the UK who have a learning disability.

The 2014 Vulnerable and Older Persons Housing Strategy identified that there was a higher percentage of individuals placed within institutional care when compared with other comparable local authorities. Consultation on that strategy, and the recently published Cheshire East All Age Learning Disability Strategy, identified that the most preferable accommodation option for individuals was for the provision of individual tenancies in the community (and with their own front door) within a communal supported scheme.

This section will provide an update as to the current population estimates for those with learning disabilities and explore the current housing provision.

Evidence Base

- ONS statistics
- Public Health England: People with learning disabilities in England 2015: Main report
- Public Health England: Learning Disability Profiles - *NHS Digital Adult social care activity and finance report, Short and Long Term Care statistics*
- Projecting Adults Needs and Service Information (PANSI)
- Projecting Older Persons Population Information (POPPI)
- Cheshire East LD service user data June 2019
- My Life, My Choice – a strategy for people with learning disabilities in Cheshire East (2018-2022)
- Cheshire East Learning Disability JSNA – CVS Community JSNA Supplement
- Cheshire East SEND data

Detailed Findings

Learning disabilities and the provision of suitable and appropriate housing, remains a key focus of Cheshire East Council. Updated PANSI projections (April 2019) across the entire borough of Cheshire East shows an estimated amount of 5,228 individuals aged 16-64 who have a learning disability. Projected trends show a relatively minor decline in overall numbers up to 2035, although a slight increase in those individuals in the 18-24 age bracket.

	2019	2020	2025	2030	2035
People aged 18-24 predicted to have a learning disability	643	626	613	673	677
People aged 25-34 predicted to have a learning disability	974	971	941	869	889
People aged 35-44 predicted to have a learning disability	1,071	1,069	1,097	1,120	1,089
People aged 45-54 predicted to have a learning disability	1,338	1,309	1,165	1,108	1,152
People aged 55-64 predicted to have a learning disability	1,203	1,233	1,325	1,259	1,124
Total population aged 18-64 predicted to have a learning disability	5,228	5,208	5,141	5,029	4,931

Table 2.1 – Source: www.pansi.org.uk – learning disability population estimates, 2019

This is contrasted by estimates for individuals in Cheshire East with a learning disability who are aged 65 and over, which predicts a moderate increase in the population.

	2019	2020	2025	2030	2035
People aged 65-74 predicted to have a learning disability	1,013	1,014	988	1,115	1,212
People aged 75-84 predicted to have a learning disability	592	613	755	789	800
People aged 85 and over predicted to have a learning disability	236	245	292	362	469
Total population aged 65 and over predicted to have a learning disability	1,841	1,871	2,034	2,266	2,481

Table 2.2 – Source: Source: www.pansi.org.uk – learning disability population estimates, 2019

It is widely acknowledged that individuals with learning disabilities are living longer. British Institute for Learning Disabilities (BILD) (2008) state *“The most recent predictions suggest that by 2030 the number of adults aged over 70 using services for people with learning disabilities will more than double.*

However, this is likely to be an underestimate of the actual numbers of older people with learning disabilities both now and in the future as many people with learning disabilities are either not known to services or indeed do not use learning disability services in adult life.”

<http://www.bild.org.uk/resources/ageingwell/background/>

These estimated amounts of individuals with learning disabilities will need to be reflected in their accommodation and care needs. Contrasted with figures from the previous strategy, the amount of individuals who access services within Cheshire East where a learning disability is defined as their primary support reason has decreased from 900 to 841 since 2013. In terms of accommodation status for these individuals, these are recorded as follows:

Accommodation Status	Amount
Other Temporary Accommodation	1
Owner Occupier/Shared Ownership	35
Temporary Accommodation (Local Authority)	2
Registered Care Home	85
Registered Nursing Home	10
Mainstream Housing With Family/Friends	333
Shared Lives Scheme	6
Sheltered Housing/Extra Care Sheltered Housing/ Other Sheltered Housing	8
Staying With Family/Friends As A Short Term Guest	1
Supported Accommodation/Supported Lodgings/Supported Group Home	268
Tenant – Local Authority/Arms Length Management Organisation	53
Tenant- Private Landlord	29
Unknown	10
Total	841

Table 2.3 – Source: CEC Adult Services data via LiquidLogic, 2019

When compared with the previous strategy's figures, there are some interesting changes in accommodation status. For example, in 2013, Supported Accommodation amounted to 368 individuals, compared to currently 268. Equally, the number of individuals residing with family/friends has increased from 285 (total of 'Family/Friends - Settled', 'Family/Friends – Short term' and 'Living with Relative' (Not Parent)) to 333.

It could be suggested from these figures that there is a small but noticeable shift of accommodation preferences, moving from supported accommodation over to living with family. It is unclear if this is reflective of the supported accommodation which is available across the borough, or if there is a shift in aspiration to remain with living with family and friends. The geographical spread of accommodation types is detailed below for the whole borough.

	Alderley Edge, Chelford, Handforth, Wilmslow	Bollington, Disley, Poynton	Congleton, Holmes Chapel	Crewe	Knutsford	Macclesfield	Nantwich and Rural	Sandbach, Middlewich, Alsager, Scholar Green and Haslington	Other
Accommodation Type									
Other Temporary Accommodation	0	0	0	0	0	1	0	0	0
Owner Occupier/ Shared ownership	3	0	4	5	2	15	1	5	0
Temporary Accommodation by Local Authority	0	0	0	0	0	0	0	1	1
Registered Care Home	3	6	2	9	7	5	2	6	45

Registered Nursing Home	0	0	1	1	1	0	0	1	6
Settled mainstream housing with family/friends	24	19	26	95	20	58	27	53	11
Shared Lives scheme	1	0	0	0	1	1	1	0	2
Sheltered Housing/Extra Care sheltered housing/ Other Sheltered Housing	1	0	1	2	0	2	0	0	2
Staying with family/friends as a short term guest	0	0	0	0	0	0	1	0	0
Supported accommodation/ Supported lodgings/ Supported group home	17	0	39	34	25	103	19	17	14
Tenant – LA/ALMO/RP	5	0	2	14	1	15	11	5	0
Tenant - Private	1	1	2	7	2	4	5	6	1
Unknown	0	1	0	3	0	1	2	2	1
Total	55	27	77	170	59	205	69	96	83

Table 2.4 -- Source: CEC Adult Services data via LiquidLogic, 2019

This data highlights some key themes in relation to the accommodation status of individuals with learning disabilities. Whilst it can be argued that the overall pattern in Crewe is for the majority of individuals to be settled in mainstream housing with family or friends, closely followed by supported accommodation, this pattern is reversed in Macclesfield. Here, there is an opposite pattern where the majority of LD tenants live within supported accommodation and just over half of this amount living in mainstream accommodation with family or friends.

Further research by engaging with LD residents and their families is required to fully ascertain their aspirations, both current and for the future. These figures may indicate a need for specialist accommodation provision in Macclesfield and the northern areas of the borough to support residents with learning disabilities.

In addition to location within the borough, there needs to be further research and discussion on the *type* of accommodation that people with learning disabilities aspire to live in, incorporating the views of individuals themselves as well as family members. This can inform what constitutes an attractive offer for learning disability clients. Shared accommodation may no longer be a desirable option for some people with learning disabilities and presents some challenges around compatibility; and more of a focus on greater independence appears to be the way forward.

Furthermore, the introduction of the 'six bed rule' by the Care Quality Commission (CQC) in 2017 has been pivotal in how supported schemes are registered. The CQC has defined 'small-scale housing' as housing for six or fewer people using services, aligning ambitions with NICE Guidance. There is a focus by the CQC to be supportive of smaller schemes of six residents or fewer in a shift away from larger institutions as an outcome from the Winterbourne case. There is potential for a negative impact in terms of schemes being deliverable, although discussions are currently being held by Cheshire East Council with CQC to clarify this position.

It is vital that accommodation options are promoted and provided in the right way. Independent living skills, combined with the appropriate amount of support can work well, as outlined below. The document "My Life, My Choice – a strategy for people with learning disabilities in Cheshire East" (2018-2022) highlights housing as one of its priorities, demonstrating a key focus to promote independence for people with learning disabilities. Within the strategy, there is a 2020 ambition for

85% of adults with learning disabilities to live independently in their own home or with their family, and a focus on reducing residential placements for individuals.

The current dataset on accommodation status of adults suggests that this priority is moving in the right direction with a reduction in residential placements and an increase in adults living with friends and family, although there is still additional provision required. There is a notable minority who are either renting or owner-occupiers which could suggest that there may be barriers to adults with learning disabilities being able to access safe, suitable accommodation on their own. Equally, we have a responsibility to outline and support a wide ranging housing offer for those clients who live with ageing parents. There is a need for further exploration as a means of facilitating this.

Children with Learning Disabilities

As well as the housing needs for adults with learning disabilities, it is essential that consideration is taken for children with disabilities so that we can assess future needs. Data which maps evidence of children with learning disabilities can be retrieved via the School Census which is sought three times per year from all state-funded schools. These returns allow us to build an evidence base of where there may be future housing need, as well as the type and complexity of the learning disability.

The most recent SEND data for Cheshire East, contrasted with the overall English totals are listed below:

	Special Schools		Secondary Schools		Primary Schools		All Schools	
	England	Cheshire East	England	Cheshire East	England	Cheshire East	England	Cheshire East
Specific Learning Disability	2,042	2	85,393	429	63,693	521	151,128	952
Moderate Learning Disability	15,906	7	90,933	222	139,998	605	246,837	834
Severe Learning Disability	26,826	129	1,928	15	4,136	29	32,890	173
Profound and Multiple Learning Disability	8,599	35	385	11	1,742	18	10,726	64
Multi-sensory Impairment	369	1	825	3	2,177	20	3371	24
Other difficulty/disability	2,064	2	24,619	202	25,965	204	52,648	408
SEN support but no specialist assessment of type of need	165	0	10,710	119	28,891	221	39,766	340
Total	55,971	176	214,793	1,001	266,602	1,618	537,366	2,795

Table 2.5 – Source: School Census SEND data, retrieved January 2019

This data is split down further in the table below, which breaks down the SEND returns by geographical area. There is evidently a large cohort based within Crewe and Macclesfield and a general even spread across the remaining locations. This would suggest that additional specialist accommodation for young people who are transitioning into adulthood could be required, however the focus on promoting independence for young people with learning disabilities may mean that the

older model of shared and supported accommodation may only be reserved for those with more significant needs.

	Specific Learning Disability	Moderate Learning Disability	Severe Learning Disability	Profound and Multiple Learning Disability	Multi-sensory Impairment	Other difficulty/disability	SEN support but no specialist assessment of type of need	Total	Total as %
Crewe	104	233	43	9	5	75	54	523	20%
Other	139	83	34	11	3	36	95	401	15%
Macclesfield	111	65	15	12	1	72	83	359	14%
Local Service Centres	126	72	13	9	3	55	48	326	12%
Nantwich	50	87	7	1	3	15	8	171	7%
Wilmslow	92	36	1	3	0	27	4	164	6%
Congleton	38	70	9	5	3	21	12	158	6%
Middlewich	41	35	4	1	0	27	2	110	4%
Sandbach	45	19	10	4	1	25	6	110	4%
Handforth	47	26	6	1	2	12	4	98	4%
Alsager	18	47	8	3	1	5	3	85	3%
Poynton	46	9	6	1	0	13	5	80	3%
Knutsford	24	19	6	2	1	4	3	59	2%

Table 2.6 – Source: School Census SEND data, retrieved January 2019

Chapter conclusions and key priorities for Learning Disabilities

This chapter has highlighted the evidence that the majority of adults with learning disabilities are accommodated in housing with family and friends, which could suggest that the majority of adults with learning disabilities are living with their parents. This data reflects the push for promoting independence, as well as a potential shift away from shared accommodation schemes for young people with learning disabilities. With the evidence of adults with learning disabilities living longer, there needs to be a sustainable housing option for them for when circumstances change and parents can no longer provide the necessary care for them.

As part of the strategic direction within this document, there is a clear focus on providing a range of suitable accommodation and housing options for people with learning disabilities. It is vital that these residents are equipped with the life skills and assistive technology to manage and maintain a household with wrap-around support if required.

Cheshire East Council needs to ensure that the voice of the individual is heard and actioned, as well as those voices of family and friends. This is essential in commissioning and developing suitable accommodation, where it is needed.

Priority: Ensure adults and children with learning disabilities are able to access suitable accommodation across the borough		
<i>How we will do this</i>	<i>Who by</i>	<i>When by</i>
Task and finish group to consult with residents who have learning disabilities, as well as their families to assess their housing aspirations	<ul style="list-style-type: none"> Cheshire East Council (LD Partnership Board) 	<ul style="list-style-type: none"> Within 12 months of strategy adoption
Support delivery of suitable accommodation in line with residents requirements	<ul style="list-style-type: none"> Cheshire East Council Partners 	<ul style="list-style-type: none"> Ongoing through strategy lifetime

Mental Health

Background

Maintaining positive mental health and wellbeing is at the forefront of the national agenda. With an increased awareness around health and wellbeing, the stigma relating to ill mental health is showing a small but welcome decline. The NHS's Five Year Forward View for Mental Health (2016) suggests a sea change in how mental health is approached within modern society and seeks to promote a shift towards awareness, prevention and the removal of stigma. Access to decent and stable housing is suggested as a contributing factor which can aid both prevention and recovery of mental ill health.

"Housing is critical to the prevention of mental health problems and the promotion of recovery. The Department of Health, the Department of Communities and Local Government, NHS England, HM Treasury and other agencies should work with local authorities to build the evidence base for specialist housing support for vulnerable people with mental health problems and explore the case for using NHS land to make more supported housing available for this group"

The report also makes reference to the impact that poor quality housing can have on children and young adults, suggesting that "children living in poor housing have increased chances of experiencing stress, anxiety and depression". On a positive note, there has been an increase in real term funding of £1.4 billion for mental health services across England.

This section will explore the current and future estimates for those who suffer from mental ill health, as well as the geographical location and housing provision for those accessing support.

Evidence Base

- PANSI
- The Five Year Forward View For Mental Health
- Cheshire East All Age Mental Health Strategy 2019-22
- JSNA
- Surviving or thriving? The state of the UK's mental health 2017
- Cheshire East Adult Social Care (Active Service or Contact in last 12 months – June 2019)

Detailed Findings

Whilst there is evidence of greater knowledge and awareness around poor mental health and a decline in the stigma associated with this, the number of people who state they have poor mental health is increasing. It is now acknowledged that 2 out of every 3 people will experience a mental health problem at some point in their life and this ratio increases for young adults, women and those who are out of work.

Every individual will experience fluctuating mental health throughout their lifetime, however in terms of their housing needs, there will be no additional specialist housing requirements.

Unfortunately, when mental ill health impacts so severely on a person, they can require additional support and service provision. Mental ill health also forms part of wider issues and can affect individuals when they are experiencing other illnesses or changes in circumstances – these can include areas such as domestic abuse, homelessness and social isolation as a result of disability or ill health. Mental ill health can also play an additional role in the complexity of individuals who access Council services. Therefore, the impact of poor mental health shouldn't be diminished and should be taken into consideration when focusing on other client groups.

Local Context

Within Cheshire East, PANSI predictions suggest that the amount of individuals who have a mental health condition is set to decline slightly over the next 15 years.

Mental Health – all people	2019	2020	2025	2030	2035
People aged 18-64 predicted to have a common mental disorder	40,973	40,906	40,370	39,318	38,441
People aged 18-64 predicted to have a borderline personality disorder	5,202	5,193	5,125	4,992	4,880
People aged 18-64 predicted to have an antisocial personality disorder	7,191	7,175	7,073	6,893	6,742
People aged 18-64 predicted to have psychotic disorder	1,513	1,510	1,490	1,451	1,419
People aged 18-64 predicted to have two or more psychiatric disorders	15,569	15,540	15,332	14,936	14,604

Table 3.1 – Source: www.pansi.org.uk – mental health population estimates in Cheshire East, 2019

The current picture of Cheshire East clients accessing mental health services via the local authority is detailed below. As of June 2019, there are 553 clients accessing services due to mental health problems being their primary support reason.

	Mental Health	As %
Location		
Crewe	160	29
Macclesfield	103	19
Sandbach, Middlewich, Alsager, Scholar Green and Haslington	75	14
Congleton, Holmes Chapel	51	9
Nantwich and Rural	52	9
Alderley Edge, Chelford, Handforth, Wilmslow	20	4
Knutsford	19	3
Bollington, Disley, Poynton	16	3
Unknown	57	10
Grand Total	553	100

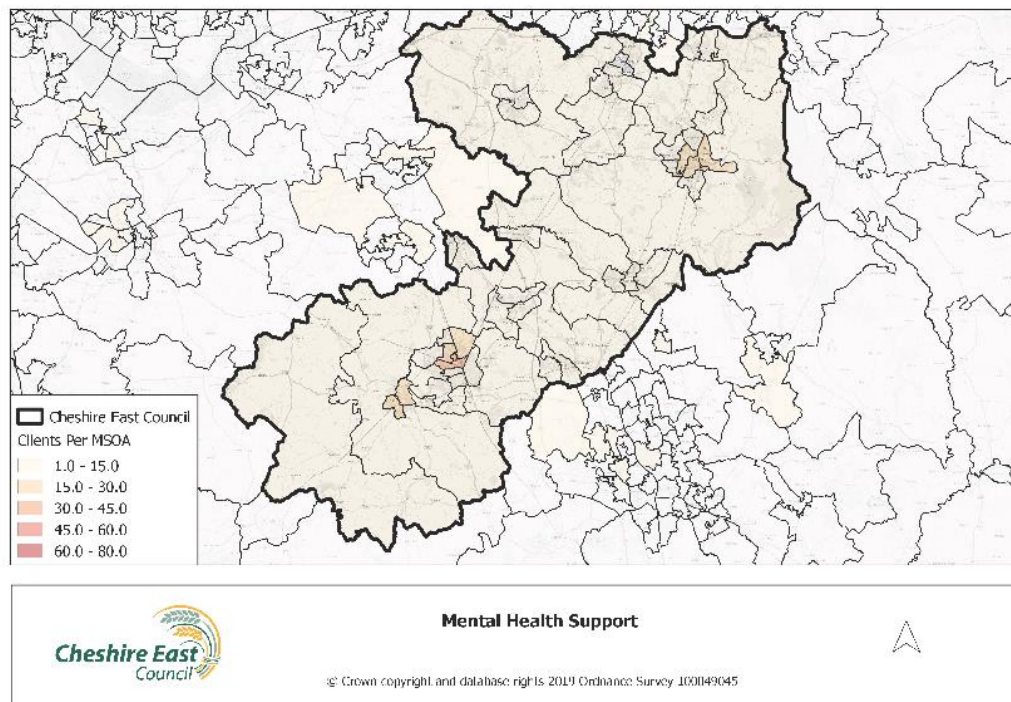
Table 3.2 – Source: Cheshire East Adult Services, 2019

Additionally, there are 772 clients accessing Cheshire East services for memory and cognitive related support reasons. This cohort relates to clients who are diagnosed with dementia and associated cognitive illnesses.

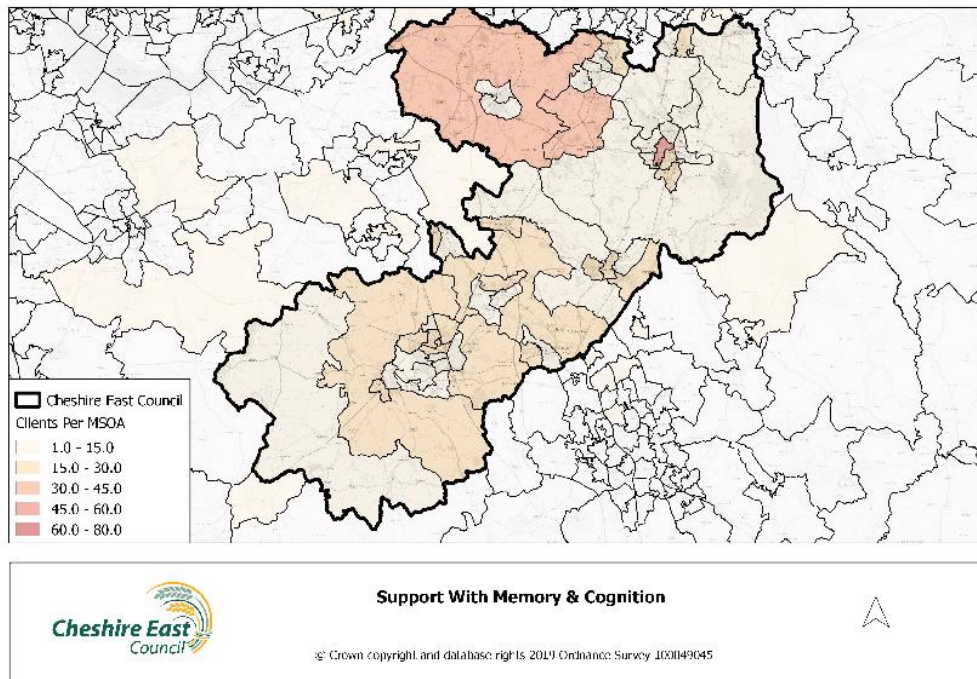
	Memory and Cognitive	As %
Location		
Crewe	136	18
Macclesfield	131	17
Sandbach, Middlewich, Alsager, Scholar Green and Haslington	127	16
Congleton, Holmes Chapel	94	12
Nantwich and Rural	63	8
Alderley Edge, Chelford, Handforth, Wilmslow	80	10
Knutsford	51	7
Bollington, Disley, Poynton	47	6
Unknown	43	6
Grand Total	772	100

Table 3.3 – Source: Cheshire East Adult Services, 2019

This data is useful as it allows us to see where service users are located within the borough. Splitting this out between mental ill health and memory and cognitive issues, there is evidently a high proportion of clients with mental health problems based in the larger conurbations of Crewe and Macclesfield and a distinctly lower proportion of clients in the north of the borough such as Knutsford, Alderley Edge, and Poynton. The map below highlights the locations of individuals receiving support for poor mental health in Cheshire East.



In terms of memory and cognitive issues, the data suggests that, whilst there are still significant issues in the larger conurbations of Crewe and Macclesfield, there are a high proportion of clients who reside in the north of the borough i.e. Alderley Edge, Handforth, and Wilmslow. The link between older age and the prevalence of dementia and cognitive issues, combined with the disproportionately high demographics of older adults in this part of the borough, may account for this increase in support needs in this location.



Local Provision

For residents of Cheshire East who are actively receiving mental ill health or cognitive/memory support, their accommodation provision can be analysed further and is outlined below. There is a clear majority for active service users who are living within 'non-residential care' accommodation within the community. This can be interpreted that they are living in their own accommodation or within a supported housing scheme. In this instance, there are no specific requirements in terms of their housing needs. They may be living in their own accommodation or renting via the private rented sector or through registered providers.

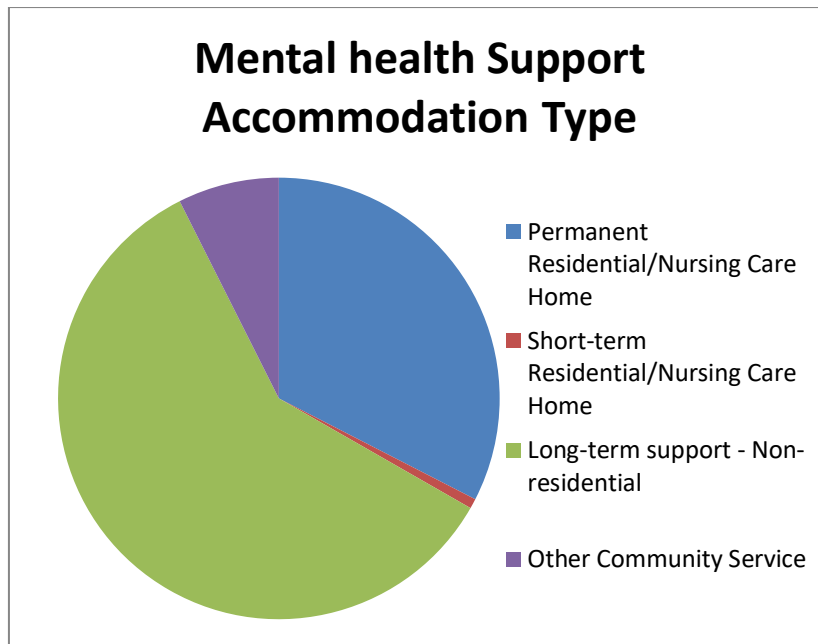


Table 3.4 - Source: Cheshire East Adult Services, 2019

Similarly, for cognitive and memory support reasons (i.e. dementia), the accommodation breakdown can be assessed as below:

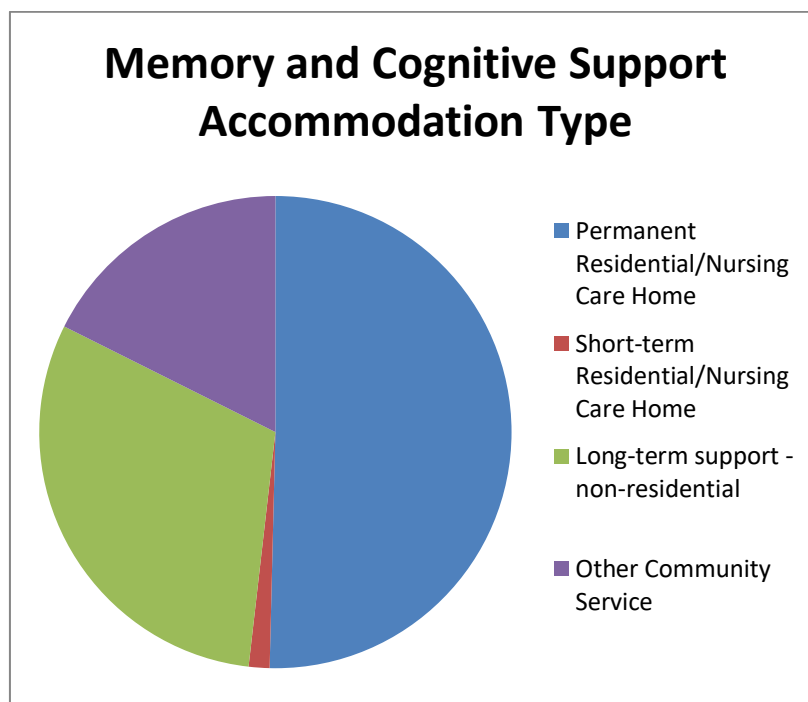


Table 3.5 - Source: Cheshire East Adult Services, 2019

Between the two different support reasons, there are clear differences between the accommodation which is required to best facilitate the appropriate care and support. For mental health problems, there is a majority focus on supporting individuals in the community and most likely within their own home. This focus is reflective of current mental health support practices, however recent analysis which forms part of the Cheshire East JSNA suggests that for adults who are in contact with mental health services, the numbers of those who are living independently, i.e. in stable and appropriate

accommodation, has been reducing since 2011/12 and is now lower than the average rates for both the North West and for England as a whole. As of 2017/18, Cheshire East was at 46.0%, contrasted by the North West at 52.0% and England at 57.0%.

The reasoning for this is unknown, although could potentially be linked to complex conditions which are preventing safe and secure tenancies and a lack of specialist provision. Further analysis of these reasons is required before Cheshire East can effectively remedy this issue.

For memory and cognitive issues, the majority accommodation type is long-term residential which is to be expected. Almost a third of service users are accessing long-term support which isn't in a residential care setting. It could be suggested that this accounts for individuals who live with family in the community and don't yet require the intensive care that a residential care home provides.

Cheshire East Council is in the process of updating its Dementia Strategy which will explore issues of care provision for people with the condition on more detail.

Specialist Provision

The recently published Cheshire East All Age Mental Health Strategy 2019-22 outlines some key focus in terms of specialist mental health provision. The strategy highlights "a growing need for specialist housing for individuals with mental health conditions across all age groups. [CEC] aim to commission services for people at home or through specialist housing provision where possible and reduce the number of people moving into residential care. At the same time we realise there is a shortage of specialist provision to meet higher, more complex healthcare needs such as late stage dementia and acute mental health conditions in quality nursing care beds that are affordable".

Since the adoption of the 2014 version of this strategy, there have been a number of actions implemented which seek to tackle difficulties within hospital or specialist mental health accommodation provision. Cheshire East Council have explored the need to provide dedicated housing options and homelessness assistance to patients within a hospital setting who have an enduring mental health diagnosis to ensure that they have the necessary support and assistance required to prepare them for hospital discharge. The introduction of the Health and Housing Link Worker role has facilitated this requirement and continues to work well.

In addition to this, Cheshire East Council continue to work with support agencies and registered providers across the borough who deliver floating support services and accommodation based services to clients with mental ill health support needs.

Chapter Conclusions and Key Priorities for Mental Health

This chapter evidenced the current housing status and locations of clients accessing mental health support in the borough. Mental health problems can cross multiple client groups and can negatively impact on an individual's recovery from other circumstances. Whilst there are a number of active service users where mental health is recorded as their primary support reason, this doesn't truly reflect the scale of the problem that faces not only Cheshire East, but the country as a whole.

The strategic priority focus for mental health and housing needs is to incorporate supporting individuals who have a mental health problem to maintain a tenancy which will provide them with the stability and safety to access any required support.

Similarly, an adequate provision of specialist care homes which can support people with dementia is required due to the ageing demographic and prevalence of this illness.

Priority: Support the provision of appropriate accommodation for mental health clients		
<i>How we will do this</i>	<i>Who by</i>	<i>When by</i>
Support the delivery of a wide range of housing options for adults with care and support needs, including mental health needs	<ul style="list-style-type: none"> Cheshire East Council (MH Partnership Board) Registered Providers Specialist accommodation providers 	<ul style="list-style-type: none"> Ongoing through strategy lifetime
Work closely with CEC Commissioning and developers to facilitate delivery of suitable accommodation options for those suffering with memory and cognitive issues	<ul style="list-style-type: none"> Cheshire East Council Specialist accommodation providers 	<ul style="list-style-type: none"> Ongoing through strategy lifetime

Young People in Need

Background

Young people in need refers to residents within the borough aged 16-25 who have not been through the care system, but who present to the local authority with a housing need. This cohort has previously been referred to as 'young homeless'.

As with a number of client groups referenced in this strategy, there is an element of crossover relating to accommodation requirements, support and advice available, and how Cheshire East aims to address any issues.

This chapter should be read in conjunction with both 'Cared for Children & Care Leavers' and the 'Homelessness' chapters, as there is significant links between these areas.

Evidence Base

- Cheshire East Homelessness data returns 2018/19
- More than a number: The scale of youth homelessness in the UK, CentrePoint, 2018
- Ministry for Housing, Communities and Local Government (MHCLG) statistical returns 2018/19
- Cheshire East Council Homelessness and Rough Sleeping Strategy 2018-21

Detailed Findings

The introduction of the Homelessness Reduction Act (HRA), which came into effect in 2018, placed additional duties on local authorities in terms of prevention and relief. The impact of this legislation is explored further in the Homelessness chapter.

However, the HRA didn't place any specific age-related prevention or relief duties on local authorities.

Data retrieved relating to the prevalence of young people who are in need of housing is highlighted in the CentrePoint report *More than a number: The scale of youth homelessness in the UK* from 2018. CentrePoint's aim was to put a spotlight on not only the young people who had been accepted as statutorily homeless by local authorities, but also those young people who had approached local authorities and not deemed to be homeless, in line with legislation. This data was pulled together via number of Freedom Of Information (FOI) requests from local authorities across the United Kingdom, and sought to ascertain the hidden extent of youth homelessness.

MHCLG data, cited within the CentrePoint report, states that "12,940 young people aged 16-24 years old were accepted as statutorily homeless in England in 2016/17". FOI responses from local authorities across England were used to provide an estimate of young homelessness, and this was split down further to regions.

CentrePoint suggest that, in England, there were 66,500 young people under 25 who approached their local authority for homelessness support. It was estimated that the number for the whole of the United Kingdom was 86,000. Due to the potential for a lack of engagement with local authorities, there is also the possibility that this figure is an underestimate for the scale of young homelessness across the country.

Regional figures were also derived from the data that CentrePoint utilised. The North West came 2nd top in the estimates of youth homelessness, potentially impacted upon by including Manchester and Liverpool within the figures – the estimate was 9,200 young homeless. Top of the regional estimates was London, which estimated 10,500 young homeless.

Local evidence

Within Cheshire East, demographic statistical data is available for age groups for households who approach the local authority for homeless prevention or relief. In 2018/19, there were 2343 total households who approached the local authority as homeless - 456 of these were in the 16-25 age bracket.

In addition to this 456 figure, there was an additional 430 households where the age information was not listed or was unavailable, so there is potential for the number of households aged 16-25 to be higher. This cohort represents 16.7% of all presentations in 2018/19.

CentrePoint highlighted the main reasons for young people presenting as homeless. The main reason given was parents being unwilling to accommodate, with a majority of 38%. The next most given response to this was 'others no longer willing to accommodate', which suggests friends or acquaintances are unable to accommodate the young person.

2018/19 data that splits out both age and reason for homelessness is not available for Cheshire East, however within the reasons for homelessness, asked to leave by family shows 412 households and asked to leave by friends shows 210 households. Both these reasons combined comprises of 27% of all reasons for homelessness presentation.

Chapter conclusions and key priorities for Young People in Need

The data that is available, especially on a national level, suggests that there is an underestimate in terms of how many young people are in housing need. The data evidenced above, in terms of local homelessness presentations, still demonstrates a fairly significant 16-25 age demographic that approach the local authority for homelessness support. Therefore, it could be assumed that there is still an element of unmet housing need for young people across the borough.

Cheshire East Council's approach, following the introduction of the HRA, encapsulated a number of strategic actions aimed at reducing and tackling the reasons for young homeless people. These strategic actions and directions are reflected in the key priorities within this strategy.

The main focus of this strategy is to encourage and support the ongoing identified pathways for young people in need and make use of prevention tools to facilitate a reduction in young people becoming homeless.

Housing options, current accommodation provision and available support for this cohort are explored more thoroughly in the 'Homelessness' chapter of this strategy.

Priority: Reduce the number of young people in housing need and aim to reduce and prevent homelessness and rough sleeping for young people		
<i>How we will do this</i>	<i>Who by</i>	<i>When by</i>
Use appropriate prevention tools such as mediation, in partnership, to reduce homelessness, which will be monitored through homelessness evidence.	<ul style="list-style-type: none"> • Cheshire East Council • Young People • Registered providers 	<ul style="list-style-type: none"> • Ongoing through strategy lifetime
Engage with registered providers to explore opportunities around short-term tenancies which will provide skills and knowledge to young homeless people, with a view to granting assured tenancies following this.	<ul style="list-style-type: none"> • Cheshire East Council • Registered providers 	<ul style="list-style-type: none"> • 12 months from strategy adoption
Ensure housing pathways are in place for young people, providing a clearer understanding of local needs and provision	<ul style="list-style-type: none"> • Cheshire East Council • Registered providers • Service providers 	<ul style="list-style-type: none"> • 12 months from strategy adoption

Cared for Children & Care Leavers

Background

The safety and wellbeing of children and young people in Cheshire East is one of the most important priorities for the local authority. For those children who are subject to difficult and disruptive upbringings, it is essential that Cheshire East acts responsibly and appropriately as Corporate Parent, and understands the needs and requirements of young people across the borough.

The Cheshire East Corporate Parenting Strategy details five outcomes for which we can measure progress to ensure we are all working as hard as possible to ensure children and young people feel supported, encouraged and hopeful; these outcomes are in the words of our cared for children and care leavers:

- Involve Me
- Providing me with a Good Safe Home
- Keep Me Healthy
- Help Me to Achieve
- Support Me to Move to Adult Life

From a housing perspective, it is vital that the correct provision is available for young people and children to ensure that we are meeting our corporate responsibilities. This is to ensure that residents of Cheshire East are placed within the borough and 'out of area' placements are kept to a minimum where possible.

This section will focus on the current housing status of cared for children and care leavers within Cheshire East, and their housing needs and aspirations. It is essential that young people are listened to and we are providing suitable housing options for them at a time when they are transitioning into adulthood.

Evidence Base

- Sufficiency Statement for Cared for Children - 2018-2020
- Cheshire East Council Homelessness and Rough Sleeping Strategy 2018-21

Detailed Findings

There are a number of various factors to consider when approaching the housing provision for cared for children and care leavers. Most importantly, the views of the children need to be considered. Feedback from cared for children and care leavers suggests that they wish to remain in the communities where they have grown up, that they want a choice on where they live and they want to be consulted on their accommodation needs.

There are a number of placement types for cared for children currently. These can include:

- Foster care (both internal and external to Cheshire East Council)
- Residential care
- Placed with Parent
- Independent Living
- Placed for adoption

As of March 2018, there are currently 473 children who are cared for by Cheshire East. This figure demonstrates a steady increase since April 2014 where the figure for cared for children within Cheshire East was 333. Of these 473 individuals, their placement type can be surmised as below:

Placement Type	Total	Total as %
CEC Fostering Mainstream	150	32%
External Foster Care	112	24%
CEC Fostering Family and Friends	76	16%
External Residential	45	9%
Placed with Parent	40	8%
Independent Living	27	6%
Placed for Adoption	13	3%
Sec 386	6	1%
Internal Residential	2	0.5%
NHS	1	0.25%
Other Placement	1	0.25%

- Table 4.1 – Source: Sufficiency Statement for Cared for Children - 2018-2020

Local provision

In terms of actual accommodation available across the borough, there are a number of potential avenues that can be utilised by Cheshire East. Cheshire East forms part of the North West Supported Living Framework, which is accessed by a number of other local authorities in the area. This provides access to a number of forum houses and supported lodgings. One main barrier however with this accommodation is the lack of regulation via Ofsted. There is potential here for the units delivered via the Framework to be of poor quality, which goes against the Cheshire East priorities.

In the south of the borough, accommodation is provided through the Crewe YMCA, and there are an additional 10 units provided in the north. Whilst cared for children can come from any part of the borough, the majority of the demand on services through Cheshire East is primarily located in the principal towns of Crewe and Macclesfield. For this reasons, one of the main focuses of the Children's Services team is to increase provision in these locations.

Focusing closer on the type of provision which is currently available, within Crewe YMCA there are 2 emergency accommodation beds available, which can be utilised on a short-term basis at short notice. These beds also double as PACE beds (also known as Section 38 beds), which can be used when a young person is detained by the Police, but it would be unsuitable for them to remain overnight within a custody suite. This facility can also be utilised by other local authorities if required.

There are also a number of 'taster flats' available across the borough, with ambition to increase this provision in Macclesfield, Congleton and Middlewich. The purpose of these flats is to give young people an opportunity to experience managing their own property and build up the necessary skills to manage a tenancy. This is achieved by a placement for 2 weeks within an independent living provision where floating support enables and supports young people. This allows them to make informed choices as to their future and identify and address any issues which may need further development.

Children's residential care homes play a vital role in supporting and accommodating cared for children across the borough. At the time of writing, there is only one residential care home for children in Cheshire East; however there are ambitions to commission a further four additional care homes across the borough, primary focused in the Crewe and Macclesfield area, which will increase the bed spaces provision up to 13.

Foster placements account for the majority of accommodation types within Cheshire East. The role of foster carers, and the benefits of providing stable and safe accommodation, can not be underestimated. As of December 2017, there were a total of 124 mainstream foster carers and 36 foster placements with family and friends. As part of Cheshire East's Sufficiency Statement for 2018-20, there is an ambition to increase the provision of foster carers by developing a recruitment and retention strategy. At the time of writing, this is an ongoing priority for the team.

In addition to foster carers, Cheshire East has access to supported lodgings with 'hosts'. This provision focuses predominantly on the accommodation side of need, and less so on the care element. For example, the host family may both be working and not be available at all hours to provide support.

It is inevitable that in some circumstances, cared for children can't be accommodated within Cheshire East. This may be for a variety of differing reasons, including lack of provision within Cheshire East as well as out of area placements being a more appropriate solution at the time of service engagement. Currently, the level of out of area placements remains steady at 17% of the overall cared for children total, which is in line with previous years. The definition for out of area placement is one that is greater than 20 miles from Cheshire East. It is a positive outcome that the amount of children placed out of area remains at below 1 in 5 children, despite the increase in numbers accessing the services.

When children with disabilities are accommodated by the local authority for over 75 days, they automatically become part of the 'cared for children' cohort. Suitable accommodation for this group is currently provided via a scheme in Derbyshire. Cheshire East use the NW framework to access this accommodation and there are also a small cohort of specialised foster carers who accept children with disabilities. In addition to this, there is also the Cared at Home Framework, which consists of a growing number of CQC providers who can provide accommodation for children with disabilities.

There have been ongoing discussions with registered providers within Cheshire East regarding offering short-term tenancies for care leavers as an option for moving into a more sustainable and appropriate accommodation type. It will be an ongoing key priority for this provision to be pursued which will further enhance the accommodation offer by Cheshire East for young people leaving care.

Chapter conclusions and key priorities for Cared for Children & Care Leavers

The ongoing welfare and safety of children who are cared for by the local authority needs to remain as the key factor when considering ongoing housing opportunities. The work which is being completed by Children's Services in relation to sourcing additional foster carers will add to the pool of available resources, as will the additional commissioning of residential homes for children.

The increase in taster flats across the borough, as opposed to just Crewe, will enable more young people to access tenancies and gain the skills required to manage and maintain a tenancy agreement.

From a housing perspective, Cheshire East is supportive of the following strategic focuses.

Priority: Support the suitable and safe accommodation provision for cared for children and care leavers		
<i>How we will do this</i>	<i>Who by</i>	<i>When by</i>
Facilitate an increase in taster flats across the borough to enable independent living opportunities for care leavers	<ul style="list-style-type: none"> • Cheshire East Council • Cheshire East Members • Registered providers • Housing developers 	<ul style="list-style-type: none"> • Ongoing through strategy lifetime
Engage with registered providers to explore opportunities around short-term tenancies which will provide skills and knowledge to care leavers, with a view to granting assured tenancies following this	<ul style="list-style-type: none"> • Cheshire East Council • Registered Providers • Support Providers 	<ul style="list-style-type: none"> • Ongoing through strategy lifetime
Encourage and support the commissioning of additional residential care homes for cared for children in areas of high need such as Crewe and Macclesfield	<ul style="list-style-type: none"> • Cheshire East Council • Housing Providers • Support Providers 	<ul style="list-style-type: none"> • Ongoing through strategy lifetime

Drug and Alcohol

Background

Estimations via the PANSI suggest that the prevalence of individuals who are dependent on either alcohol or drug use on a national level is due to increase. This, however, is contrasted by evidence suggesting the number of adults who are in contact with drug and alcohol services is reducing at a steady level. Alcohol-related social and economic harm is estimated to cost £21.5bn and illicit drug social and economic harm is estimated to cost £10.7bn (Public Health, 2018)

This significant cost to the public purse requires local authorities to be proactive in trying to address issues relating to this dependency. It is vital that the appropriate services are commissioned to support and help clients through their journey with addiction and substance misuse – it is equally important from a housing perspective that safe and suitable accommodation can be accessed throughout the borough, but mostly targeted around the larger settlements.

This section will explore the national and local estimates for drug and alcohol dependency, as well as the prevalence of accessing and successfully completing the appropriate treatments.

Evidence Base

- PANSI
- JSNA
- Cheshire East Borough Profile 2019
- Public Health England Monthly Returns
- National Drug Treatment Monitoring System (NDTMS)
- Estimate of Alcohol Dependent Adults in England 2016-17
- Cheshire East Council Tartan Rug

Detailed Findings

Alcohol dependency

Estimates via the PANSI projections suggest that there will be a relatively small increase across England over the next 15 years. As of 2019, the estimate for males and females aged 18-64 in England to have an alcohol dependency is at 2,034,690. Estimates for 2035 increases this amount to 2,070,030 – an increase of just over 1.7%

Conversely and more positively, the PANSI estimates for Cheshire East shows a trend in the opposite direction, with a reduction in the amount of alcohol dependent residents by 6.2%, as detailed below:

	2019	2020	2025	2030	2035
Males aged 18-64 predicted to have alcohol dependence	9,265	9,239	9,100	8,874	8,683
Females aged 18-64 predicted to have alcohol dependence	3,617	3,613	3,571	3,475	3,396
Total population aged 18-64 predicted to have alcohol dependence	12,882	12,853	12,671	12,349	12,078

Table 5.1 – Source: www.pansi.org.uk – alcohol dependency population estimates in Cheshire East, 2019

Whilst these estimates may seem initially positive, further detail evident in the Cheshire East Borough Profile brings this into question. In terms of alcohol related admissions, as of 2012/13 this figure was at 540 (per 100,000 of population). This figure has now (as of 2017/18) increased to 610.1 (per 100,000 of population). This figure suggests that alcohol dependency is increasing at a higher rate than previously anticipated. However, the rates are still lower than the overall North West and England rates (699.9 and 632.3, respectively).

Source: Hospital Episode Statistics (HES), NHS Digital, 2017/18. Hospital Episode Statistics (HES) Copyright © 2019, Re-used with the permission of NHS Digital. All rights reserved. Local Authority estimates of resident population, Office for National Statistics (ONS) Unrounded mid-year population estimates produced by ONS and supplied to Public Health England Local Authority estimates of resident population, Office for National Statistics (ONS)

The Cheshire East Council tartan rug outlines a number of key health indicators, split out by settlements within the borough. This document portrays prevalence rates in conjunction with England averages. Binge drinking rates are relatively evenly spread across the borough with the highest quintiles being evidenced in Crewe and Macclesfield. Admissions for alcohol are significantly higher in Crewe and Macclesfield as opposed to anywhere else within the borough.

On a more positive note, the figures relating to Cheshire East residents who have successfully completed alcohol treatment is at 46.6%. This figure is above local and national averages with the North West showing 43.1%, and England showing a 38.9% success rate.

Drug dependency

For the purposes of this evidence base, adults who are dependent on drug use are split out between those who use opiates, those who use non-opiates and those who use both (known as OCU – opiates and/or crack cocaine). Evidence suggests that whilst the North West and England as a whole are experiencing rising figures of opiate and crack cocaine use, Cheshire East shows a general decline over previous years. Estimates for drug prevalence in Cheshire East are outlined below.

	Opiates	Crack Cocaine	OCU
2016/17	1283	974	1398
2014/15	1307	988	1482
Difference	-24	-14	-84

Table 5.2 - Source:

Similar to the predicted levels of alcohol dependency, the PANSI estimates for Cheshire East show a further decline in numbers as outlined:

	2019	2020	2025	2030	2035
Males aged 18-64 predicted to be dependent on drugs	4,793	4,779	4,707	4,590	4,491
Females aged 18-64 predicted to be dependent on drugs	2,521	2,518	2,489	2,422	2,367
Total population aged 18-64 predicted to be dependent on drugs	7,313	7,297	7,196	7,012	6,858

Table 5.3 – Source: www.pansi.org.uk – drug dependency population estimates in Cheshire East, 2019

Treatment for drug dependency in Cheshire East is split between opiates and non-opiates. Data from 2017 suggests that 8.3% of Cheshire East residents accessing treatment for opioid use were successful in completing the treatment. This is above both the North West (6.1%) and England (6.5%) average figures.

Conversely, for non-opioid treatments, Cheshire East's success rate for completing treatment is 32%, compared to the North West (41.4%) and England (36.9%) average rates. The reasons for this relatively lower success rate are unknown, however are broadly in line with the regional and national averages.

Housing options and requirements for individuals post-treatment can be difficult to ascertain. It is essential that following treatment, an individual is able to access safe and suitable accommodation which can go some way to prevent potential relapse and readmission. Whilst there will be some individuals who have no fixed abode following treatment, it is likely that this will result in a presentation as homeless to the local authority, or result in rough sleeping within the borough. Either way, there is a responsibility for the local authority to act. The provision of housing related support, as commissioned by Cheshire East, (and detailed in the 'Homeless' section of this strategy) may go some way to address these issues, however is unlikely to cover all eventualities.

In the same vein as mental health and some other client groups, substance and alcohol dependency can make up just one part of a complex individual's issues and should be considered in conjunction with other wider factors.

This factor is reflected in the small number of active service users in Cheshire East where substance misuse is defined as their primary support reason. The geographical spread and accommodation type for the small number of active service users in Cheshire East is detailed below. Due to the small representation of clients who have substance misuse as their primary support need, this data is open to debate over its validity in terms of representation across the whole borough – however, it is noteworthy that just under 50% of those service users are from Crewe, and the majority live in non-residential care settings, i.e. non-specialist accommodation for their needs.

Primary Support Reason – Substance Misuse	
Alderley Edge, Chelford, Handforth, Wilmslow	0
Bollington, Disley, Poynton	1
Congleton, Holmes Chapel	0
Crewe	5
Knutsford	0
Macclesfield	1

Nantwich and Rural	1
Sandbach, Middlewich, Alsager, Scholar Green and Haslington	3
Unknown	0
Grand Total	11
Primary Support Reason – Substance Misuse	
Permanent Residential or Nursing Care Home	2
Short-Term Residential or Nursing Care Home	1
Long Term Support – Non Residential	4
Other Community Service	4
Grand Total	11

Table 5.4 – Source: Cheshire East Council Adult Services substance misuse data, 2019

Housing situation

When accessing treatment for drug and alcohol misuse, self-defined client housing situations are recorded as a key indicator to assess if this has any impact or affect on successful treatment.

The indicators are split out as follows: No problem, Housing problem, Urgent housing problem and Other. Urgent housing problem and housing problem are made up of the following sub-categories:

Urgent housing need: Lives on streets/rough sleeper, Uses night shelter (night-by-night basis)/emergency hostels, Sofa surfing/sleeps on different friend's floor each night.

Housing problem: Staying with friends/family as a short-term guest, Night winter shelter, Direct Access short stay hostel, Short term B and B or other hotel, Placed in temporary accommodation by Local Authority, Squatting. (Source: NTDSMS 2020)

This data allows us to look for trends in housing status at the time of treatment, specifically in Cheshire East. For the purposes of this strategy, the treatment reasons have been split out to identify any emerging patterns.

Alcohol treatment

	2014/15	2015/16	2016/17	2017/18	2018/19
No housing problem	295	225	210	205	195
Housing problem	10	5	0	5	5
Urgent housing problem	10	20	20	10	0

Non-opiate treatment

	2014/15	2015/16	2016/17	2017/18	2018/19
No housing problem	20	30	35	30	35
Housing problem	5	0	0	0	0
Urgent housing problem	0	0	5	5	0

Opiate treatment

	2014/15	2015/16	2016/17	2017/18	2018/19
No housing problem	120	125	130	170	165

Housing problem	5	5	0	0	20
Urgent housing problem	30	45	40	45	35
Other	0	0	0	5	0

Table 5.5 – Source: National Drug Treatment Monitoring System (NDTMS), 2019

Focusing on these trends and numbers above, there are a number of patterns emerging in terms of the housing status clients who access treatments. For alcohol treatment, there has been a steady, consistent decline in those who state they have no housing problem. There is a relatively stable cohort who identify as having a housing problem, and a decline in those who have an urgent housing problem.

Contrasted with opiate treatment, clients who state they don't have a housing problem has shown a steady increase since 2014, however housing problem clients have spiked from 0 in 2017, to 20 in 2018. Equally, clients with urgent housing problems has remained broadly stable with numbers between 30 (2014/15) and a peak of 45 (2015/16 and 2017/18).

Chapter conclusions and key priorities for Drugs and Alcohol

As drug and alcohol misuse can form part of a wider menu of complex issues for an individual, it is difficult to promote housing options which are specific to their needs. This strategy suggests there needs to be additional research which should advise the accommodation pathway of drug and alcohol users within the borough and this should be used to determine the correct housing options at whichever stage of dependency, treatment and subsequent recovery the individual is in. This will reduce the inappropriate use of other accommodation types which may be unsuitable and potentially put people at risk.

Routes to permanent accommodation solutions should be promoted and well signposted to clients so they are aware of the options they have throughout their journey and can make informed decisions.

On a wider level, the access to safe and secure accommodation, either through housing providers or via the private rented sector needs to be of paramount importance. Therefore, it is essential that Cheshire East focus on raising and maintaining the standards of accommodation across the borough.

Priority: Ensure safe and suitable accommodation is available for drug and alcohol users throughout all stages of their recovery journey		
<i>How we will do this</i>	<i>Who by</i>	<i>When by</i>
Explore accommodation pathways for alcohol or drug dependent residents to ascertain their needs	<ul style="list-style-type: none"> Cheshire East Council 	<ul style="list-style-type: none"> Within 12 months of strategy adoption
Maintain active engagement with drug and alcohol services across the borough	<ul style="list-style-type: none"> Cheshire East Council External agencies and support organisations 	<ul style="list-style-type: none"> Ongoing through strategy lifetime

Physical and Sensory Disabilities

Background

Residents of Cheshire East who have a physical or sensory disability have a wide and varied range of essential accommodation requirements, which ensure that they are able to live in their home independently and with dignity.

Cheshire East is committed to ensuring that its residents who have additional physical needs are able to maintain their independence and are able to accommodate accessible properties across the borough. Government guidance for local authorities with regards to providing accessible homes for physically disabled residents states that:

The provision of appropriate housing for people with disabilities, including specialist and supported housing, is crucial in helping them to live safe and independent lives. Unsuitable or unadapted housing can have a negative impact on disabled people and their carers. It can lead to mobility problems inside and outside the home, poorer mental health and a lack of employment opportunities. Providing suitable housing can enable disabled people to live more independently and safely, with greater choice and control over their lives. Without accessible and adaptable housing, disabled people risk facing discrimination and disadvantage in housing. An ageing population will see the numbers of disabled people continuing to increase and it is important we plan early to meet their needs throughout their lifetime

(MHCLG, 2019)

It is clear from the guidance that there is a commitment to safety, choice and control for residents with physical disabilities. With the previously mentioned ageing demographic across the borough of Cheshire East, and the increased desire by occupiers to remain in the own home, there is a strong requirement for Cheshire East to ensure that dwellings across the borough are adaptable and accessible for all client groups.

This section will focus on the demand for accessible properties, as well as how Cheshire East are responding to this demand and future-proofing dwellings across the borough.

Evidence Base

- Housing for older and disabled people (MHCLG, 2018)
- Cheshire East Residential Mix Assessment (ORS, 2019)
- Cheshire East JSNA
- Orbitas monthly reports (Apr-June 2019)
- DFG annual report paper (2017/18 and 2018/19)

Detailed Findings

Current and future demand

Physical disability can encompass a wide variety of conditions which can impact upon a person's wellbeing and their ability to live in a home with independence. In Cheshire East there are an estimated 50,700 households where there are one or more individuals who have a life-limiting illness or disability. Analysis of these figures by ORS advised that of this number, there are 16,100 households where this illness or disability affected their housing needs.

The majority of these households (13,500) are living in a suitable property. There are an estimated 1,280 households where their current property is not suitable and they will need to move to a more suitable dwelling. There are also an additional 1,350 households where additional adaptations are required for them to remain in their current property (Cheshire East Residential Mix Assessment 2019 – Report of Findings, June 2019).

These figures set out the current position of the housing need across the borough, however when combined with future population increases and demographic changes such as the ageing population, the data shows significant need, as detailed below.

	Total
Existing need in 2018	
Households where an existing illness or disability affects their housing need and need to move in 2018	1,277
Projected future need 2018-30	
Additional households in 2030 where illness or disability affects their housing need or will develop within 10 years.	25,328
Maximum need for adapted housing 2018-30 (households)	26,605
Less households living in dwellings adaptable to M4(1) standard	17,487
Minimum need for adapted housing 2018-30	9,118

Table 6.1 - Cheshire East Residential Mix Assessment 2019, ORS

The stated need for 26,605 adapted properties by the end of the Local Plan period includes those that will come forward as accessible homes as required via the mandatory technical standards of Building Regulations, however this figure may be subject to fluctuation due to the ongoing work where adaptations are installed in occupier's homes through various types of funding, such as the Disabled Facilities Grant detailed below.

In relation to service users accessing services within Cheshire East who have a primary support reason as either a physical or sensory disability, this data can be split down as follows:

	Accommodation Type				Total
	Permanent Residential or Nursing Care Home	Short-term Residential or Nursing Care Home	Long-term Support – Non-Residential	Other Community Service	
Physical - Access and Mobility	53	3	221	771	1048
Physical - Personal Care Support	465	17	1142	663	2287
Sensory - Dual Impairment	6	0	17	11	34
Sensory - Hearing Impairment	0	0	11	11	22
Sensory - Visual Impairment	8	0	41	45	94
Total	532	20	1432	1501	3485

Table 6.2 – Source: Cheshire East Council Adult Services data, via LiquidLogic, 2019

This demonstrates a clear emphasis on support which is delivered in the community, as opposed to in specialist residential care facilities. The need for accessible accommodation is significant at both a national and local level. National planning policy allows local planning authorities to set optional technical standards for new housing in relation to accessibility and wheelchair standards through their local plans. As well as the mandatory standards which need to be abided by, use of the optional technical standards will allow new housing to be more easily adaptable and support people with living in their homes for longer.

These optional standards, part of the Building Regulations 2010, can be broken down as follows:

- M4 (2) Category 2: Accessible and adaptable dwellings
- M4 (3) Category 3: Wheelchair user dwellings

Cheshire East, as part of their emerging Site Allocations and Development Policies document is proposing to introduce the optional technical standard relating to accessibility.

The Publication Draft SADPD Policy HOU 6, states:

i. For major developments:

- a. at least 30% of housing developments should comply with requirement M4 (2) Category 2 of the Building Regulations regarding accessible and adaptable dwellings; and
- b. at least 6% should comply with requirement M4 (3) of the Building Regulations regarding wheelchair adaptable dwellings.

ii. For specialist housing for older people:

- a. all specialist housing for older people should comply with M4 (2) of the Building Regulations regarding accessible and adaptable dwellings; and
- b. at least 25% of all specialist housing for older people should comply with requirement M4 (3) of the Building Regulations regarding wheelchair adaptable dwellings.

In terms of current location for service users who are accessing social care for physical or sensory disabilities, this information can be surmised as below:

	Physical - Access and Mobility	Physical - Personal Care Support	Sensory - Visual Impairment	Sensory - Hearing Impairment	Sensory - Dual Impairment	Total	Total as %
Alderley Edge, Chelford, Handforth, Wilmslow	66	220	10	3	7	306	9
Bollington, Disley, Poynton	45	144	5	2	6	202	6
Congleton, Holmes Chapel	102	290	5	2	5	404	12
Crewe	256	455	27	8	2	748	21
Knutsford	57	115	4	1	4	181	5
Macclesfield	115	395	12	0	4	526	15
Nantwich and Rural	123	205	10	4	0	342	10
Sandbach, Middlewich, Alsager, Scholar Green and Haslington	270	393	20	1	3	687	20
Unknown	14	70	1	1	3	89	2
Grand Total	1048	2287	94	22	34	3485	100%

Table 6.3 - Source: Cheshire East Council Adult Services data, via LiquidLogic, 2019

This data clearly shows that physical disabilities claim the majority share for individuals accessing support through Cheshire East, and within that group there is a clear majority for personal care and support. In terms of geographical spread, it is clear that the larger settlements within Cheshire East accommodate the majority of service users, however there are still a notable amount of service users distributed across the whole borough. It can therefore be deduced that there is a significant need throughout Cheshire East for home adaptations and alterations to enable increased independence and dignity for residents.

Disabled Facilities Grants

One of the main ways in which people with physical or sensory disabilities can remain in their own home is through adaptations and aids which can enable them to retain their independence and continue to live a fulfilling and active lifestyle.

In Cheshire East, one of the methods of enabling this is through the Disabled Facilities Grant (DFG) scheme. This involves an allocation of funds distributed to local authorities to pay for adaptations to a resident's home, so long as they meet the criteria of the scheme.

This is a highly successful and sought-after scheme. Analysis of the DFG delivery since 2017/18 shows an increase from 304 households who were approved grant funding, up to 404 in 2018/19.

Further detail can be retrieved from these figures which break down the demographics of those accessing the grant.

Number of grants approved	2017/18	2018/19
Number of grants approved by tenure of applicant		
Owner Occupiers	118	178
Private Tenant	8	30
Social Tenant	178	196
Other	0	0
Number of grants approved by age of the disabled person		
17 and under	18	29
18 to 64	96	124
65 and over	190	251
By total value of grant approved		
Under £5,000	247	293
£5,000 to £15,000	41	86
£15,000 to £30,000	11	15
Over £30,000	5	10

Table 6.4 - Disabled Facilities Grants 2018-19 Activity and Performance Data

The data above shows a clear increase in the demand and access to the DFG service over a 12 month period. Funding for the 2018/19 DFG service across all authorities was approximately £505m, of which Cheshire East was successful in being awarded just over £2m. Combined with funds carried over from the previous year, the total budget for DFG's and adaptations in Cheshire East totalled just over £2.5m.

There has been increased investment by central government for the DFG monies; however the allocation to each local authority is not representative of the need in the location. As can be seen from the table above, there is a shift in accessing the grant and an increase in individuals requiring adaptations who have complex needs. This, in turn, increases costs and pressures on the annual budget for DFG's. Cheshire East has responded to this shift by increasing the maximum grant allocation from £30,000 up to £50,000.

There has also been an increase in adaptations for individuals with learning disabilities and those on the autistic spectrum. In terms of demographics, whilst the actual number of grant allocations to children is relatively low, the actual costs of the works required are disproportionately high. The types of work carried out also gives some evidence as to the needs of residents across the borough. By far the most common adaptation was the installation of a level access shower (287 total), followed by installing a stair lift (75 total). Other examples of works completed include door opening mechanisms, installation of ramps and fitting of specialist baths.

Furthermore, it is also noteworthy that a large proportion of works are carried out by landlords or registered providers through their own funding arrangements. This type of work accounts for the main reason that works aren't carried out through the Cheshire East DFG funding. There are a number of existing agreements in place with registered providers in Cheshire East which outline when and how the landlord will fund the required adaptations. This goes some way to relieve the excessive financial and organisational burden on the local authority.

Other routes to adaptations

Orbitas are a Cheshire East wholly-owned company and provide a handyman service across the borough to assist with the installation of aids and adaptations, or completing tasks that are out of the scope of the occupier. This includes works such as fitting grab rails, hand rails and ramps, as well as smaller job such as fixing leaking taps. This is a high demand for this service, evidenced by the amount of referrals received. Over a 3 month period between April and June 2019, there were a total of 166 referrals for adaptations to resident's homes.

Separate to the DFG funding and Handyman service, there is an Occupational Therapy Panel Fund which completes adaptations which are not eligible for the DFG. The costs for these adaptations are under £1,000, however they are classed as a larger job than a 'minor adaptation'. This is a borough-wide service and the breakdown of locations since 2016 is detailed below.

Location	Number of adaptations
Crewe	12
Sandbach	6
Congleton	5
Wilmslow	5
Macclesfield	4
Knutsford	4
Nantwich	3
Holmes Chapel	2
Alsager	2
Poynton	2
Nantwich	1
Rode Heath	1
Shavington	1
Handforth	1
Stockport	1
Bollington	1
Middlewich	1

Table 6.5 – Source: CCG returns 2016-19

As part of the Cheshire East Council Homelessness and Rough Sleeping Strategy's action plan, there is a commitment to make better use of the current stock of accommodation which is accessed via the Council's Choice Based Lettings system, HomeChoice.

One of the actions is to have an improved knowledge base of adapted properties and where they are located across the borough. This action is monitored by Housing Options and goes some way to ensure that lettings via the Council are suitable for residents and their needs.

Chapter conclusions and key priorities for Physical and Sensory Disabilities

There is a clear focus in the strategy to support vulnerable and older people who are experiencing physical or sensory disabilities. This is a twin-tracked approach by ensuring new build accommodation is built to a suitable standard and is able to meet the needs of this cohort.

Similarly, there is a focus on enabling residents to remain in their own homes and have additional adaptations and aids incorporated into them to help facilitate this. There are benefits to both approaches. It is obviously dependent on the nature and degree of the disability, but both approaches can compliment each other to enable resident to access suitable accommodation.

There is also a focus of looking at assistive technology to enable residents to access support if needed. This can comprise of a less invasive and disruptive adaptation to a property which maintain independence and dignity for those living in the borough.

Priority: Support residents with physical and sensory disabilities to maintain their accommodation or access suitably adapted types of accommodation		
<i>How we will do this</i>	<i>Who by</i>	<i>When by</i>
Encourage the delivery of housing across the borough which meets mandatory and optional technical standards for accessibility	<ul style="list-style-type: none"> Cheshire East Council Registered providers Housing developers 	<ul style="list-style-type: none"> Ongoing through strategy lifetime
Explore potential for assistive technology to be incorporated into dwellings to enable independent living	<ul style="list-style-type: none"> Cheshire East Council Housing providers 	<ul style="list-style-type: none"> Within 12 months of strategy adoption
Continue to provide adaptations to homes across the borough via the Disabled Facilities Grant	<ul style="list-style-type: none"> Cheshire East Council Central government funding 	<ul style="list-style-type: none"> Ongoing subject to funding

Domestic Abuse

Background

Domestic abuse is a complex issue which can present itself in many forms, and the housing needs for residents who are experiencing domestic abuse can be complex and difficult to navigate. The government definition of domestic abuse defines this as:

Any incident or pattern of incidents of controlling , coercive , threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. It can encompass, but is not limited to, the following types of abuse:

- *Psychological*
- *Physical*
- *Sexual*
- *Financial*
- *Emotional*

Cheshire East is committed to supporting families and individuals who have experienced or are experiencing domestic abuse. Since the 2014 housing strategy, there has been positive work completed by Cheshire East and its partners, which has resulted in a reduction of the amount of requests for accommodation. Despite this positive downward trend, there is still significant demand for suitable accommodation across the borough which meets the needs of this cohort.

This section will explore the current demand on services for support and accommodation, as well as highlight the current housing provision, the aspirations of the service, and how these can be fulfilled.

Evidence Base

- CEC Domestic Abuse and Sexual Violence Partnership Board Annual Report 2018-19
- Domestic abuse in England and Wales: year ending March 2018 (ONS, November 2018)
- Crime Survey for England and Wales (2018)
- Domestic Abuse Services: Future Delivery of Support to Victims and their Children in Accommodation-Based Domestic Abuse Services (MHCLG, May 2019)
- Housing Options presentations data 2018/19

Detailed Findings

According to ONS and Crime Survey data, the estimated number of individuals who suffer from domestic abuse is currently at 6.1% of people aged 16-59 years. This equates to almost 2 million people. In terms of prevalence rates, there appears to be no significant changes in domestic abuse compared to the previous year.

Estimates via the Office for National Statistics Crime Survey (November 2018) suggest that as of March 2018, the number of individuals who had experienced some form of domestic abuse between

the ages of 16 and 59 years was an estimated 2 million people. Within these figures, there is a significant representation by female clients (1.3 million), compared to males (695,000).

A key factor to consider with these figures is the prevalence of un-reported domestic abuse.

Cheshire East Council works closely with its partner housing associations, CEC Independent Domestic Violence Advocacy Service and myCWA (Cheshire Without Abuse) which was re-commissioned in April 2019. It is this commission which provides refuge type accommodation.

Many other statutory and voluntary sector partners come together through Multi-Agency Risk Assessment Conferencing (MARAC) and the local Domestic Abuse Board to support and signpost clients of domestic abuse. Sourcing suitable and safe housing plays a vital role in the overall aims and objectives of all partners and specialist domestic abuse services in particular.

The most recent data for the Cheshire East Domestic Abuse Service (CEDAS) suggests that demand on their services remains at an extremely high level. The Cheshire East Domestic Abuse Hub provides a single point of access for domestic abuse clients and provides information and specialist services including interventions when necessary. This is a 24/7 service to encourage reporting of domestic abuse cases. For 2018/19, there was a 6% reduction in referrals where the risk was deemed as 'not high' or was unclear, totalling 1419 individual referrals.

Additional to these, there were 449 referrals classed as 'high risk'. Over the past 3 years, this amount has been reducing from 531, to 493, then 414, however is now showing a slight increase. Statistics from Police records also show an increase in the recording of domestic abuse crimes in Cheshire East, as well as an increase in domestic violence with injury crimes, as outlined below.

Domestic Abuse Crimes in Cheshire East	
Total 2017/18	Total 2018/19
3440	4566

Domestic Violence with injury in Cheshire East	
Total 2017/18	Total 2018/19
928	957

Table 7.1 – Source: CEC Domestic Abuse and Sexual Violence Partnership Board Annual Report 2018-19

Figures from the CEDAS annual report for 2018/19 shows demand on the commissioned services totalled 581 individual cases. The interventions which were provided for these contacts covered a wide range of topics, of which housing played an important role.

Awareness of domestic abuse through the sub regional 'Open the Door' campaign and the success of myCWA's community bases has meant that service requests are rising significantly in 2019-20, including for housing support.

In addition to the figures above, homelessness presentations to the local authority record the reasons for presenting. During 2018/19, 108 households presented to the council stating 'fleeing domestic abuse' as their primary reason for approaching the Council for assistance.

One of the key focuses of the domestic abuse partnership's strategy is to allow the client to remain in their own home. This is to minimise the disruption involved in a move for both adults and children and we have an increased range of means to enable victims to be safe within familiar networks and communities. In some circumstances, this option is either unsuitable or unsafe for the individuals involved. As such, myCWA are commissioned to provide 'refuge' provision across various locations within the borough, which is utilised as emergency accommodation as and when required. This current provision totals 16 units across Cheshire East, and includes a range of housing options including larger family accommodation and properties with individual bedrooms and shared living spaces.

The relatively small amount of emergency housing provision means that there is additional need across the borough to accommodate the levels of demand which are presenting themselves to services. Whilst emphasis is placed on accommodating abuse clients in the most appropriate property, both in terms of their location and their circumstances, it is not always possible for this to happen.

It is also important to note that not all requests for accommodation received by the service are from residents of Cheshire East. There has been a decreasing trend in requests for accommodation via Cheshire East residents and the reasons for this are determined to be related to effective prevention work taking place before an accommodation move is required. Since 2016, this figure has reduced from 57, to 39, and for 2018/19 this figure reduced again to 36.

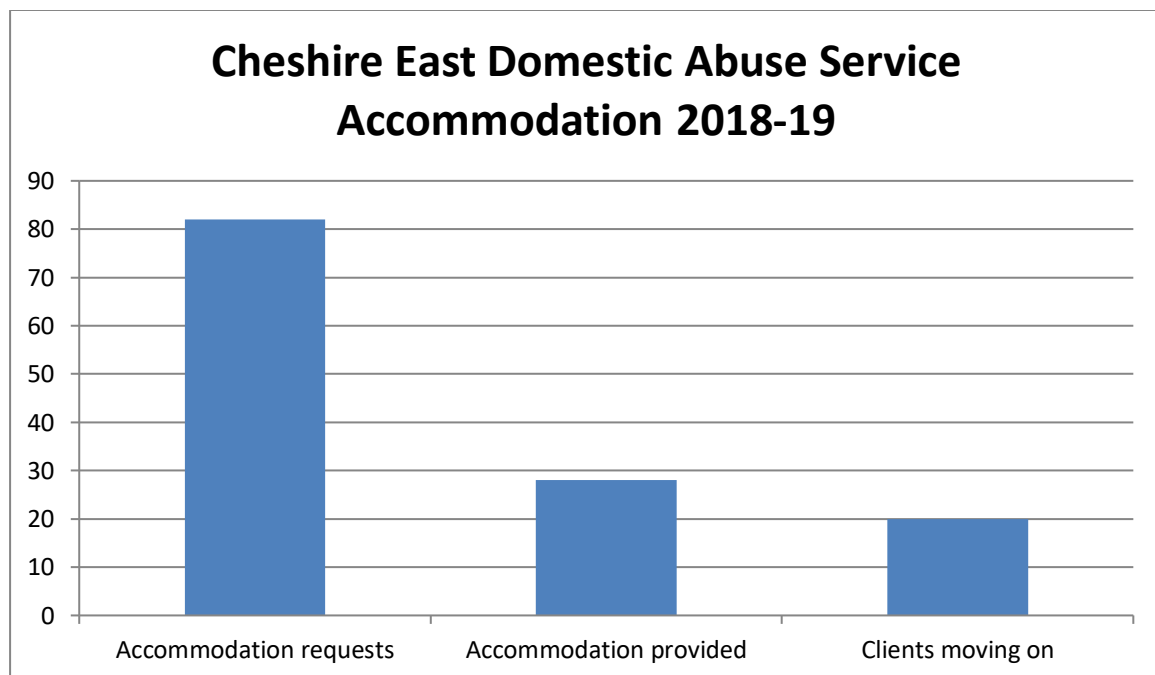


Table 7.2 – Source: CEC Domestic Abuse and Sexual Violence Partnership Board Annual Report 2018-19

The figures above suggest that almost two-thirds of accommodation requests come via individuals outside of Cheshire East. It is however worth noting that this is a reciprocal arrangement and accommodation requests outside of Cheshire East can be facilitated for residents within the borough.

The majority of the current provision of emergency accommodation is situated in the urban conurbations of Macclesfield, Crewe, and Nantwich.

Additional to the refuge provision, housing association partners play a key role in keeping domestic abuse clients safe. Registered provider partners engage with domestic abuse services by providing 'target hardening' services. This involves enhanced security measures which are incorporated into existing dwellings to keep tenants protected and safe. There is also a small funding pot to assist those in private accommodation to access target hardening and as a result to maintain their preferred and most appropriate accommodation solution.

Complex and chaotic presentation

There are two more recent pieces of work which ought to inform our work on complexity.

Firstly working together across Cheshire, Halton and Warrington, government funding was accessed to support clients with complex presentation and housing need who have minimal other engagement with services. This is a small but highly vulnerable cohort whose substance misuse and mental ill health needs are often as predominant as their requirement for domestic abuse support. Locally, this service is delivered by myCWA through use of their existing emergency accommodation or supporting clients in other vulnerable housing provision.

This project has known some key successes in engaging otherwise extremely disaffected people in help services. However it has had an adverse impact on wider refuge provision because it may be necessary to dedicate a whole house to one chaotic client and thereby halve its use.

Currently myCWA are mapping the journeys of these complex individuals through accommodation options to try to identify what sort of approach and housing offer can make the greatest impact. This may not always be dedicated refuge space, especially where mental ill health or substance misuse are significant factors.

Secondly, advances in how MARAC (high risk multi-agency work) is delivered locally mean that we can more easily identify the most complex cases where an assertive outreach approach is needed from all partners, and not just domestic abuse services, to change entrenched patterns of behaviour by both victim and perpetrator.

Together these two developments mean that it is vital that there is connectivity between the commissioning of domestic abuse and substance misuse and mental ill health services in relation to housing support and wider recovery and self management.

Chapter conclusions and key priorities for Domestic Abuse

From the evidence above, it is clear that there is significant demand on the Cheshire East domestic abuse service. Their commitment to preventative and person-focused support is evident, however in terms of housing provision; there are still gaps in what can be offered to domestic abuse victims.

As well as meeting responsibilities on a local level in terms of accommodating Cheshire East residents, there is also a focus on being able to accommodate 'out of area' referrals. The emphasis is on keeping people safe during difficult periods of their life.

Discussions with members of the domestic abuse team highlights a need for up to 8 additional 1 and 2 bedroom properties which are close to the Cheshire East principal towns of Crewe and Macclesfield. This additional provision would allow further refuge and support opportunities for victims, both local to Cheshire East and beyond.

Priority: Increase the provision of suitable accommodation for residents who experience domestic abuse		
<i>How we will do this</i>	<i>Who by</i>	<i>When by</i>
Explore funding opportunities to increase refuge and move-on housing provision	<ul style="list-style-type: none"> Cheshire East Council Cheshire East Members Registered providers Housing developers 	<ul style="list-style-type: none"> Within 12 months of strategy adoption
Ensure positive relationships maintained with registered providers to enable target hardening as well as provide the small funding pot to support people in private accommodation	<ul style="list-style-type: none"> Cheshire East Council 	<ul style="list-style-type: none"> Ongoing through strategy lifetime
Ensure positive relationships maintained with DA services to assess their housing requirements and any future changes	<ul style="list-style-type: none"> Cheshire East Council In house and commissioned DA services 	<ul style="list-style-type: none"> Ongoing through strategy lifetime
Promote strategic and operational commitment to changing responses to complex presentation	<ul style="list-style-type: none"> Cheshire East Council Housing and Commissioning Public Service Transformation Board (sub regional work) In house and commissioned DA services 	<ul style="list-style-type: none"> Within 12 months of strategy adoption

Homelessness

Background

Homelessness is a national issue and one that can present itself in many forms. Research suggests that homelessness is increasing across the UK and estimates that there are approximately 320,000 individuals who are classed as homeless in the UK. These figures include a multitude of various types of homelessness, including rough sleeping, individuals in temporary accommodation and data retrieved from social services departments across the country.

Perhaps unsurprisingly, London has the highest rate of clients who are classed as homeless with over 170,000 people, 1 in 52, meeting this definition. The Shelter document, which provided these figures, places the blame for this increase on “a combination of unaffordable rents, frozen housing benefits and a severe shortage of social housing” (2018).

Undoubtedly, there are still a number of challenges ahead facing the authority. This section aims to explore the significant national changes in local authority duties, as well as how Cheshire East has responded to these, and focuses for the future.

Evidence Base

- Cheshire East Council Homelessness Strategy 2018-2021
- Rough Sleepers data
- Homelessness returns data
- Hard to House Panel Review Briefing
- Crisis: The homelessness monitor England 2019

Detailed Findings

Since the 2014 strategy was published, there have been significant changes relating to homelessness, both at a national and local level. The introduction of the Homeless Reduction Act (HRA) in 2017 placed additional duties on local authorities to address potential homelessness issues before they escalated, with potential savings for local authorities and voluntary services in terms of time and money when dealing with clients in crisis.

There is a focus on prevention of homelessness and demonstrating a person-centred approach to solving a clients housing issues. A brief overview of the legislation’s key points includes:

- Improved advice and information about homelessness and the prevention of homelessness
- Extension of the period ‘threatened with homelessness’
- Introducing new duties to prevent and relieve homelessness for all eligible people, regardless of priority need and intentionality
- Introducing assessments and personalised housing plans, setting out the actions housing authorities and individuals will take to secure accommodation

- Encouraging public bodies to work together to prevent and relieve homelessness through a duty to refer

Local Findings

Cheshire East has responded to the Homeless Reduction Act in a positive way and has developed an updated Homelessness Strategy which covers the period 2018-2021.

The strategy outlined the position of the authority in terms of how it will respond to the challenges of the HRA and gave an overview of the homeless position across the borough. The priorities of the strategy were to:

- Enable more people to remain in their home and prevent them from becoming homeless
- Help people who are homeless to secure appropriate affordable accommodation
- Provide interventions so no-one has to sleep rough in Cheshire East
- Ensure adequate support is in place to help people maintain and sustain accommodation

In 2019, the strategy was subject to its first review and feedback was given to providers outlining the successes and challenges which Cheshire East had faced since the HRA came into being. The achievements by Cheshire East in 2018/19 showed significant positive results.

The HRA requires local authorities to record their duties for homeless preventions and homeless reliefs. Data from April 2018 through to March 2019 in Cheshire East shows that there were 2343 approaches to the Housing Options team by individual households. Outcomes for these households are as follows:

- Advice provided – 1215 households
- Prevention duty – 715 households
- Relief duty – 412 households

The overall figure for presentations to the Housing Options team is *higher* than previous years, although this may be explained due to the introduction of the HRA where any household who approaches the Council with a threat of homelessness is recorded. Presentations for homelessness are accepted at the Crewe and Macclesfield council offices. For presentations in Crewe, Cheshire East makes use of a number of different accommodation provisions including temporary accommodation, the council's own homeless hostel in Macclesfield, as well as bed and breakfast accommodation.

The costs to the council of housing someone in bed and breakfast accommodation are extremely high as rent levels can only be claimed at LHA rates. The remaining balance needs to be funded via Cheshire East council. In response to this, the local authority has explored the opportunity of purchasing additional temporary accommodation which will remain in Cheshire East ownership. This provision will be able to be utilised for homeless duties and will cut down, but not eradicate, additional costs from bed and breakfast accommodation. At the time of writing, this provision is provided in Crewe, Macclesfield and most recently in Congleton.

In terms of move-on from hostel accommodation, Cheshire East has been successful when relocating households into settled accommodation. The Homeless team have achieved move-on for 83% of households who have accessed the service which is above their annual target. In addition to these

positive results, Cheshire East's approach to the HRA has been used as an example of good practice for other local authorities to learn and develop their strategies and actions.

Complex Cases

A recurring theme, both on a local level as well as nationally, is an increase in the complexity of households presenting to local authorities. The homelessness monitor (Crisis, 2019) received a number of responses from local authorities across the country, one of which focuses on the trend of increasing complexity of households. Just under half (48%) of all responses from the local authorities surveyed suggested there was a "notable change in the profile of people seeking housing options assistance during the past year". This was reflected in an increase in single households where there were 'complex needs' such as ill mental health, poor physical health and a rise in substance misuse issues. Some suggestions by the surveyed authorities for the reasoning for this increase was a result of cuts to public services such as Adult Social Care and individuals not meeting the threshold to access mental health services.

In terms of Cheshire East, data for 2018/19 shows that 2726 households approached the local authority, presenting as homeless or at risk of homelessness. Note –this number includes households who approached the authority on more than one occasion. In terms of presentations by individuals (as opposed to couples, families, etc), this can be split down as 483 females, 1037 males and 4 transgender. The vast majority of presentations were UK nationals (2179). In relation to the reason for presenting, the most common reasons stated:

- Asked to leave (family) – 412 households
- Notice to Quit (Private let – Section 21) – 267 households
- Rent/Mortgage arrears (Social/Private/Mortgage) – 242 households
- Asked to leave (friends) – 210 households
- Relationship breakdown (non-violent) – 202 households

In addition to these, there were 100 households presenting following prison release and 68 stating rough sleeping. This data doesn't strictly suggest that cases are more 'complex', although discussions with the Housing Options team suggest that this is a notable trend within the borough. The implementation of the Hard to House Panel (detailed on pg.54) was initiated specifically to address complex cases where all avenues had been explored.

Rough Sleeping Initiative

In 2018, the Government announced a new initiative aimed at reducing the number of rough sleepers. Funding of £30m was allocated to local authorities and Cheshire East was successful in accessing £350,564.

The purpose of this fund was to facilitate interventions by local authorities with a view to reducing rough sleeping across the country. The Government's stated commitment was to "halving rough sleeping by 2022 and eliminating it all together by 2027".

Rough sleeping in Cheshire East had seen a steady growth from 2015 onwards, where the total rough sleeping count for the borough was 0, increasing to 4 in 2016 and then to 21 in 2017. This significant increase prompted intervention by the council.

By March 2019, the funding provided by the Rough Sleeping Initiative had allowed for:

- The recruitment of a Rough Sleepers Co-ordinator
- The recruitment of 4 Rough Sleepers Outreach Workers
- The delivery of 28 additional units of emergency accommodation
- The delivery of housing-led placements.

Following these positive steps, a further bid for funding was submitted to Government and Cheshire East was successful in a further £388,303 to continue this work. These funds will be used to:

- Create a Rough Sleepers Contract Monitoring Officer role
- Continue funding the provision of 4 Rough Sleepers Outreach Workers
- Provide additional enhanced accommodation comprising:
 - 14 No Second Night Out (NSNO) emergency units
 - 8 complex needs temporary accommodation bed spaces
 - 4 Extended Winter Provision bed spaces (used between November – March)
 - Provide 4 housing-led placements

Details from the most recent rough sleeper's count showed the numbers reduce from 21, to 10, and finally to 2, both situated in Macclesfield. This positive direction in travel is a reflection of the proactive and preventative approach taken by the Rough Sleeper's team.

At the time of writing, the Ministry for Housing, Communities and Local Government (MHCLG) have announced that there will be a further year's funding available from a £112m funding pot as part of the Government's rough sleeping programme, and Cheshire East has made a successful bid for funding for 2020/21. However, we have also been making preparations to embed the Rough Sleeping Initiative interventions within our core services where possible. The intention is to accomplish this through the re-commissioning of our housing related support services in the borough.

Housing Related Support

Every three years, Cheshire East commissions housing related support across the borough which enables the provision of short-term hostel accommodation, or maintains independent living through support at a client's home. This enables people to maintain their support networks as well as their independence.

The program of housing related support can include:

- Single homeless
- Homeless families
- Young People
- Older people with support needs
- Teenage parents
- People affected with drug and alcohol misuse
- People with disabilities
- Offenders or people at risk of offending
- People affected with mental health issues
- Resettlement from supported housing

Housing related support plays a vital role in addressing homeless needs across the borough and seeks to support individuals who are threatened with homelessness or facing a crisis which could potentially result in homelessness. The current recommissioning of the HRS contracts will aim to provide a wide range of services which will assist in prevention of homelessness and support for those who are sleeping rough. A breakdown of the required contracts is as below:

- 30 bed spaces across the entire borough for emergency accommodation for those at risk of homelessness
- 57 bed spaces across the entire borough to accommodate complex individuals who may be experiencing mental health problems and aged 25 and over
- 47 bed spaces to provide accommodation and support to service users aged under 25, who need fast tracking due to crisis or emergency, and women and families
- 125 bed spaces to provide resettlement and sustained floating support to provide stability and a suitable housing solution

Once the housing related support contracts are in place, they will ensure that Cheshire East is able to provide a safe and appropriate housing offer to those who are in need, and continue to address the homeless issues faced in the borough.

Hard to House Panel

In response to complex housing cases where individuals have exhausted the majority of mainstream housing options and are at risk of homelessness, Cheshire East has responded by setting up a 'Hard to House Panel'. This is a multi-disciplinary meeting, combining the expertise of relevant professionals involved in an individual's care, support and housing needs.

The panel meets on an ad-hoc basis and can be arranged on a relatively short basis to ensure that housing issues are prevented from escalating unnecessarily. Despite the short amount of time that the panel has been active, there have been a number of positive outcomes. To date, 17 individuals have been involved within the Hard to House Panel and of these, 5 have moved on to successful outcomes. These outcomes include accessing supported housing and accessing general needs accommodation. For those cases where a solution wasn't found via the Panel, individual outcomes range from staying with friends and family, remaining in the same accommodation, or no solution was found due to a lack of engagement with the individual's concerned.

Cheshire East Council continues to hold the Hard to House Panel as it aligns with the Homelessness strategy priorities and the prevention priorities of the Homelessness Reduction Act.

Housing First

Housing First is a Finnish model of support and accommodation aimed at tackling homelessness and entrenched rough sleepers. This model has been subject to a number of pilots across the UK, following the successful integration in a number of other countries. Housing First works on the premise that safe and secure accommodation forms the starting point of an individual accessing support and rebuilding their life. Tenancies are granted in the first instance and are not viewed as a 'reward' or dependent on engagement with services.

Housing First is showing signs of successes. Research which explored nine services across the UK advised that as well as reducing numbers of rough sleepers, there were additional gains relating to reduced drug and alcohol dependency, a reduction in anti-social behaviour, some evidence of

improvement in client physical and mental health, and a positive focus on social integration and clients re-connecting with family.

There is appetite to explore the Housing First model within Cheshire East to ascertain the impact and potential positives, as well as wider financial savings on public services. This strategy aims to prioritise exploring this model in the future.

Chapter conclusions and key priorities for Homelessness

It is evident from the data listed above that whilst Cheshire East has experienced the expected increase in homeless presentations, the team should be commended in how they have responded to these additional pressures. The combination of a number of initiatives and an emphasis on partnership working and collaboration has allowed the team to excel.

In terms of priorities, the Homelessness strategy was subject to an annual review in Spring 2019 where the priorities were determined to remain relevant and appropriate. Therefore, those priorities will be echoed and added to, as below.

The recommissioning of the Housing Related Support contracts will assist the local authority in meeting demand from residents who need housing and homeless advice and support.

Priority: Reduce homelessness and rough sleeping across Cheshire East		
<i>How we will do this</i>	<i>Who by</i>	<i>When by</i>
Continue to work with housing providers and landlords to enact prevention and relief duties	<ul style="list-style-type: none"> Cheshire East Council Housing providers Private landlords 	<ul style="list-style-type: none"> Ongoing through strategy lifetime
Provide interventions to prevent rough sleeping, facilitated via the Rough Sleeping Initiative	<ul style="list-style-type: none"> Cheshire East Council 	<ul style="list-style-type: none"> Ongoing
Ensure adequate support is in place to help people maintain and sustain accommodation via housing related support contracts	<ul style="list-style-type: none"> Cheshire East Council Contract providers 	<ul style="list-style-type: none"> April 2020
Explore options of using Housing First model in Cheshire East	<ul style="list-style-type: none"> Cheshire East Council Registered providers 	<ul style="list-style-type: none"> Within 12 months of strategy adoption

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Vulnerable and Older People's Housing Strategy - Consultation

Introduction

An updated strategy

Cheshire East Council has recently updated its [Vulnerable and Older People's Housing Strategy \(PDF, 1MB\)](#), which was first published in 2014.

The aims of this update are to:

Provide a position statement following the outcomes from the 2014 strategy

Outline what achievements have been accomplished

Provide an update on the evidence base, and outline the current housing requirements

Explore and provide additional outcomes which will be key in delivering the strategy over its lifetime.

The purpose of this consultation is to get your feedback on this updated strategy, and to see how you think it could be improved.

Giving your feedback

Please submit your feedback by 5pm on 13 July 2020. You can do this by:

Completing this short survey

Emailing housingpolicy@cheshireeast.gov.uk

For any queries about this consultation, e.g. if you would like to receive this questionnaire in an alternative format, or submit your response in a different way, please email housingpolicy@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](#).

Selecting the sections of the strategy you want to comment on

The strategy (PDF,1MB) covers 9 vulnerable groups, with each group being given its own section in the strategy, and each section providing evidence bases and priorities for each. Please choose which of the 9 vulnerable groups you would like to comment on within this survey: Tick the vulnerable groups you wish to view

- ☐ Older People (pg.7-18)
- ☐ Learning Disabilities (pg.19-25)
- ☐ Mental Health (pg.26-32)
- ☐ Young People in Need (pg.33-35)
- ☐ Cared for Children & Care Leavers (pg.36-39)
- ☐ Drug and Alcohol (pg.40-44)
- ☐ Physical and Sensory Disabilities (pg.45-52)
- ☐ Domestic Abuse (pg.53-57)
- ☐ Homelessness (pg.58-63)

Older People (pg.7-18)

How strongly do you agree or disagree that... Please tick one box only in each row

	Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree
...the evidence base and detailed findings in this section are accurate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...the priorities for this vulnerable group reflect the findings for that group?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...the priorities for this vulnerable group reflect your understanding of their needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...the actions for this vulnerable group will be effective for achieving the priorities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are there any other priorities you think that should be included for this vulnerable group? Please write in below

Is there anything else you would like to say about this vulnerable group? Please write in below

Learning Disabilities (pg.19-25)

How strongly do you agree or disagree that... Please tick one box only in each row

	Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree
...the evidence base and detailed findings in this section are accurate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...the priorities for this vulnerable group reflect the findings for that group?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...the priorities for this vulnerable group reflect your understanding of their needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...the actions for this vulnerable group will be effective for achieving the priorities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are there any other priorities you think that should be included for this vulnerable group? Please write in below

Is there anything else you would like to say about this vulnerable group? Please write in below

Mental Health (pg.26-32)

How strongly do you agree or disagree that... Please tick one box only in each row

	Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree
...the evidence base and detailed findings in this section are accurate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree
...the priorities for this vulnerable group reflect the findings for that group?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...the priorities for this vulnerable group reflect your understanding of their needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...the actions for this vulnerable group will be effective for achieving the priorities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are there any other priorities you think that should be included for this vulnerable group? Please write in below

Is there anything else you would like to say about this vulnerable group? Please write in below

Young People in Need (pg.33-35)

How strongly do you agree or disagree that... Please tick one box only in each row

	Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree
...the evidence base and detailed findings in this section are accurate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...the priorities for this vulnerable group reflect the findings for that group?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...the priorities for this vulnerable group reflect your understanding of their needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...the actions for this vulnerable group will be effective for achieving the priorities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are there any other priorities you think that should be included for this vulnerable group? Please write in below

Is there anything else you would like to say about this vulnerable group? Please write in below

Cared for Children and Care Leavers (pg.36-39)

How strongly do you agree or disagree that... Please tick one box only in each row

	Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree
...the evidence base and detailed findings in this section are accurate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...the priorities for this vulnerable group reflect the findings for that group?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...the priorities for this vulnerable group reflect your understanding of their needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...the actions for this vulnerable group will be effective for achieving the priorities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are there any other priorities you think that should be included for this vulnerable group? Please write in below

Is there anything else you would like to say about this vulnerable group? Please write in below

Drug and Alcohol (pg.40-44)

How strongly do you agree or disagree that... Please tick one box only in each row

	Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree
...the evidence base and detailed findings in this section are accurate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree
...the priorities for this vulnerable group reflect the findings for that group?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...the priorities for this vulnerable group reflect your understanding of their needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...the actions for this vulnerable group will be effective for achieving the priorities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are there any other priorities you think that should be included for this vulnerable group? Please write in below

Is there anything else you would like to say about this vulnerable group? Please write in below

Physical and Sensory Disabilities (pg.45-52)

How strongly do you agree or disagree that... Please tick one box only in each row

	Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree
...the evidence base and detailed findings in this section are accurate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...the priorities for this vulnerable group reflect the findings for that group?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...the priorities for this vulnerable group reflect your understanding of their needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...the actions for this vulnerable group will be effective for achieving the priorities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are there any other priorities you think that should be included for this vulnerable group? Please write in below

Is there anything else you would like to say about this vulnerable group? Please write in below

Domestic Abuse (pg.53-57)

How strongly do you agree or disagree that... Please tick one box only in each row

	Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree
...the evidence base and detailed findings in this section are accurate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...the priorities for this vulnerable group reflect the findings for that group?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...the priorities for this vulnerable group reflect your understanding of their needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...the actions for this vulnerable group will be effective for achieving the priorities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are there any other priorities you think that should be included for this vulnerable group? Please write in below

Is there anything else you would like to say about this vulnerable group? Please write in below

Homelessness (pg.58-63)

How strongly do you agree or disagree that... Please tick one box only in each row

	Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree
...the evidence base and detailed findings in this section are accurate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree
...the priorities for this vulnerable group reflect the findings for that group?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...the priorities for this vulnerable group reflect your understanding of their needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...the actions for this vulnerable group will be effective for achieving the priorities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are there any other priorities you think that should be included for this vulnerable group? Please write in below

Is there anything else you would like to say about this vulnerable group? Please write in below

The Vulnerable and Older People's Housing Strategy overall

Overall, how would you rate the scope of the strategy ? Please tick one box only

- ☐ Very good
- ☐ Fairly good
- ☐ Average
- ☐ Not very good
- ☐ Not at all good
- ☐ Not sure / Don't know

Are there any other vulnerable groups you think the strategy should cover? Please write in below

Do you have any further comments to make on the priorities within the strategy? Please write in below

About you

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

- ☐ I live in some form of supported accommodation
- ☐ I utilise social care or support services
- ☐ I am related to, or care for, someone who lives in supported accommodation
- ☐ I represent an organisation that works with vulnerable people
- ☐ I class myself as a member of one of the vulnerable groups listed within the strategy
- ☐ Other (please write in):

Your organisation

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

About you

Cheshire East Council is committed to the principle that all our customers have the right to equality and fairness in the way they are treated and in the services that they receive. 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. The information in this section will be used for no other purpose.

You do not need to answer any of the following questions if you do not wish to, and you will not be affected in any way if you choose not to answer any, or some, of the questions.

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

Almost finished

If you would like to review any of your answers please go back and do so now, otherwise please click the "Submit response" button below to finish the survey.



Working for a brighter future together

Health and Adult Social Care and Communities Overview and Scrutiny Committee

Date of Meeting: 09 July 2020

Report Title: Performance Scorecard (Adult Social Care, Commissioning, Communities and Public Health) - Quarter Four, 2019/20

Portfolio Holder: Cllr. Laura Jeuda – Portfolio Holder Adult Social Care
Cllr. Jill Rhodes – Portfolio Holder Public Health
Cllr. Mick Warren – Portfolio Holder Communities

Senior Officer: Jill Broomhall – Director of Adult Social Care Operations

1. Report Summary

- 1.1 This report and the attached performance scorecard provide a positive overview of performance across the Adult Social Care, Commissioning and Communities and Public Health for quarter 4 of 2019/20
- 1.2 This report demonstrates the key performance indicators across services and links closely with the performance as identified in the Service and Team Business Plans

2. Recommendation/s

- 2.1 Scrutiny is recommended to:
 - a Approve the format and reporting of performance for Adult Social Care, Commissioning and Communities and Public Health.

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b Note the contents of the report and scorecard; and Scrutinise areas where expected levels of performance are not being achieved.

c Acknowledge good and consistent performance

2.2 Scrutiny is asked to acknowledge that this report covers a period of reporting during which time the country was battling the Covid 19 crisis and this has impacted on the performance from mid February to the end of March 2020

3. Reasons for Recommendation/s

3.1 One of the key areas of focus for the Overview and Scrutiny Committee is to highlight areas of poor performance and to scrutinise the effectiveness of plans in place to improve services. Overview and Scrutiny has an important role to play in the performance management systems of the Local Authority. The performance scorecard provides essential data, along with qualitative information, to measure the effectiveness of services. This report and scorecard will be provided to Scrutiny on a quarterly basis to enable the Committee to maintain an overview of performance across the Services.

4. Other Options Considered

4.1 Scrutiny may want to consider the performance of the Service more or less frequently.

5 Adult Social Care, Commissioning & Communities & Public Health

5.1 This quarterly report provides the Committee with an overview of performance across Adult Social Care, Commissioning and Communities and Public Health. This report and scorecard relates to quarter 4 of 2019/20.

5.2 The performance scorecard details the following:

- Measure – details of each performance measure
- Polarity – whether it is good to have the measure high or low
- Statistical neighbour average – gives a comparator against other North West Authorities.
- National average – gives a national comparator figure
- Target – this is either a national target, eg, local one set by the service to provide a 'good/outstanding' service
- Year end 2018/19 – enables Members to compare existing performance to that in the previous year
- Quarterly performance – enables Members to compare performance from quarter to quarter
- RAG – this is a rating of red, amber, green based on current performance

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- against the expected level of performance
- Direction of travel – this is demonstrated via the smiley faces
- Comments – this provides a general commentary on the information presented

6 Performance Overview

- 6.1 The performance scorecard at Appendix 1 includes 32 separate measures covering all areas of the service. Some of these measures are non-performance related, eg those that relate to population cohorts. In total, 26 of these measures relate to performance and have been RAG rated.

A breakdown summary is set out as follows Social Care Quarter 3.

Performance Measures	Red	Amber	Green	n/a	Total
This quarter Adult Social Care	4	6	1	6	17
Commissioning and Communities	1	1	6		8
Public Health	2	4	1		7
Overall Ratings	7	11	8	6	32

7 Finance Implications

- 7.1 Although there are no direct financial implications related to this report, performance measures may be used as an indicator of where more or less funding is needed at a service level.

8 Equality Implications

- 8.1 Members may want to use the performance scorecard to ensure that services are targeted towards those individuals who are in most need.

9 Human Resources Implications

- 9.1 None

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10 Risk Management Implications

- 10.1 There are risks associated with some performance measures, eg increases in demand and timeliness of services.

11 Rural Communities Implications

- 11.1 There are no direct implications for rural communities.

12 Implications for Vulnerable Adults

- 12.1 This performance scorecard sets out a range of measures that impact on services for vulnerable adults and their families.

13 Public Health Implications

- 13.1 This performance scorecard sets out a range of measures that impact on services for Public Health.

14 Ward Members Affected

- 14.1 The performance measures relate to all ward areas.

15 Consultation & Engagement

- 15.1 Not applicable.

16 Access to Information

- 16.1 The scorecard is attached at Appendix 1.

17 Contact Information

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

Name: Jill Broomhall

Job Title: Director Adult Social Care Operations

Email: jill.broomhall@cheshireeast.gov.uk

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People Directorate Scorecard 2019-20

Ref	Lead Department	Measure	Corporate Outcome	Portfolio	Responsible Officer	Data Owner	Data Frequency	Benchmark	Year end 2018/19	Quarter 4 2018/19	Quarter 1 2019/20	Quarter 2 2019/20	Quarter 3 2019/20	Quarter 4 2019/20	Proposed Quarterly/ Annual Target 2019/20	RAG and Direction of Travel	Commentary
ASC001	Adult Social Care	Residential Admissions for 18-64 age ytd fig	5	Adults Social Care and Health	Director of Adult Social Care Operations/HoS			CEC Data	38	38	6	14	23	33	<30	L	This is an indicative year end figure and may change slightly as part of year end validations where change of placement has been incorrectly coded as a new admission
ASC002	Adult Social Care	Residential Admissions for 65+ age band ytd fig	5	Adults Social Care and Health	Director of Adult Social Care Operations/HoS			CEC Data	545	545	115	270	434	638	<530	L	This is an indicative year end figure and may change slightly as part of year end validations where change of placement has been incorrectly coded as a new admission. This figure however will have been impacted by the Beechmere Fire and potentially the COVID 19 pandemic in Q4.
ASC003	Adult Social Care	Total number of individuals currently in residential/ nursing care 18-64	5	Adults Social Care and Health	Director of Adult Social Care Operations/HoS			CEC Data	198	198	205	200	203	195	N/A	K	Marginal change
ASC004	Adult Social Care	Total number of individuals currently in residential/ nursing care 65+	5	Adults Social Care and Health	Director of Adult Social Care Operations/HoS			CEC Data	1142	1142	1179	1206	1211	1205	N/A	K	Marginal change
ASC005	Adult Social Care	Delayed transfers of care from hospital - days per quarter total	5	Adults Social Care and Health	Director of Adult Social Care Operations/HoS			CEC Data	12375	3287	3443	3526	4180	2818	<3000 per quarter	L	Due to the Coronavirus pandemic NHS England have suspended a number of reports - including DTOC reporting for March, April and June 2020. Therefore full figures for Q4 will not be possible for 2019/20. Even without the final month being reported in 19/20 the total number of DTOC days shows an increase of 12.9% from 18/19 year-end.
ASC006	Adult Social Care	Delayed transfers of care from hospital - days per quarter attributable to Social Care	5	Adults Social Care and Health	Director of Adult Social Care Operations/HoS			CEC Data	3760	1057	1188	1306	1395	981	<800 per quarter	L	Due to the Coronavirus pandemic NHS England have suspended a number of reports - including DTOC reporting for March, April and June 2020. Therefore full figures for Q4 will not be possible for 2019/20. Even without the final month being reported in 19/20 the number of DTOC days attributable to Social Care shows an increase of 29.5% from 18/19 year-end.
ASC007	Adult Social Care	Delayed transfers of care from total days delayed per 100,000 population (ASCOF 2Ci) (rate at end of quarter)	5	Adults Social Care and Health	Director of Adult Social Care Operations/HoS			CEC Data	340.3	340.3	377.2	381.7	407.1	417.3	240.9 (av mthly figure)	L	
ASC008	Adult Social Care	Proportion of adults receiving direct payments – year to date	1	Adults Social Care and Health	Director of Adult Social Care Operations/HoS			CEC Data	24.4%	24.5%	24.3%	24.0%	23.7%	21.0%	25%	K	In March we saw some individuals move from direct payments to a community based package of care as they were unable to access their previous service/ recruit PA's due to the COVID 19 pandemic guidelines. This is arguably a positive reduction as we are confident individuals are receiving the support they need.
ASC009	Adult Social Care	Number of new case contacts in period	5	Adults Social Care and Health	Director of Adult Social Care Operations/HoS			CEC Data	14,197	3619	3,402	3514	2890	3539	13,000	J	This gives an overall year picture of 13,345. Whilst slightly higher than desired this could suggest that the Live Well site is now reducing some of the query contacts at the front door. It is possible also that the last month of quarter 4 was impacted buy the COVID pandemic. Support for this is being monitored separately
ASC010	Adult Social Care	Number of assessments completed in period	5	Adults Social Care and Health	Director of Adult Social Care Operations/HoS			CEC Data	3,789	949	805	756	745	822	N/A	K	This a 10% increase on quarter 3 however overall for the year the number is 3128 which is a 17% reduction on last year. This is possibly due to individuals being able to access and source a range of support through Live Well and therefore not requesting a social care assessment.
ASC011	Adult Social Care	Percentage of eligible Clients receiving long term support with a 12mth review (snapshot position at end of quarter)	5	Adults Social Care and Health	Director of Adult Social Care Operations/HoS			CEC Data	71.0%	71%	69.2%	66.1%	68.1%	71%	75%	K	Although slightly lower than target, given the challenges this year including flooding, Beechmere and the COVID 19 pandemic the service has managed to maintain this level of performance and 95% of all cases have been reviewed within the last 2 years
ASC012	Adult Social Care	Learning Disability Support - Clients with an active service (other than Telecare)	5	Adults Social Care and Health	Director of Adult Social Care Operations/HoS			CEC Data	954	954	947	947	959	947	N/A	K	The small reduction can be accounted for due to those individuals who only access day care which has currently halted, together with a small number of service user deaths during the COVID 19 pandemic.
ASC013	Adult Social Care	Mental Health Support (18-64) - Clients with an active service (other than Telecare)	5	Adults Social Care and Health	Director of Adult Social Care Operations/HoS			CEC Data	251	251	256	255	256	251	N/A	K	Marginal change
ASC014	Adult Social Care	Proportion of adults with a learning disability living in their own home or with their family (ASCOF 1F) - year to date	1	Adults Social Care and Health	Director of Adult Social Care Operations/HoS			CEC Data	87%	87%	87%	86%	86%	85.6%	87%	K	This may change slightly with year end validation and may have been impacted slightly in Q4 as a result of the COVID 19 pandemic.
ASC015	Adult Social Care	Total number of individuals aged 65+ being supported	5	Adults Social Care and Health	Director of Adult Social Care Operations/HoS			CEC Data	4266	4266	4329	4326	4348	4471	N/A	K	Whilst only a small increase it will be important to monitor this closely over the forthcoming months especially as COVID 19 social isolation may increase the number of individuals requiring help as family carers are unable to support
ASC016	Adult Social Care	Proportion of service users in receipt of a community based service	1	Adults Social Care and Health	Director of Adult Social Care Operations/HoS			CEC Data	81%	80%	80%	81%	82%	83%	80%	J	In March we saw some individuals move from direct payments to a community based package of care as they were unable to access their previous service/ recruit PA's due to the COVID 19 pandemic guidelines.
ASC017	Adult Social Care	Number of new DOLS applications received (cumulative)	5	Adults Social Care and Health	Director of Adult Social Care Operations/HoS			CEC Data	2589	2589	741	1447	2214	2901	N/A	J	This represents a 12% increase on last year and positively reflects that Care Providers are recognising when someone lacks capacity and may be Deprived. During the current COVID 19 pandemic, the BIAs are crucial in undertaking remote capacity assessments and evidencing where there may be changes in practice together with upholding MCA decision making and human rights
CQ&C001	Commissioning, Quality and Contracts, and Communities Department	% of domiciliary care services rated good or outstanding with CQC	2	Adults Social Care and Health	Director of Commissioning			CEC Data	94%	94%	65%	89%	87%	87%	96%	K	Since the beginning of March the CQC has not undertaken any physical inspections within domiciliary care due to COVID 19
CQ&C002	Commissioning, Quality and Contracts, and Communities Department	% of care homes rated good or outstanding with CQC	2	Adults Social Care and Health	Director of Commissioning			CEC Data	61%	61%	64%	74%	79%	78%	70%	J	Since the beginning of March the CQC has not undertaken any physical inspections within care homes due to COVID 19
CQ&C003	Commissioning, Quality and Contracts, and Communities Department	Sexual Health - Percentage of LARCs (excluding injectables) prescribed as a proportion of all contraceptives by age	1	Adults Social Care and Health	Director of Commissioning			CEC Data	36.9%	36.9%	39.10%	39.0%	40.6%	41.5%	38%	J	There has been a slight increase in this figure since the new provider Royal Liverpool have provided the service in Q3 and Q4. The national Target is 50% in which we hope to meet as the service develops.
CQ&C004	Commissioning, Quality and Contracts, and Communities Department	% of new birth visit by health visitor within 14 days	1	Adults Social Care and Health	Director of Commissioning			CEC Data	86%	86%	91%	91%	91%	Figures not available yet	88%	J	The service have consistently achieved 91% of new birth visits within 14 days - the other 9 % have been completed but were outside of the 14 day target. Q4 data is not yet available however It is anticipated that the annual target of 88% will be achieved overall- albeit in a different way due to the Covid-19 pandemic (doorstep visits for example).

Ref	Lead Department	Measure	Corporate Outcome	Portfolio	Responsible Officer	Data Owner	Data Frequency	Benchmark	Year end 2018/19	Quarter 4 2018/19	Quarter 1 2019/20	Quarter 2 2019/20	Quarter 3 2019/20	Quarter 4 2019/20	Proposed Quarterly/ Annual Target 2019/20	RAG and Direction of Travel	Commentary
CQ&C005	Commissioning, Quality and Contracts, and Communities Department	Lifestyle service contract - reduction in the prevalence of smokers	1	Adults Social Care and Health	Director of Commissioning			CEC Data	16.4% (2017)	8.7% (2018)	This is an annual indicator				15%	J	Reed Wellbeing are the new provider delivering the One You service since 1st November 2019. Due to delays in the contract award following challenges in the process by ESAR the programmes were not running until December. Delivery of the service had to change following the COVID-19 lockdown, so again this will have an impact on the KPI's.
CQ&C006	Commissioning, Quality and Contracts, and Communities Department	Lifestyle service contract - reduction in those presenting as inactive	1	Adults Social Care and Health				CEC Data	20.5% (2017)	17.5% (2018)	This is an annual indicator				20%	J	Reed Wellbeing are the new provider delivering the One You service since 1st November 2019. Due to delays in the contract award following challenges in the process by ESAR the programmes were not running until December. Delivery of the service had to change following the COVID-19 lockdown, so again this will have an impact on the KPI's.
CQ&C007	Commissioning, Quality and Contracts, and Communities Department	% of providers who met the 95% delivery of guaranteed minimum hours	2	Adults Social Care and Health	Director of Commissioning			CEC Data	New Measure	New Measure	22.20%	11.10%	12.50%	37.5%	100%	L	There has been a review of the GMH for some areas which has resulted in more providers reaching the minimum level. Overall the percentage of GMH met by providers is increasing. The KPI will be amended for 2020/21 to more effectively demonstrate progress towards meeting the target.
CQ&C008	Commissioning, Quality and Contracts, and Communities Department	% of children's home under the contract with 95% occupancy	2	Adults Social Care and Health	Director of Commissioning			CEC Data	New Measure	New Measure	Homes not yet open	Homes not yet open	Homes not yet open	67.0%	100%	J	Two of the new homes are now operative with one full and the other currently has 1 young person in occupancy. Registration and subsequent moves may be delayed due to the current pandemic.
PubH001	Public Health	Cumulative percentage of the eligible population aged 40-74 offered an NHS Health Check	5	Public Health and Corporate	Director of Public Health			CEC Data	94%	93.6%	84.1%	88.6%	93.5%	99.3%	90%	J	NEW DATA. This is a rolling 5 year cumulative percentage updated annually on the Public Health Outcomes Framework (PHOF26a (previously PHOF2.22iii)). The latest data release for 2014/15-2018/19 shows an increase on the previous period, with CEC performance now significantly better than the England average. Provisional data shows the number of people offered a Health Check increased in Q4 (5.8%) compared to the previous quarter, resulting in a increase in the cumulative total to 99.3%. This is also an improvement on the same quarter last year (Q4 2018/19 4.6%). The cumulative figures have been adjusted to the period 5 year rolling period 2015-2020. Target is 2014/15-2018/19 England average. Due to COVID-19 some practices have been unable to submit figures for Q4. NHS Health Checks were suspended in 2020/21 Q1.
PubH002	Public Health	Minimum uptake targets for NHS Health Checks reached and good outcomes achieved	1	Public Health and Corporate	Director of Public Health			CEC Data	49%	49%	47.6%	47.2%	46.8%	45.9%	50%	K	NEW DATA. Rolling 5 year cumulative percentage of those who were offered and accepted an NHS Healthcheck (PHOF26c (previously PHOF2.22iv)). Annually released data shows CEC better than the England average (48.1%) and comparable with our target. Quarterly data has been adjusted for 2015_2020 cumulative period. The proportion of people taking up an offer of Health Checks is lower to the proportion last quarter. The reduction will be as a result of appointments being cancelled due to COVID-19.
PubH003	Public Health	Adults - Successful completions of alcohol treatment, who do not re-present within 6 months	1	Public Health and Corporate	Director of Public Health			CEC Data		100%	41.6%	34.2%	30.0%	27.6%	38%	K	NEW DATA. The latest annual data available is 2018 (PHOF19c (previously PHOF2.15ii)). Cheshire East at 42.0% was similar to the England average (37.6%) and slightly down than 2017. The quarterly data has been declining throughout the year. 2019/20 Q4 is lower than 2019/20 Q3 (30%). The rate is worse than the national average (37.9%). Target is base-line for England. Data for 20/21 Q1 will not accurately reflect the performance of services due to Lockdown restrictions and disruption to services during the COVID-19 pandemic.
PubH004	Public Health	Successful completion of drug treatment - opiate users	1	Public Health and Corporate	Director of Public Health			CEC Data		39%	6.0%	5.0%	5.1%	5.1%	6%	K	NEW DATA. The latest annual data available is 2018 (PHOF19a (previously PHOF2.15i)). Cheshire East at 5.9% was similar to the England average (5.8%) and down on 2017 rate. 2019 Annual data is due for release Nov-20. Quarterly data has fluctuated throughout the year, with 2019/20 Q4 at 5.1% the same as 2019/20 Q3. 2019/20 Q4 rate is similar to the national average (5.7%). Target is base-line for England. Data for 20/21 Q1 will the data will not accurately reflect the performance of services due to Lockdown restrictions and disruption to services during the COVID-19 pandemic.
PubH005	Public Health	Successful completion of drug treatment - non-opiate users	1	Public Health and Corporate	Director of Public Health			CEC Data		60%	36.9%	34.1%	26.2%	24.4%	35%	L	NEW DATA. The latest annual data available is 2018 (PHOF19b (previously PHOF2.15ii)). Cheshire East at 33.7% was similar to the England average (34.4%) but the rate is slightly up on 2017. 2019 Annual data is due for release Nov-20.The quarterly data has declined throughout the year. 2019/20 Q4 is worse than 2019/20 Q3 (26.2%) . Rate is worse than the national average (34.2%). Target is base-line for England. Data for 20/21 Q1 will the data will not accurately reflect the performance of services due to Lockdown restrictions and disruption to services during the COVID-19 pandemic.
PubH006	Public Health	Hospital admission episodes for alcohol related conditions in the U18s (rate per 100,000)	5	Public Health and Corporate	Director of Public Health			CEC Data	37.3%	37.3%	This is an annual indicator				31.6	J	NEW DATA. Annual data from the Local Alcohol Profiles for England (LAPE). Rate has been steadily decreasing over last 10 time points, there has been a significant decrease on the 2011/12-13/14 rate. The rate is now not significantly different from England. There were 85 admissions during the 3 years 2016/17-2018/19. Target is England average. Data for 20/21 Q1 will the data will not accurately reflect the performance of services due to Lockdown restrictions and disruption to services during the COVID-19 pandemic.
PubH007	Public Health	Proportion of young people screened for chlamydia (15-24 year olds)	1	Public Health and Corporate	Director of Public Health			CEC Data	20.90%		3.6%	4.2%	Figures not available yet	Figures not available yet	22%	J	In 2018 7,800 people aged 15-24 years were screened for chlamydia. This is lower than the previous year (22.7%). Rate is significantly better than the England average. This achieved a diagnostic rate of 1,902/100,000 which is lower than the target. In Q2 1,568 young people were screened, this was an increase on Q1 (1,362 screened). This has resulted in a diagnostic rate of 1,147 per 100,000 lower than the target. Data taken from CTAD. Data only available up to calendar Q3 2019. Data for 20/21 Q1 will the data will not accurately reflect the performance of services due to Lockdown restrictions and disruption to services during the COVID-19 pandemic.



FORWARD PLAN FOR THE PERIOD ENDING 30TH SEPTEMBER 2020

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

“an executive decision which is likely –

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

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

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

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

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

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

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

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

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

1. Information relating to an individual
2. Information which is likely to reveal the identity of an individual
3. Information relating to the financial or business affairs of any particular person (including to authority holding that information)
4. Information relating to any consultations or negotiations, or contemplated consultations or negotiations, in connection with any labour relations matter arising between the authority or a Minister of the Crown and employees of, or office holders under the authority
5. Information in respect of which a claim to legal and professional privilege could be maintained in legal proceedings
6. Information which reveals that the authority proposes (a) to give under any enactment a notice under or by virtue of which requirements are imposed on a person; or (b) to make an order or direction under any enactment
7. Information relating to any action taken or to be taken in connection with the prevention, investigation or prosecution of crime

If you would like to make representations about any decision to be conducted in private at a meeting, please email:

Paul Mountford, Executive Democratic Services Officer
paul.mountford@cheshireeast.gov.uk

Such representations must be received at least 10 clear working days before the date of the Cabinet or Portfolio Holder meeting concerned.

Where it has not been possible to meet the 28 clear day rule for publication of notice of a key decision or intention to meet in private, the relevant notices will be published as soon as possible in accordance with the requirements of the Constitution.

The law and the Council's Constitution provide for urgent key decisions to be made. Any decision made in this way will be published in the same way.

Forward Plan

Key Decision and Private Non-Key Decision	Decisions to be Taken	Decision Maker	Expected Date of Decision	Proposed Consultation	How to make representation to the decision made	Private/ Confidential and paragraph number
CE 18/19-60 The Minerals and Waste Development Plan	To seek approval to consult on the first draft of the Minerals and Waste Development Plan.	Portfolio Holder for Planning	May 2020		David Malcolm	N/A
CE 19/20-42 Congleton Leisure Centre Redevelopment Project	To seek authority to enter into the construction contract with Rock Merchanting (T/A Pulse Fitness) for the redevelopment of Congleton Leisure Centre.	Portfolio Holder for Communities	May 2020		Paul Bayley	Fully exempt - para 3
CE 19/20-47 Loan to Cheshire and Warrington Local Enterprise Partnership	To approve a loan to Cheshire and Warrington Local Enterprise Partnership to stimulate development on the Enterprise Zones; officers be authorised to take all necessary actions to progress the loan agreement and establish governance processes.	Cabinet	9 Jun 2020		Paul Goodwin	N/A

Key Decision	Decisions to be Taken	Decision Maker	Expected Date of Decision	Proposed Consultation	How to make representation to the decision made	Private/ Confidential and paragraph number
CE 19/20-55 Houses in Multiple Occupation Supplementary Planning Document	To seek approval to consult on the first draft supplementary planning document for houses in multiple occupation.	Portfolio Holder for Planning	June 2020		Jeremy Owens	
CE 19/20-36 Middlewich Eastern Bypass - CPO Powers to Acquire Revised Land for the Scheme	To authorise the use of compulsory purchase powers to acquire the land and rights required for the construction of the scheme, reflecting the revised land requirement that has now been established.	Cabinet	7 Jul 2020		Chris Hindle	N/A
CE 19/20-43 Appropriation of Land for Planning Purposes at the Garden Village, Handforth	To authorise the appropriation of Council-owned land for planning purposes at the Garden Village, Handforth.	Cabinet	7 Jul 2020		Geoffrey Dyson	Part exempt - paras 3 and 5
CE 19/20-54 Level Access Showers Framework	To approve the procurement and establishment of a framework to commission level access shower works on behalf of residents with disabilities.	Cabinet	7 Jul 2020		Karen Whitehead	N/A

Key Decision	Decisions to be Taken	Decision Maker	Expected Date of Decision	Proposed Consultation	How to make representation to the decision made	Private/ Confidential and paragraph number
CE 19/20-56 Local Growth Fund Cycleway Schemes	To seek approval for the commencement of works to construct new cycleways to serve North West Crewe and Wilmslow, utilising the Local Growth Funding allocation from C&WLEP; and to seek authority to prepare the Compulsory Purchase Order for the scheme.	Cabinet	7 Jul 2020		Richard Hibbert	N/A
CE 19/20-21 Site Allocations and Development Policies Document	To decide the next steps in progressing the Site Allocations and Development Policies Document to public examination.	Cabinet	8 Sep 2020		Jeremy Owens	N/A
CE 19/20-31 Proposed Expansion of Wilmslow High School	Subject to the School Organisation Sub-Committee approving the proposed expansion of Wilmslow High School at a meeting to be held on 6 th April 2020, Cabinet will be asked to authorise the Executive Director People to enter into a construction contract to facilitate the provision of additional places at Wilmslow High School.	Cabinet	8 Sep 2020		Val Simons	N/A

Key Decision	Decisions to be Taken	Decision Maker	Expected Date of Decision	Proposed Consultation	How to make representation to the decision made	Private/ Confidential and paragraph number
CE 19/20-46 Support for Syrian Vulnerable Person Resettlement Programme and Unaccompanied Asylum-Seeking Children and Asylum Seekers Dispersal Programme	<p>To update Cabinet on the four programmes under support, which are:</p> <ul style="list-style-type: none"> ▪ Syrian Vulnerable Person Re-settlement ▪ Unaccompanied Asylum-seeking Children ▪ Asylum-seeker Dispersal ▪ Community Sponsorship Resettlement <p>and to seek approval to extend the current programmes following a request from Government for further commitment from local authorities.</p> <p>To delegate authority to the Executive Director People in consultation with the Executive Director Place to determine the appropriate allocation.</p>	Cabinet	8 Sep 2020		Jill Stenton	N/A

Key Decision	Decisions to be Taken	Decision Maker	Expected Date of Decision	Proposed Consultation	How to make representation to the decision made	Private/ Confidential and paragraph number
CE 19/20-51 New Homes Bonus Community Fund - Review of Round 1 and Future Options	To consider a review of round 1 of the New Homes Bonus Community Fund and to consider the options for the future of the Fund.	Cabinet	8 Sep 2020		Jill Stenton	N/A
CE 19/20-52 Regional Adoption Agency Integrated Services Agreement	To approve that the Council enter into an integrated service agreement and associated support agreement with its partners.	Cabinet	8 Sep 2020			N/A
CE 19/20-53 - Future High Streets Fund Grant Support for Crewe Town Centre Regeneration	To determine whether to accept a government grant to support a range of measures to support the regeneration of Crewe town centre; to approve a supplementary capital estimate to facilitate expenditure utilising this grant; and to authorise officers to take all necessary actions to implement the proposal.	Cabinet	10 Nov 2020		Jez Goodman	N/A

Key Decision	Decisions to be Taken	Decision Maker	Expected Date of Decision	Proposed Consultation	How to make representation to the decision made	Private/ Confidential and paragraph number
CE 19/20-49 Council Tax Base 2021-22	For Cabinet to consider the Council Tax Base for Cheshire East and identify any changes to the calculation of the tax base for 2021-22 with a view to recommending the amount calculated to Council.	Council	16 Dec 2020		Paul Manning	N/A
CE 19/20-50 Medium Term Financial Strategy 2021-25	To approve the Medium Term Financial Strategy 2021-25 incorporating the Council's priorities, budget, policy proposals and capital programme. The report will include the capital, treasury management, investment and reserves strategies.	Council	17 Feb 2021			N/A



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Version
Number: 1

Key Decision N

Date First
Published: N/A

Health and Adult Social Care and Communities Overview and Scrutiny Committee

Date of Meeting: 09 July 2020

Report Title: Work Programme

Senior Officer: Mark Palethorpe, Executive Director of People

1. Report Summary

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

2. Recommendation

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

3. Reason for Recommendation

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

4. Background

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

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

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

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

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

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

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

6. Implications of the Recommendations

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

7. Ward Members Affected

7.1. All.

8. Access to Information

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

9. Contact Information

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

Name: Joel Hammond-Gant

Job Title: Scrutiny Officer

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

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09.07.20	10.09.20	08.10.20	05.11.20	03.12.20	14.01.21	04.02.21	04.03.21	15.04.21	06.05.21
10.00am	10.00am	10.00am	10.00am	10.00am	10.00am	10.00am	10.00am	10.00am	10.00am
Ordinary business meeting	Ordinary business meeting	Ordinary business meeting	Ordinary business meeting	Ordinary business meeting	Ordinary business meeting	Ordinary business meeting	Ordinary business meeting	Ordinary business meeting	Ordinary business meeting
Committee Suite, Westfields	Committee Suite, Westfields	Committee Suite, Westfields	Committee Suite, Westfields	Committee Suite, Westfields	Committee Suite, Westfields	Committee Suite, Westfields	Committee Suite, Westfields	Committee Suite, Westfields	Committee Suite, Westfields

<u>Item</u>	<u>Purpose</u>	<u>Lead Officer</u>	<u>Portfolios</u>	<u>Suggested by</u>	<u>Scrutiny role</u>	<u>Corporate priorities</u>	<u>Date</u>
COVID-19 Response – Update from Health Partners	To receive an update from Cheshire CCG, East Cheshire NHS Trust and Mid-Cheshire NHS Foundation Trust on the COVID-19 response across Cheshire East	Clare Watson (CCG) / John Wilbraham (East Trust) / James Sumner (Mid-Cheshire)	Adult Social Care and Health Public Health and Corporate Services Communities	Chairman	Reviewing and monitoring COVID-19 impacts and response	People live well and for longer	09.07.20

Vulnerable and Older Persons Housing Strategy 2020-24	To consider the consultation documents relating to the Vulnerable and Older Persons Housing Strategy 2020-24, and provide feedback to be taken on board by the decision-makers.	Executive Director Place / Head of Housing	Environment and Regeneration	Chairman	Pre-decision scrutiny	People live well and for longer	09.07.20
Performance scorecard – Quarter 4, 2019/20	To keep the committee informed of progress made within the health and adult social care sections, against key performance indicators.	Executive Director People	Adult Social Care and Health Public Health and Corporate Services Communities	CLT	Performance monitoring	Our local communities are strong and supportive People live well and for longer	09.07.20
Update on the welfare of Gypsy, Roma and Traveller Communities	To receive a brief/update on the welfare of Gypsy, Roma and Traveller communities during the Covid-19 pandemic.	Director of Adult Social Care	Communities	Committee	Covid-19 response monitoring	Our local communities are strong and supportive	09.07.20

Sustainability of Health Services in Cheshire East	Following the meeting in March 2020, the committee decided to request quarterly updates from NHS Trusts on the sustainability / fragility of services. Should issues arise in between these, updates will be brought to committee as and when required.	East Cheshire NHS Trust / Mid Cheshire NHS Trust / CWP / Cheshire CCGs	Adult Social Care and Health	Committee	Quarterly monitoring of service sustainability	Our local communities are strong and supportive People live well and for longer	10.09.20 (originally set for June)
Cheshire East Winter Plan	To consider a retrospective report on the performance from the 2019/20 winter period, with consideration to the lessons learned and the planned work for the upcoming 2020/21 winter.	Better Care Fund Manager	Adult Social Care and Health	Committee	Performance monitoring Strategy development	People live well and for longer	10.09.20
Update from Cheshire Healthwatch	To receive both the annual report of Cheshire Healthwatch, as well as an update regarding its work during the Covid-19 pandemic response.	Chief Executive, Cheshire Healthwatch	Adult Social Care and Health	Committee	Performance monitoring	Our local communities are strong and supportive People live well and for longer	10.09.20
Provision of Specialist Orthodontic and Oral Surgery Services in Cheshire East	To consider a further update on the plans to develop a new model of care for specialist orthodontic and oral surgery services.	NHS England / NHS Improvement	Adult Social Care and Health	Committee	Monitoring development of new model of care	People live well and for longer	Sept / Oct - TBD

Overview of Adult Safeguarding in Cheshire East	To consider an update from Local Safeguarding Adults Board and Cheshire Police on the breadth and performance of adult safeguarding work in Cheshire East.	Local Safeguarding Adults Board / Cheshire Police	Adult Social Care and Health	Councillor Denis Murphy / Committee	Performance monitoring	Our local communities are strong and supportive People live well and for longer	08.10.20
Local Safeguarding Adults Board – Annual Report 2019/20	To receive the annual report of the Local Safeguarding Adults Board.	Independent Chair, LSAB	Adult Social Care and Health	Committee	Performance monitoring	Our local communities are strong and supportive People live well and for longer	08.10.20
Everybody Sport and Recreation – Annual Report 2019/20	To receive the annual report of Everybody Sport and Recreation.	Chief Executive, ESAR	Communities	Committee	Performance monitoring	People live well and for longer	05.11.20

Recommissioning of Integrated Lifestyle Services	A performance update on the new commission approximately 6 months after it has been in place	Director of Commissioning	Adult Social Care and Health	Committee (2018/19)	Performance monitoring	Our local communities are strong and supportive People live well and for longer	05.11.20 (moved back from July)
Cheshire and Wirral Partnership NHS Foundation Trust – Quality Accounts 2020/21	To consider the 2020/21 Quality Account and provide feedback to be included in the final version of the accounts.	CWP	Adult Social Care and Health	CWP	Performance monitoring	People live well and for longer	06.05.21
East Cheshire NHS Trust – Quality Accounts 2020/21	To consider the 2020/21 Quality Account and provide feedback to be included in the final version of the accounts.	East Cheshire NHS Trust	Adult Social Care and Health	East Cheshire NHS Trust	Performance monitoring	People live well and for longer	06.05.21
Mid Cheshire NHS Trust – Quality Accounts 2020/21	To consider the 2020/21 Quality Account and provide feedback to be included in the final version of the accounts.	Mid Cheshire NHS Trust	Adult Social Care and Health	Mid Cheshire NHS Trust	Performance monitoring	People live well and for longer	06.05.21

Review of Autism Screening at Cheshire's Custody Suites	To consider a report from the Cheshire and Wirral Partnership (CWP) on autism screening at Cheshire's custody suites, following a campaign to identify suspects with, or suspected of having, a condition on the Autistic Spectrum.	CWP	Adult Social Care and Health	Committee (following CWP Quality Account 2016/17)	Performance monitoring	People live well and for longer	To be included on the agenda when the necessary information is available to provide an update.
Update on the Re-design of Adults and Older People's Mental Health Services in Cheshire East	Following the previous update in February 2020, to consider the progress made to date by health partners to establish the new, redesigned service provision for adults and older people's mental health services in Cheshire East, as well as performance against key targets and objectives.	NHS Eastern Cheshire CCG / CWP / CEC	Adult Social Care and Health	Committee	Performance monitoring	People live well and for longer	TBD
Director of Public Health Annual Report 2019/20	To receive the annual report of the Director of Public Health	Acting Director of Public Health	Adult Social Care and Health Public Health and Corporate Services	Committee	Performance monitoring	People live well and for longer	TBD

Syrian Vulnerable Person Resettlement Programme	To consider an update on the Syrian Vulnerable Person Resettlement Programme	Executive Director People		Chairman	Reviewing progress of programme	People live well and for longer	TBD
We're Still Here (Gypsy and Traveller Welfare)	To consider the report from Irish Community Care, produced alongside members of the gypsy and traveller communities in the Cheshire and Warrington footprint.	Executive Director People / CWaC / Irish Community Care	Adult Social Care and Health Communities	Committee	Consider this up to date information and data and decide how to further deal with the matter, if at all.	Our local communities are strong and supportive People live well and for longer	TBD

Future potential items:

- Update on Care Communities (performance and value for money)
- Review of council enforcement activities
- Performance against upcoming contract for Congleton Leisure Centre
- Safe and Well Initiative – Cheshire Fire and Rescue
- Locations of vulnerable housing and crisis beds in the borough

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