

Adults and Health Committee

Agenda

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|---------------|---|
| Date: | Tuesday, 13th July, 2021 |
| Time: | 10.30 am |
| Venue: | Glasshouse, Alderley Park, Congleton Road, Nether Alderley, Macclesfield, SK10 4TF |

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

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

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

1. **Apologies for Absence**

To note any apologies for absence from Members.

2. **Declarations of Interest**

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

3. **Public Speaking/Open Session**

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

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

4. **Adults and Health Budgets 2021/22 (Pages 3 - 16)**

To oversee the development and approval of the Medium Term Financial Strategy.

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|-----------------|--|
| Contact: | Joel Hammond-Gant |
| Tel: | 01270 686468 |
| E-Mail: | joel.hammond-gant@cheshireeast.gov.uk |

5. **Market Position Statement** (Pages 17 - 82)

To approve the updated Market Position Statement, as required by the Care Act.

6. **Health and Social Care Integration** (Pages 83 - 96)

To receive an update on the latest position for Integration in relation to the White Paper.

7. **Flu Report** (Pages 97 - 104)

To receive the annual Flu Report which takes a backward look on the flu season 2020/21.

8. **Performance Scorecard - Quarter 4 (2020/21)** (Pages 105 - 112)

To consider the key performance indicators/measures from Quarter 4, 2020/21.

9. **Appointments to Sub-Committees, Working Groups, Panels, Boards and Joint Committees** (Pages 113 - 116)

To appoint members of the sub-committees, working groups, panels, boards and joint committees.

10. **Work Programme** (Pages 117 - 120)

To consider the Work Programme and determine any required amendments.

Membership: Councillors P Butterill, J Clowes, A Critchley, B Evans, S Gardiner, L Jeuda, A Kolker, A Moran (Vice Chair), D Murphy, J Rhodes (Chair), R Vernon, J Weatherill and N Wylie



Working for a brighter future together

Adults and Health Committee

| | |
|-----------------------------|--|
| Date of Meeting: | 13 July 2021 |
| Report Title: | Adults and Health Budgets 2021/22 |
| Report of: | Alex Thompson, Director of Finance & Customer Services |
| Report Reference No: | AH/23/21-22 |
| Ward(s) Affected: | All wards and all members will be affected and impacted by the content of the MTFS and Corporate Plan. |

1. Executive Summary

- 1.1. The Corporate Plan and Medium Term Financial Strategy (MTFS) for Cheshire East Council for the four years 2021/22 to 2024/25 was approved by full Council on 17th February 2021.
- 1.2. Cheshire East Council provides in the region of 500 local services every day. During 2020/21 the Council drafted and consulted on a new Corporate Plan to articulate a vision of how these services will make Cheshire East an Open, Fairer and Greener borough. The MTFS matches forecast resources to the costs associated with achieving the Council's vision.
- 1.3. The Finance Sub Committee meeting on the 1st July 2021 approved the allocation of the approved capital and revenue budgets, related policy proposals and earmarked reserves to each of the service committees.

2. Recommendations

- 2.1. To note the decision of the Finance Sub-Committee to allocate the approved capital and revenue budgets, related policy proposals and earmarked reserves to the Adults and Health Committee, as set out in Appendix A.
- 2.2. To note the MTFS timelines, as set out in paragraphs 5.9 – 5.12.
- 2.3. To note the supplementary estimates as set out in Appendix B.

3. Reasons for Recommendations

- 3.1.** The Adults and Health Committee has the responsibility for the oversight, scrutiny, reviewing of outcomes and performance, budget monitoring and risk management of the Directorates of Adults Social Care Operations; Commissioning and Public Health.
- 3.2.** Finance Sub-Committee met on 1st July and set out the budgets in accordance with the above responsibilities.

4. Other Options Considered

- 4.1.** Not applicable.

5. Background

- 5.1.** All councils are legally required to set a balanced budget each year. The Budget Setting Process 2021-2025 was developed and endorsed by the Cabinet and Corporate Leadership Team in May 2020 and the MTFS was approved by full Council in February 2021.
- 5.2.** Page 17 of the MTFS includes a Report from the Chief Finance Officer in line with the Section 25(1) of the Local Government Finance Act 2003. This report confirms that the MTFS is balanced and that the Chief Finance Officer is satisfied with the robustness of the estimates and the adequacy of the financial reserves of the Council. The report also highlights the factors taken in to account in arriving at this judgement including relevant financial issues and risks facing the Council during the medium term.
- 5.3.** Finance Procedure Rules set limits and responsibilities for movement of funds within this balanced position, treating reserves as part of this overall position. Any movement within this balanced position is treated as a virement. To increase the overall size of the MTFS requires a supplementary estimate, which must be backed with appropriate new funding and approved in line with the Procedure Rules.
- 5.4.** On 19th November 2020 the Council resolved to cease operating the existing Leader and Cabinet model of governance and implement a committee system model of governance to take effect from the Annual Council meeting on 4th May 2021.
- 5.5.** To support accountability and financial control the 2021/22 budget is being reported across the Committees based on their associated functions. This report sets out the allocation of the revenue and capital budgets and earmarked reserves to the Adults and Health committee in accordance with its functions.
- 5.6.** Each committee Function has been associated with a Director budget. Budget holders are responsible for budget management. Where a team supports multiple Directors (most notable in Corporate Services) the budget remains with the Director and is not split, for example, Governance and

Democratic Services are aligned to the Corporate Policy Committee even though the activity of the team is split across all teams.

- 5.7.** The financial alignment of budgets to each Committee is set out in Table 1 with further details on the Adults and Health Committee budgets in Appendix A.

Table 1: Revenue and Capital Budgets allocated to service committees as per the approved MTFS

| Committee | Expenditure £m | Income £m | Net Budget £m | Total Capital Budget £m | Total Rev + Cap £m |
|--------------------------------------|-------------------|-----------------|------------------|----------------------------------|--------------------------|
| Adults and Health | 178.348 | -59.304 | 119.044 | 1.434 | 120.478 |
| Highways and Transport | 23.090 | -11.849 | 11.241 | 90.996 | 102.237 |
| Children and Families | 74.100 | -5.906 | 68.194 | 22.683 | 90.877 |
| Economy and Growth | 32.692 | -10.866 | 21.826 | 31.459 | 53.285 |
| Environment and Communities | 52.512 | -10.613 | 41.899 | 11.220 | 53.119 |
| Corporate Policy | 112.635 | -76.421 | 36.214 | 6.451 | 42.665 |
| Finance Sub Committee | 19.340 | -6.662 | 12.678 | 7.030 | 19.708 |
| | | | -311.096 | -171.274 | -482.370 |
| Original Budget (MTFS Feb 21) | 492.717 | -181.621 | 0.000 | 0.000 | 0.000 |

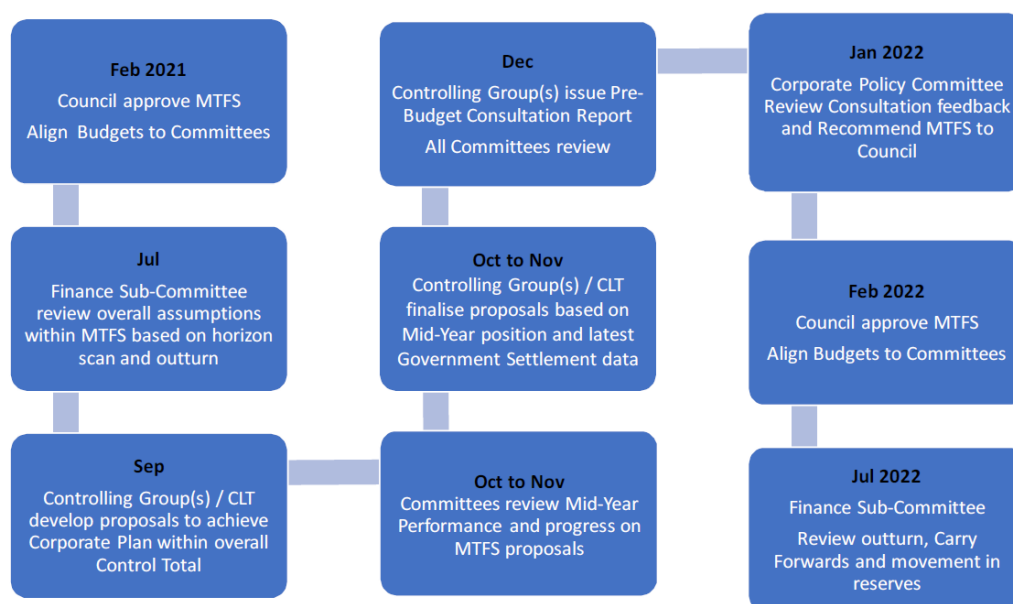
- 5.8.** The 2021-25 MTFS includes a net revenue budget of £311.1m and an approved capital programme of £171.3m for the financial year 2021/22. Further details on the schemes within the capital programme for the Adults and Health Committee are provided in Appendix A.

MTFS Timelines

- 5.9.** Council wide budget control rests with the Corporate Policy Committee (and Finance Sub Committee) and Council. Budgets have been aligned with service committees to facilitate expenditure assurance but committees do not hold 'a budget'. Responsibility for budget management remains with officers but the Committee is responsible for assuring the budget is spent on delivering the objectives set out in the policy framework of the Corporate Plan.
- 5.10.** The new budget process will provide each committee with a review of the mid year position and the opportunity to comment on future proposals relating to their areas, by individual service area, which can be considered with the new budgetary consultation process and will be considered by Corporate Policy Committee for recommendation to Council.
- 5.11.** Sessions will be arranged for all members in advance of the wider consultation on proposals. This will increase opportunities for all members to engage with the process to review the Medium Term Financial Strategy. Members will be invited to attend sessions that will allow them to share ideas to support development of future proposals in an informal setting. This approach was well received when trialled in 2019, but, due to circumstances, could not be re-run in 2020.

5.12. The budget setting process is set out below:

Indicative Budget Setting Process



6. Consultation and Engagement

- 6.1.** The annual business planning process involves engagement with local people and organisations. Local authorities have a statutory duty to consult on their Budget with certain stakeholder groups including the Schools Forum and businesses. In addition, the Council chooses to consult with other stakeholder groups. The Council continues to carry out stakeholder analysis to identify the different groups involved in the budget setting process, what information they need from us, the information we currently provide these groups with, and where we can improve our engagement process.
- 6.2.** Cheshire East Council conducted an engagement process on its Medium-Term Financial Plans through a number of stages running from December 2020 to Council in February 2021.
- 6.3.** The budget consultation launched on-line on the 2nd December 2020, included details of the proposals against each (draft) Corporate Plan aim. This consultation was made available to various stakeholder groups and through a number of forums.

7. Implications

7.1. Legal

- 7.1.1.** The legal implications surrounding the process of setting the 2021 to 2025 Medium Term Financial Strategy were dealt with in the reports relating to that process.

7.2. Finance

- 7.2.1. Contained within the main body of the report.

7.3. Policy

- 7.3.1. The Corporate Plan sets the policy context for the MTFS and the two documents are aligned. Any policy implications that arise from activities funded by the budgets that this report deals with will be dealt within the individual reports to Members or Officer Decision Records to which they relate.

7.4. Equality

- 7.4.1. The Council needs to ensure that in taking decisions on the Medium Term Financial Strategy, the Budget and the Corporate Plan, the impacts on those with protected characteristics are considered. The Council undertakes equality impact assessments where necessary and continues to do so as proposals and projects develop across the lifetime of the Corporate Plan. The process assists us to consider what actions could mitigate any adverse impacts identified. Completed equality impact assessments form part of any detailed Business Cases.
- 7.4.2. Any equality implications that arise from activities funded by the budgets that this report deals with will be dealt within the individual reports to Members or Officer Decision Records to which they relate.

7.5. Human Resources

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

7.6. Risk Management

- 7.6.1. Financial risks are assessed and reported on a regular basis, and remedial action taken if and when required. Risks associated with the achievement of the 2021/22 budget and the level of general reserves were factored into the 2021/22 financial scenario, budget and reserves strategy.

7.7. Rural Communities

- 7.7.1. The report provides details of service provision across the borough.

7.8. Children and Young People/Cared for Children

- 7.8.1. The report provides details of service provision across the borough.

7.9. Public Health

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

7.10. Climate Change

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

| Access to Information | |
|-----------------------|--|
| Contact Officer: | Alex Thompson Director of Finance and Customer Services (Section 151 Officer) alex.thompson@cheshireeast.gov.uk |
| Appendices: | A - Allocation of capital and revenue budgets, earmarked reserves and policy proposals to service committees B – Supplementary Estimates |
| Background Papers: | The following are links to key background documents: Medium Term Financial Strategy 2021-25 |

Appendix A – Allocation of capital and revenue budgets, earmarked reserves and policy proposals to service committees.

| 2021/22 Adults & Health Committee MTFS pages 162,164,168 | Exp £m | Inc £m | Revenue Budget £m | Capital Budget £m | Total Rev + Cap £m |
|---|-------------------|-------------------|----------------------------------|----------------------------------|-----------------------------------|
| Commissioning | 128.002 | -36.923 | 91.079 | - | 91.079 |
| Adults Social Care Operations | 33.298 | -5.333 | 27.965 | 0.379 | 28.344 |
| Public Health | 17.048 | -17.048 | 0 | - | 0 |
| Directorate | | | | 1.055 | 1.055 |
| Total | 178.348 | -59.304 | 119.044 | 1.434 | 120.478 |

Adults and Health Committee

CAPITAL PROGRAMME 2021/22 - 2024/25

| Scheme Description | Forecast Expenditure | | | | | | Total Budget £000 |
|--|----------------------|------------------------|------------------------|------------------------|------------------------|--|----------------------|
| | Prior Years £000 | Budget 2021/22 £000 | Budget 2022/23 £000 | Budget 2023/24 £000 | Budget 2024/25 £000 | | |
| Committed Schemes - In Progress | | | | | | | |
| Adult Social Care Operations | | | | | | | |
| Electronic Call Monitoring System | 10 | 379 | 0 | 0 | 0 | | 389 |
| Transformation | | | | | | | |
| Care Act Phase 2 | 3,655 | 1,055 | 1,604 | 0 | 0 | | 6,314 |
| Total Committed Schemes - In Progress | 3,665 | 1,434 | 1,604 | 0 | 0 | | 6,703 |

| Earmarked Reserves | Estimated Opening Balance as at 1st April 2021 £m |
|---|--|
| Public Health | 1.84 |
| Public Health (DHSC ringfenced Covid Grant) | 5.04 |

| Budget Policy Proposal | 2021/22 £000 | 2022/23 £000 | 2023/24 £000 | 2024/25 £000 |
|--|-----------------|-----------------|-----------------|-----------------|
| [67] Electronic Call Monitoring Reclamation | -245 | -30 | | |
| [57] Investment in Adult Social Care | 4,000 | 4,000 | 4,000 | 4,000 |
| [82] Fixed Penalty Income target | 118 | | | |
| [59] Extra Care Housing – Catering / Restaurant Provision | 300 | | | |
| [58] Growth for Care Fees in Adult Social Care | 2,441 | | | |
| [61] Direction of travel for the Communities Team to focus more on the Intervention and Prevention Agenda to make cost savings, growth and future cost avoidance | -250 | -500 | -750 | |
| [12] Reduce Base budget assigned to Community Grants | -50 | -100 | | |
| [55] Pathfinder Cheshire East - Cheshire Community Action | -100 | | | |
| [73] Learning Disabilities Future Service Development and Review | -750 | -1,000 | -1,250 | |

| Budget Policy Proposal | 2021/22 £000 | 2022/23 £000 | 2023/24 £000 | 2024/25 £000 |
|---|-----------------|-----------------|-----------------|-----------------|
| [8] Direct Payments | -1,000 | | | |
| [63] Day Opportunities Redesign, Strategy and Savings | -30 | -70 | -150 | |
| [68] Cheshire Care Record | -138 | | | |
| [48] Productivity and Efficiency in Adult Social Care | | -500 | -500 | |
| [56] Mental Health Floating Support | -120 | | | |
| [64] Mental Health Services Review | -500 | -500 | | |
| [9] Continuing Healthcare Reviews | -500 | -1,000 | -500 | |
| [35] Contract savings in the People Directorate | -500 | | | |
| [52] Increased Usage of Digital Technology | -125 | | | |
| [65] Review agreements linked to intermediate care beds | -268 | | | |

| Budget Policy Proposal | 2021/22 £000 | 2022/23 £000 | 2023/24 £000 | 2024/25 £000 |
|--|-----------------|-----------------|-----------------|-----------------|
| [36] Client Income in the People Directorate | -100 | | | |
| [60] Investment in Advocacy Service | 112 | | | |

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Appendix B – Supplementary Estimates

Table A - Supplementary Estimates less than £1,000,000

| Committee | Year | Type of Grant | £000 | Details |
|----------------------------------|---------|--|------------|---|
| Adults & Health | 2021/22 | Public Health Grant (Specific Purpose) | 172 | Public Health Grant received was higher than estimated in the MTFS. The grant Income value will increase by £171,714 in 2021/22 to £16,928,979. |
| Total Grants £1m or Below | | | 172 | |

Table B - Supplementary Estimates over £1,000,000

| Committee | Year | Type of Grant | £000 | Details |
|--|---------|--|--------------|---|
| Adults & Health | 2021/22 | Covid-19 Contain Outbreak Management Fund (7th Tranche) (Specific Purpose) | 2,195 | Contain Outbreak Management Fund (COMF) for the Financial Year 2021/22. |
| Total Grants over £1m Recommendation to Council | | | 2,195 | |

Table C – Urgent Decisions already made

| Committee | Year | Type of Grant | £000 | Details |
|-----------------|---------|--|-------|---|
| Adults & Health | 2020/21 | Covid-19 Rapid Testing Fund (Specific Purpose) | 1,361 | This grant is ringfenced for lateral flow device testing in adult social care. Local authorities will be required to pass on 80% of the funding to care homes on a per beds basis, with 20% used at |

| Committee | Year | Type of Grant | £000 | Details |
|------------------------|--------------------|--|------------|--|
| | | | | the local authorities discretion to support the care sector in delivering additional lateral flow device testing. |
| Adults & Health | 2020/21 | Covid-19 Shielding Grant for the Clinically Extremely Vulnerable Cohort (Specific Purpose) | 844 | This funding has been allocated to Cheshire East to support our residents throughout that period, who have registered on the National Shielding Service System (NSSS) as Clinically Extremely Vulnerable (CEV). The funding will be spent on contacting CEVs, triaging individuals' needs, and providing support via connection with community groups (Dec-Mar 2021). |
| Adults & Health | 2020/21 | Covid-19 Workforce Capacity (Specific Purpose) | 686 | The new £120 million funding will help local authorities to boost staffing levels, a direct ask of the sector. The funding can: <ul style="list-style-type: none"> • provide additional care staff where shortages arise • support administrative tasks so experienced and skilled staff can focus on providing care help existing staff to take on additional hours if they wish with overtime payments or by covering childcare costs. |
| Adults & Health | 2021/22 | Covid-19 Infection control measures and rapid testing (Specific Purpose) | 3,028 | Urgent Decision made by Chief Executive. Funding for adult social care to enable the continuation of rigorous infection prevention control measures and to support rapid testing to keep staff and residents safe in day care, respite care, care homes and other community care settings. |
| Adults & Health | 2020/21 2021/22 | Covid-19 Community Testing (Specific Purpose) | 119 237 | Funding for Community Testing in response to the COVID-19 outbreak. |
| Decisions Already Made | | | 6,275 | |



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Adults and Health Committee

Date of Meeting: 13 July 2021

Report Title: Cheshire East Market Position Statement

Report of: Nichola Thompson, Director of Commissioning

Report Reference No: AH/02/21-22

Ward(s) Affected: All Wards

1. Executive Summary

- 1.1.** The Care Act (2014) places a duty upon local authorities to help to make sure that there are lots of different types of services and support available (market shaping) through the development of a Market Position Statement (MPS).
- 1.2.** A Market Position Statement is a document published by a commissioning authority which summarises the supply, demand, and commissioning intentions in a local authority area. The Market Position Statement brings together local information and analysis with regards to commercial opportunities within the public health, health and social care market in that area.
- 1.3.** This report outlines the review and refresh of the Council's Market Position Statement 2021-25 and seeks approval to go out to wider public consultation and engagement.

2. Recommendations

- 2.1.** That Adults and Health Committee:
 - 2.1.1.** Approve the draft Market Position Statement as outlined in appendix 1 for the basis of consultation.
 - 2.1.2.** Following consultation, note that the final version of the Market Position Statement will be presented for approval to the Adults and Health Committee, and Children and Families Committee.

3. Reasons for Recommendations

- 3.1.** The Care Act (2014) places a duty upon local authorities to help to make sure that there are lots of different types of services and support available (market shaping) through the development of a Market Position Statement (MPS).
- 3.2.** As a statutory requirement, it is therefore important that the Council can demonstrate a wide consultation and engagement process internally and externally with our partners, stakeholders, and residents.

4. Other Options Considered

- 4.1.** There are no alternatives to the recommendation as it is a statutory requirement for the Council to undertake market shaping activities through the development of a Market Position Statement.

5. Background

- 5.1.** As a requirement within the Care Act 2014, a Market Position Statement should outline the following:
 - What support and care services people need and how they need them to be provided.
 - The support and services available at the moment, and what is not available but needs to be.
 - What support and care services the council thinks people will need in the future.
 - What the future of care and support will be like locally, how it will be funded and purchased.
 - How commissioners want to shape the opportunities that will be available.
- 5.2.** A benchmarking activity has been undertaken to review other Market Position Statements, to identify good practice, and to learn from other areas in the development of Market Position Statements.
- 5.3.** The draft Market Position Statement provides key messages for provider markets taking an 'All Age' approach, and also includes wider market shaping for Public Health, Community Wellbeing and Community Development. The draft Market Position Statement therefore takes a more integrated and broader market shaping approach and does not focus on adult social care in isolation.
- 5.4.** The refreshed Market Position Statement for 2021-25 aims to achieve a shift in social care and health transformation, providing key messages for specific markets, while setting out our 'Strategic Commissioning' approach and wider 'Market Opportunities' and expectations in terms of:
 - Coproduction and Engagement (Our TOGETHER Guide for coproduction with individuals and communities)

- Market Engagement and Coproduction
- Outcomes Focused and Person Centred
- Performance Monitoring
- Quality Assurance
- Safeguarding
- Workforce Development, Recruitment and Retention
- Social Value
- Community Approach: Connected Communities

- 5.5.** The draft Market Position Statement has been developed jointly by the local authority with NHS Cheshire CCG to ensure that it developed in line with the recently published White Paper 'Integration and Innovation: Working Together to Improve Health and Social Care for All' and is therefore in line with Health and Social Care integration developments.
- 5.6.** A Market Position Statement should be the starting point of a council's market shaping activities (as part of its commissioning function) and not the end point of a process of market facilitation. The Market Position Statement is a tool to encourage continuous dialogue with stakeholders, and therefore for commissioners and providers to use for continued engagement and coproduction.
- 5.7.** The initial formal consultation and engagement process (if approved by the Adults and Health Committee) will shape the development of the draft Market Position Statement. Following on from the initial consultation, ongoing engagement and coproduction will be undertaken for each individual area of commissioning e.g. through the development of a 'Home First' model and the re-commissioning of Care at Home; the development of our long term vision and ambition for increased Extra Care provision; or the service development and re-commissioning of Substance Misuse Services building on our recovery community model.

6. Consultation and Engagement

- 6.1.** The draft Market Position statement has been jointly developed by Cheshire East Council and NHS Cheshire CCG, including stakeholders from adult social care, children's social care and public health.
- 6.2.** If approved by Committee, the draft Market Position Statement will go out for a 6-week consultation process. Proposed consultation and engagement activities will include:
- The draft Market Position Statement will be published on the Council's website along with an online survey/questionnaire to receive and quantify comments.
 - Communications will include a social media campaign and press release will be launched to make residents aware of the Council's consultation and engagement process.

- Communications to all contracted providers and via the Chest Procurement Portal for wider markets/suppliers not contracted.
- Activities developed via the Cheshire East Social Action Partnership with the Voluntary Community and Faith Sector.
- Activities developed via existing mechanisms including Children and Family engagement forums, Mental Health Partnership Board, Learning Disabilities Partnership Board, Carers Forum, and Older People Engagement Network etc.
- Through engagement with the Voluntary, Community, Faith and Social Enterprise (VCFSE) sector, via the Cheshire East Social Action Partnership.
- Relevant stakeholders, including partners, Members and town/parish councils will be notified of the consultation and encourage responses.

7. Implications

7.1. Legal

7.1.1. Care Act 2014 places a duty on local authorities in terms of market shaping and commissioning of adult care and support; and managing market failure. The Care and Support Statutory Guidance states that *“It is suggested that a local authority can best commence its duties under Sections 5 (market shaping and commissioning) and 48 to 52 (provider failure) of the Care Act by developing with providers and stakeholders a published market position statement.”*

7.1.2. The Market Position Statement is one way that local authorities can meet its duties to make available information about the local market and demonstrates activity to meet other parts of Section 5 of the Care Act.

7.2. Finance

7.2.1. There are no financial implications or changes to the MTFS as a result of the review and refresh of the Market Position Statement 2021-25. Budgets are aligned to commissioning activities described within the Market Position Statement in line with the Council’s Medium-Term Financial Strategy (MTFS) processes.

7.3. Policy

7.3.1. The Market Position Statement will contribute towards the vision of the Corporate Plan 2021-2025 to be an open, fair, and green Council and help to deliver the priority to be a Council which empowers and cares about people. The Market Position Statement enables the Council to be open and transparent about our commissioning intentions based on capacity, demand, engagement and coproduction in partnership with key stakeholders, and importantly with local residents and people who use commissioned services and those who may use them in the future.

7.4. Equality

- 7.4.1.** A draft Equality Impact Assessment (EIA) has been developed for the draft Market Position Statement. Feedback from the consultation and engagement of the Market Position Statement will be incorporated within the EIA.

7.5. Human Resources

- 7.5.1.** It is not anticipated that additional staff resources will be needed for the development and delivery of the Market Position Statement.

7.6. Risk Management

- 7.6.1.** The Market Position Statement has been developed in partnership with stakeholders via the Cheshire East Older People Joint Commissioning Project Group. The Project Group is underpinned by project management principles and processes, included a robust project plan and risk management process. Risks are recorded, monitored, and escalated as appropriate. There are no high-level risks associated with the development of the Market Position Statement

7.7. Rural Communities

- 7.7.1.** Commissioning and market shaping should include local population needs analysis to understand the demand and needs of specific groups and communities, as well as identifying gaps in provision and capacity to meet the gap. This therefore includes the development of services within rural communities, and accessibility of services for residents living in rural communities. The Market Position Statement provides specific local consideration and focus on rural communities.

7.8. Children and Young People/Cared for Children

- 7.8.1.** The draft Market Position Statement takes an 'All Age' approach with key market messages for children and young people service providers, and also Public Health service providers that are targeted at children and young people.

7.9. Public Health

- 7.9.1.** The draft Market Position Statement provides key market messages for Public Health service providers, and also for broader provider markets which focus on prevention and the wider determinants of health.

7.10. Climate Change

- 7.10.1.** The draft Market Position Statement sets out the council's strategic commissioning approach, including expectations in terms of Social Value, which includes Social, Economic and Environmental impacts. Providers are therefore required to demonstrate their impact on the environment through their contract with the Council, for example the

recently commissioned Community Equipment Service has set recycling and reuse targets for equipment and also carbon reduction activities for the transportation of equipment through the use of electric vehicles.

| Access to Information | |
|-----------------------|--|
| Contact Officer: | Shelley Brough, Head of Integrated Commissioning Shelley.brough@cheshireeast.gov.uk |
| Appendices: | 1.0 Draft Market Position Statement 2021-2025 |
| Background Papers: | 1.0 Cheshire East Council Corporate Plan 2.0 Care Act 2014 3.0 DHSC (2021) Care and Support Statutory Guidance |

Cheshire East Council and
NHS Cheshire Clinical Commissioning Group

Joint Market Position Statement

2021/25



Cheshire
Clinical Commissioning Group



Cheshire East
Council

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1. Introduction and vision

Welcome to the first joint Cheshire East Council and NHS Cheshire Clinical Commissioning Group (CCG) Market Position Statement. The Statement helps us to meet our legal duty to sustain and shape the market.

Following on from the previous Cheshire East Council Market Position Statement, we want to transform **social care and health services** to achieve a focus on **early intervention and prevention** and **improved person-centred outcomes**. This new statement also takes a wider, **all age approach**, across Children's Social Care, Public Health, Communities and Adult Social Care.

During the period covered by this statement, we face the challenges presented by Covid-19, a population ageing above the average rate of the North West or England as a whole, and a slowly shrinking working age population. The Council's Corporate Plan highlights our priorities and underpins this Market Position Statement. The statement is also aligned to our wider joint strategy developments including our Connected Communities Strategy, Children and Young People's Joint Commissioning Strategy, Live Well for Longer Strategy, and Cared for Children Sufficiency Statement.

The integration of Health and Social Care is key to driving transformation. We are therefore working with our partners to develop a 'Place Based' vision and plan for the commissioning and delivery of health and care services. Our ambition is to improve outcomes and meet the needs of local communities by focusing on **prevention** and **population health** to **reduce health inequalities**.

We aim to achieve this ambition through the development of collaborative strategic commissioning for Cheshire East communities. Our vision for integrated commissioning is therefore aligned to the **Cheshire East Partnership 5-year Plan** which aims to improve the health and wellbeing of local communities, enabling people to live longer and healthier lives.

In common with other local authorities, we continue to face financial pressures. However, we continue to strive to ensure the provision of **safe, good quality, accessible services** that meet **individual needs**, while ensuring **best value** and **real choice**. **Coproduction** is embedded within everything that we do, putting local people at the heart of commissioning and the delivery of services.



Nichola Thompson
Director of Commissioning
and Transformation
Cheshire East Council

Introduction from Richard Burgess (Deputy Director of Strategy and Partnerships), NHS Cheshire Clinical Commissioning Group

We are committed to delivering our strategic objectives which have been set out to improve wellness in our communities; deliver high quality services for everyone who needs care; reduce inequalities in health outcomes; and ensure our health and care system is financially sustainable.

Health and care integration at 'Place' is essential for us to meet these objectives and therefore we will work closely with our partners over the next 12 months to accelerate our integrated priority areas, further developing our care community delivery models; shifting to outcome-based population health management approaches to commissioning and supporting new and emerging Integrated Care Systems (ICSs).



Richard Burgess
Deputy Director of Strategy
and Partnerships
NHS Cheshire Clinical
Commissioning Group

Our vision is to enable people to live well for longer; to live independently and to enjoy the place where they live.

The Covid-19 pandemic has allowed us to re-think what is important for Cheshire East. We have seen great community spirit, people helping people, businesses helping businesses, and service providers and our staff and partners going the extra mile in unprecedented circumstances. We want to build on the changes we have seen in the last year, with the council's key vision of being open, fair and green leading to the following Corporate Plan strategic priorities.

Our priorities

An open and enabling organisation

Ensure that there is transparency in all aspects of council decision making

Listen, learn and respond to our residents, promoting opportunities for a two-way conversation

Support a sustainable financial future for the council, through service-development, improvement and transformation

Look at opportunities to bring more income into the borough

Support and develop our workforce to be confident, motivated, innovative, resilient and empowered

Promote and develop the services of the council through regular communication and engagement with all residents

A council which empowers and cares about people

Work together with residents and partners to support people and communities to be strong and resilient

Reduce health inequalities across the borough

Protect and support our communities and safeguard children, adults at risk and families from abuse, neglect and exploitation

Be the best Corporate Parents to our children in care

Support all children to have the best start in life

Increase opportunities for all children and young adults with additional needs

Ensure all children have a high quality, enjoyable education that enables them to achieve their full potential

Reduce the reliance on long term care by improving services closer to home and providing more extra care facilities, including dementia devices

A thriving and sustainable place

A great place for people to live, work and visit

Welcoming, safe and clean neighbourhoods

Reduce impact on the environment

A transport network that is safe and promotes active travel

Thriving urban and rural economies with opportunities for all

Be a carbon neutral council by 2025

2: What is a market position statement?

A market position statement (MPS) is a document published by commissioning authorities which summarises the supply and demand in a local authority area. The MPS brings together local information and analysis relating to commercial opportunities within the public health, health, and social care market in that area.

The MPS should:

- help existing and prospective providers to understand the local context, explaining what health and care services and support is available, any gaps, and how services should be delivered
- support providers to shape and develop their services to meet local need and demand
- describe potential future needs and opportunities for providers

3: Key messages for providers

- Services should be **person centred** and **outcomes focused**
- We focus on **early intervention and prevention** to reduce avoidable **health inequalities**
- We work in **partnership with local people** and the **voluntary community and faith sector**, building on local **strengths and community assets** to support our early intervention and prevention approach, including reducing hospital admissions and to support more people who need low level support following hospital discharge.
- Prevailing models of service delivery, pathways and integration will focus on **prevention**, hospital avoidance, the development of **home first and discharge to assess** pathways, which operate 7-day working as appropriate.
- We are moving towards more **flexible commissioning models** which enable services to respond quickly and meet short term demand identified.
- We aim to reduce inequalities, promote fairness and opportunity for all, and support our most vulnerable residents. As part of this work, we are committed to providing **more extra care facilities**, including **dementia services**.
- **Social Care and Health Integration** will enable a more **collaborative** approach to commissioning. An example is the joint commissioning of beds across health and social care. We also want to see greater collaboration in the marketplace around **recruitment**.
- **Social value** (Community Wealth Building and Sustainability) is a key focus for all commissioning and procurement activities across health and social care.

4. Local and national context

The Cheshire East Borough Profile provides a high-level overview of the borough of Cheshire East. It contains information on demographics, learning, health and wellbeing, caring for children & adults, employment, households and crime.

Population

At a national level, by 2026 older people will account for almost half (48%) of the number of new households, resulting in 2.4 million more 'older' households than there are today. By 2041, the composition of the older age group will have changed dramatically. There will be a higher proportion of the older age groups, including the over 85s; more older people from black and minority ethnic groups, and double the number of older disabled people. One in 5 children born today can expect to live to 100 years old. The rise in the older people population and particularly those in the 'older old' age groups presents a challenge for those who provide adult social care services and the wider community.

Current Cheshire East population

Figure 1 shows a population pyramid for Cheshire East. The population is estimated to be fairly even in terms of gender split with slightly more females than males. As females have a higher life expectancy (life expectancy of birth at 83.7 years for females compared to 80.3 for males, 2015 to 2017 data) it is unsurprising to see more females than males in the 90 and over age group at the top end of the pyramid. The lower end of pyramid shows a dip in the proportion of individuals aged from late teens to early twenties in Cheshire East. This is possibly a result of young people leaving to go to college or university.

Figure 1. Population pyramid of mid-year 2019 population estimates for Cheshire East by gender and year of age by percentage of population in age band.

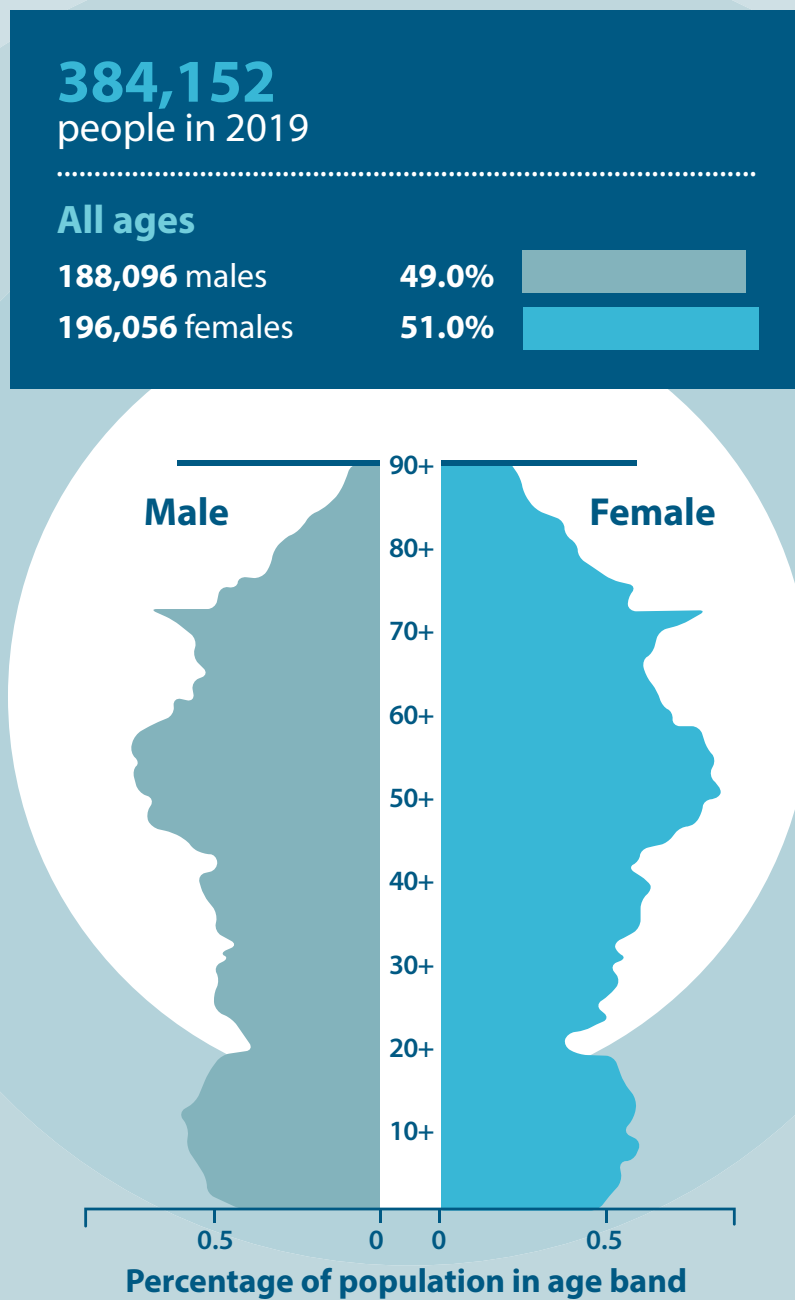
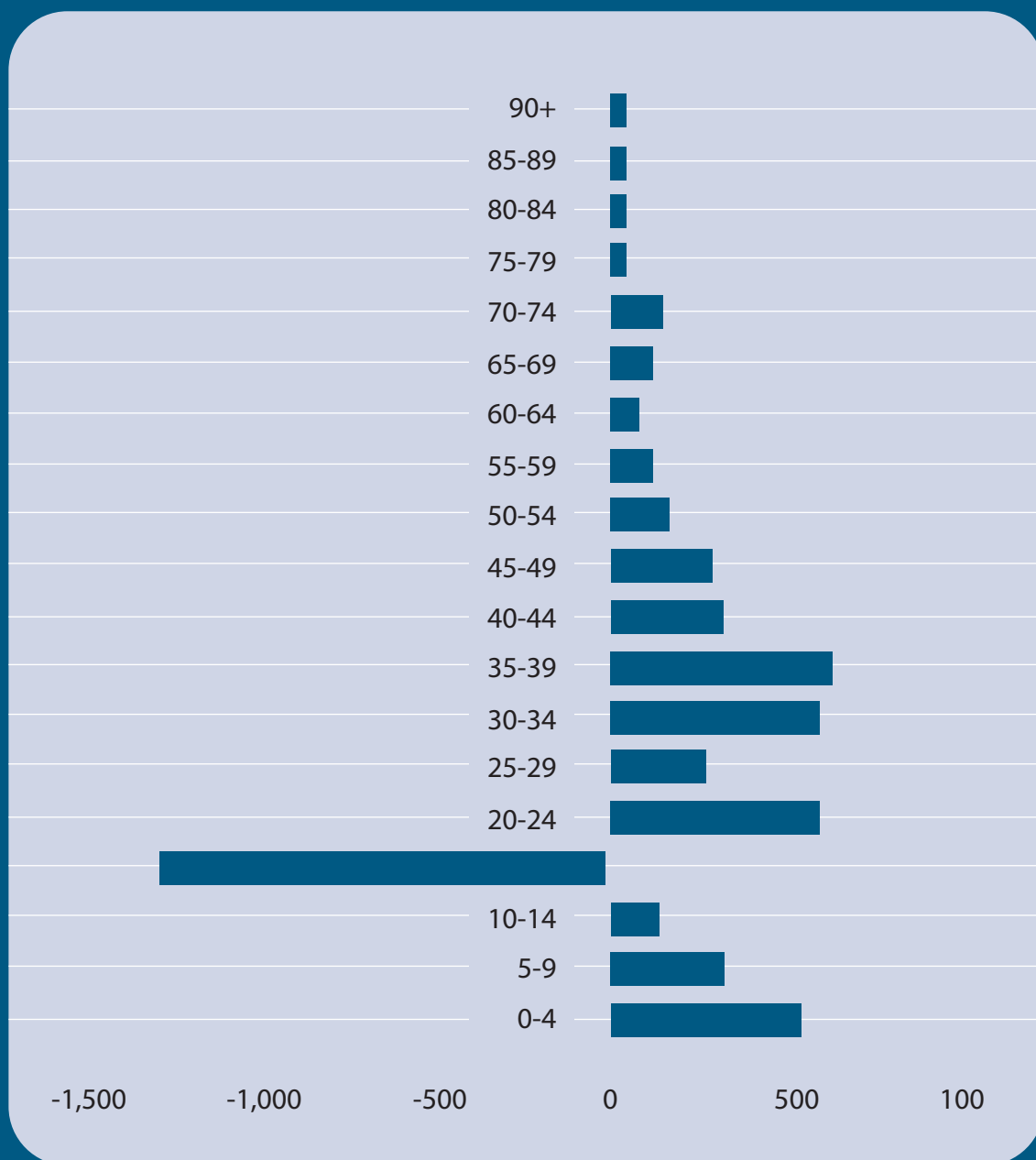


Figure 2 shows net internal migration - inflow minus outflow. There is a positive net inflow for all age groups except for 15 to 19 year-olds. This group shows a large decrease of 1,274, reflecting the data in figure 1.

Most internal migration is to neighbouring authorities, with Stockport, Cheshire West, Manchester and Newcastle-under-Lyme accounting for roughly 28% of all Cheshire East's outflow population.

Figure 2. Net internal migration for Cheshire East by 5-year age groups for year ending June 2019 (inflow minus outflow)



Population projection

Population projections are carried out every 2 years by the Office for National Statistics (ONS) and are an indication of potential trends over the next 25 years. Assumptions for future levels of births, deaths and migration are based on observed levels, mainly over the previous 5 years.

Table 1 shows the latest population projections, based on 2018 mid-year estimates and predicting population levels from mid-2018 to mid-2043.

Table 1. 2018-based subnational principal population projections for Cheshire East, the North- West and England, with total and proportion of total population (%) for 2018, 2028 & 2038

| | Total | 0-14 | 15-64 | 65 plus | 70 plus | 85 plus |
|---|------------|------------------|------------------|------------------|------------------|----------------|
| 2018-based subnational principal population projections – 2018 | | | | | | |
| Cheshire East | 380,790 | 64,316 (17%) | 229,786 (60%) | 86,688 (23%) | 63,371 (17%) | 11,769 (3%) |
| North West | 7,292,093 | 1,316,373 (18%) | 4,621,095 (63%) | 1,354,625 (19%) | 972,267 (13%) | 170,193 (2%) |
| England | 55,977,178 | 10,144,712 (18%) | 35,653,213 (64%) | 10,179,253 (18%) | 7,356,660 (13%) | 1,364,978 (2%) |
| 2018-based subnational principal population projections – 2028 | | | | | | |
| Cheshire East | 399,336 | 63,088 (16%) | 231,189 (58%) | 105,059 (26%) | 77,185 (19%) | 15,306 (4%) |
| North West | 7,581,231 | 1,288,501 (17%) | 4,705,246 (62%) | 1,587,484 (21%) | 1,138,119 (15%) | 206,611 (3%) |
| England | 58,751,651 | 9,839,524 (17%) | 36,736,399 (63%) | 12,175,728 (21%) | 8,805,137 (15%) | 1,675,779 (3%) |
| 2018-based subnational principal population projections – 2038 | | | | | | |
| Cheshire East | 413,025 | 62,487 (15%) | 226,440 (55%) | 124,098 (30%) | 94,918 (23%) | 22,016 (5%) |
| North West | 7,801,681 | 1,278,483 (16%) | 4,694,188 (60%) | 1,829,010 (23%) | 1,370,285 (18%) | 283,279 (4%) |
| England | 60,766,253 | 9,709,113 (16%) | 36,727,207 (60%) | 14,329,933 (24%) | 10,774,423 (18%) | 2,348,558 (4%) |

Both regionally and nationally, there is projected to be a proportional population growth in those aged 65 and over, with a decrease in the populations aged 0 to 14 and of working age.

Table 2 shows the levels of change between 10-year and 20-year intervals for the 2018-based subnational principal population projections, to consider how the population of Cheshire East specifically is anticipated to change.

Table 2. 2018-based subnational principal population projections for Cheshire East across age bands with 10- and 20-year difference with percentage change (%)

| 2018-based subnational principal population projections – Cheshire East | Total | 0-14 | 15-64 | 65 plus | 70 plus | 85 plus |
|---|-------------|--------------|--------------|--------------|--------------|--------------|
| 2018 | 380,790 | 64,316 | 229,786 | 86,688 | 63,371 | 11,769 |
| 2028 | 399,336 | 63,088 | 231,189 | 105,058 | 77,185 | 15,306 |
| 10 year change (% change) | 18,546 (5%) | -1,228 (-2%) | 1,403 (1%) | 18,370 (21%) | 13,814 (22%) | 3,537 (30%) |
| 2038 | 413,025 | 62,487 | 226,440 | 124,098 | 94,918 | 22,016 |
| 20 year change (% change) | 32,235 (8%) | -1,829 (-3%) | -3,345 (-1%) | 37,410 (43%) | 31,547 (50%) | 10,247 (87%) |

In the next 20 years the population of Cheshire East is predicted to grow by 32,235, increasing total population by 8% to 413,025. This represents a crude growth rate of 1,611 people per year.

As found with the Census to Mid-Year estimates there is again an expected decrease in the number of individuals aged 15 to 64 (-3,345) as well as those aged 0 to 14 (-1,829). As previously discussed, the decrease in working age population is likely due to an ageing population and the decrease in those aged 0 to 14 is likely to be due to individuals having smaller families than in previous years. This is supported by the household projections also showing a decrease in the number of households that have two or more dependent children in the coming years.

Household trends identify a potential need to support the housing needs of this older population as well as a predicted increase in the number of single households within Cheshire East by 2043.

In summary, we are facing the challenges presented by a population ageing at a faster rate than across either the North West or England as a whole, as well as dealing with a slow reduction in the working age population.

While an ageing population is presenting challenges globally, there are a number of local factors that are likely to have a disproportional impact in Cheshire East as compared to the North West or England. The following data points are taken from the 2018 ONS report “Living longer: how our population is changing and why it matters”, to provide additional insight alongside the projections and estimates previously discussed.

Local considerations

The older population is not equally spread across the UK. Higher concentrations of older populations are found in rural and coastal areas than urban areas. The borough of Cheshire East is defined by the Rural Services Network SPARSE classification as 'predominately rural', while the Defra Rural Classification is 'urban with significant rural'. Rural areas are expected to see larger than average increases in population aged 65 and over with virtually no increase in the younger populations.

Access to services

Older people are more likely to live in rural areas than younger people, which means accessing services (such as shops, health visits and socialising) often involves longer journeys. Public and private transport is less available in rural areas, so these people are more reliant on cars. However, driving rates decrease with age. This can leave older people in rural areas isolated and struggling to access services, particularly those who cannot afford to pay for taxis or have no family members close by.

We may therefore need to consider providing greater support for transport in the future, given that 'barriers to housing and services' is already highlighted in the Indices of Deprivation (IMD) for a number of rural Lower Super Output Areas (LSOAs) likely to see an increase in this vulnerable population. Such areas include Congleton and Holmes Chapel Rural L1, Sandbach and Alsager Rural L1 and L3, and Acton, Minshull and Wybunbury L1 and L2. (17 of 234 LSOAs in Cheshire East are in the top decile i.e., the most deprived in this domain, IMD-2109).

Health services

At age 65 years, both men and women can expect to spend around half of their remaining life in good health. However, the likelihood of becoming disabled and/or experiencing multiple chronic and complex health conditions increases with age. As life expectancy increases, so does the amount of time lived in poor health. The Health Survey for England shows that in 2016, 29% of those aged 60 to 64 years had two or more chronic conditions. For those aged 75 years and over this rises to almost half. As the population of Cheshire East continues to age, there may be a requirement to support more individuals with chronic conditions.

Social care

Social care requirements increase with age, with people aged 65 and over on low incomes the most likely to need help with daily activities. Although those on low incomes are more likely to receive help than those on higher incomes, the gap between the need for help and receipt of help is widest for those on low incomes. We have both areas of deprivation (particularly in Crewe) and of affluence. Social care offerings may need to be adjusted to ensure that those in low income areas are getting the support they need.

Wellbeing

Personal wellbeing (life satisfaction; how worthwhile life is; happiness), levels vary across different ages. Ratings are lowest around mid-life but then start to rise around ages 60 to 64 years, peaking between the mid-60s and mid-70s before starting to decrease with age.

Similarly, anxiety levels are highest in mid-life and start to decline in people's early- to mid-60s, dropping to their lowest levels in the mid- to late-60s after which they stay relatively stable. The decreasing in wellbeing at the oldest ages reflect declines in health and the increased risk of widowhood. This is an issue likely to require future support in the borough.

Equality and diversity

Providers have a responsibility to ensure that services are accessible to all and are designed to meet the needs of the local population. Information about equality and diversity is essential in the planning, commissioning, and delivery of local services.

Under the Equalities Act, we are required to ensure that services do not discriminate against people in any of the 9 protected characteristics groups:

Age, Disability, Gender reassignment, Marriage or civil partnership (in employment only), Pregnancy and maternity, Race, Religion or belief, Sex, Sexual orientation

Ethnicity

We must consider ethnicity through the protected characteristic of race. Levels of ethnicity are hard to measure. This is for two reasons. First, ethnicity is not a single measure but a composite measure of many different factors that make up an individual or community. Second, the proportions of different ethnic groups in an area can change quickly. The most reliable estimates for ethnicity within Cheshire East are the 2011 census figures, shown in Table 3. Other experimental estimates are available.

Table 3

1991

| Total residents | 380,790 | |
|------------------------|--------------|-------|
| White | 335,759 | 98.6% |
| White: Other* | Not measured | |
| Mixed | Not measured | |
| Asian / Asian British* | 1,332 | 0.39% |
| Black / Black British | 900 | 0.27% |
| Other / Chinese | 1,288 | 0.38% |

2001

| | | | Difference |
|------------------------|---------|--------|------------|
| Total residents | 351,817 | | 12,538 |
| White | 345,637 | 98.24% | 9,878 |
| White: Other* | 4,564 | 1.30% | |
| Mixed | 2,076 | 0.59% | |
| Asian / Asian British* | 1,918 | 0.55% | 586 |
| Black / Black British | 714 | 0.20% | -186 |
| Other / Chinese | 1,472 | 0.42% | 184 |

2011

| | | | Difference |
|------------------------|---------|--------|------------|
| Total residents | 370,127 | | 18,310 |
| White | 357,940 | 96.71% | 9,878 |
| White: Other* | 9,435 | 2.55% | 4,871 |
| Mixed | 3,873 | 1.05% | 1,797 |
| Asian / Asian British* | 4,935 | 1.33% | 3,017 |
| Black / Black British | 1,402 | 0.38% | 688 |
| Other / Chinese | 1,977 | 0.53% | 505 |

* denotes changes in classification to allow comparison and will not match census figures exactly. % do not sum to 100 due to the inclusion of 'White: Other'

Nationality (2011 Census)

| Nationality | Total | Percentage |
|-----------------------------------|---------|------------|
| English only identity | 243,425 | 65.77% |
| British only identity | 60,134 | 16.25% |
| English and British only identity | 42,460 | 11.47% |
| Polish | 4,073 | 1.10% |
| Scottish only identity | 3,411 | 0.92% |
| Welsh only identity | 3,212 | 0.87% |

Country of birth (2011 Census)

| Nationality | Total | Percentage |
|------------------|---------|------------|
| England | 336,198 | 90.83% |
| Scotland | 6,204 | 1.68% |
| Wales | 5,836 | 1.58% |
| Poland | 3,868 | 1.05% |
| Ireland | 1,826 | 0.49% |
| Northern Ireland | 1,576 | 0.43% |
| India | 1,416 | 0.38% |

Cheshire East has a high proportion of 'White' residents at 96% of the population. This is higher than both the national (86%) and regional average (90%). The figure for 'White: other' population is included above as this represents the largest minority group population in Cheshire East (2.6%) but is hidden due to the way 'White' is considered a single homogenous group when reported. This population group almost doubled in size between the 2001 and 2011 census.

Cheshire East Joint Strategic Needs Assessment (JSNA)

Health and Wellbeing Boards have a duty to produce a Joint Strategic Needs Assessment (JSNA). The JSNA identifies health and social care needs that can be met or affected by the council and clinical commissioning group and identifies opportunities for improvement. Our JSNA includes a breakdown of health inequalities across the borough in the form of a 'Tartan Rug' which maps health indicators geographically.

Local and national policy context

The Care Act 2014 sets out the law around market development in adult social care. The act describes the duties and responsibilities for market-related issues for the Department of Health, CQC and for local authorities.

- section 5 sets out duties on local authorities to facilitate a diverse, sustainable, high-quality market for their whole local population (including those who pay for their own care) and to promote efficient and effective operation of the adult care and support market as a whole.
- sections 48 to 56 ensure that no one goes without care if their provider's business fails and their services cease. It covers CQC market oversight and local authority duties for ensuring continuity of care in the event of provider failure and service cessation.

Our Market Position Statement is aligned to a number of strategies and plans, including:

Cheshire East Council Corporate Plan

Cheshire East Partnership 5-Year Plan

Cheshire East Children and Young People's Plan

Equality, Diversity and Inclusion Strategy 2021-2025

All Age Mental Health Strategy 2019-22

My Life My Choice – A Strategy for Learning Disabilities in Cheshire East (2019-2022)

All Age Autism Strategy - 2020-2023

Vulnerable and Older People's Housing Strategy

Domestic Abuse Strategy

Neglect Strategy

5. Messages to the whole market

Financial impact of Covid-19

The COVID-19 pandemic is a global crisis on an unprecedented scale. Coronavirus has affected countries and communities worldwide and without doubt has significantly changed our way of life as we all know it. Against this backdrop, we have incurred significant additional costs and seen income in many areas reduced, including parking, weddings, planning applications, council tax and business rates.

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

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

We have reported a potential £13 million funding deficit for Cheshire East Council related to the impact of COVID-19 in 2020/21 in addition to an already identified shortfall of £12 million in 2021/22. There is uncertainty around the impact of COVID-19 on the remainder of this financial year and around the longer-term impacts of the pandemic into 2021/22 and beyond.

Cheshire East Council expenditure overview

Cheshire East Council provides more than 500 services for approximately 382,400 residents. From gritting roads to looking after vulnerable people, hundreds of different services are delivered every single day. We are responsible for managing total expenditure in excess of £700 million. After accounting for conditional income and grants received, this creates an annual net revenue budget of approximately £300million to cover the day-to-day running costs of providing vital services. The figure equates to approximately £15 per week per resident.

Cheshire East Council Medium Term Financial Strategy 2021-25

Cheshire East Council's Medium Term Financial Strategy (MTFS) outlines the key financial issues (including those that relate to the ongoing pandemic), the proposed response to these financial challenges, and our plans for spending. As part of the strategy, service commissioners will continue to work with stakeholders to achieve significant savings through service transformation and re-design; contract re-negotiation with existing providers; and decommissioning or reinvestment in more effective and efficient services for improved outcomes for local people.

Council spend in 2019/20 (pre Covid-19) across the independent and voluntary and community sector was:

- over £166 million gross (£113 million net) on adult social care
- over £44 million gross (£40.7 million net) on children's social care
- over £16 million gross (net is £0 due to funding from the PH grant) on public health
- over £4.5 million gross (£3 million net) on housing-related services

Procurement legislation (Public Contracts Regulations 2015)

Cheshire East Council is a contracting authority as defined within Regulation 2 of the Public Contracts Regulations 2015. This means that contracts above the relevant threshold must be tendered in accordance with the Regulations and all contracts are subject to the treaty principles of transparency, equal treatments and non-discrimination, proportionality and mutual recognition. These Regulations remain in place following the UK's exit from the European Union.

However, a new "Find a Tender" service for publishing contract notices replaced the Official Journal of the European Union (OJEU) on 1 January 2021. Cheshire East Council will still be using the Chest procurement portal to publish its procurement opportunities.

Central government are considering further reforms to the Regulations and have published a Green Paper, 'Transforming Public Procurement', which is currently out for consultation. The goal is to speed up and simplify the procurement process, place value for money at the heart of procurement, and unleash opportunities for small businesses, charities and social enterprises to innovate in public service delivery. The new Regulations are expected to be in place by September 2023.

LiveWell Cheshire East

LiveWell Cheshire East is an online resource providing a directory of local services, activities, and groups, together with information and advice related to care and health. Residents can access LiveWell from the homepage of the council's website or directly via the LiveWell website.

As such, the council encourages relevant local organisations to list their services (including commissioned services). To do this you can go to the following page on the LiveWell website.

Service user contributions to costs of social care services

Cheshire East Council's charging policy for services follows the Care Act 2014. Any individual found through a social care assessment to have eligible needs for care and support services may be expected to pay all or part of the costs depending on their individual circumstances.

Some services are not chargeable, such as Intermediate Care and some reablement services. Some services are charged at a flat rate, such as deferred payments, telecare services, Money Management fee and full cost administration.

The council will communicate with residents in relation to any charges and fees when services are accessed and in the event of any changes.

The charging policy and further information can be found at Paying for care (cheshireeast.gov.uk)

Self-funders

Anyone with capital of over £23,250 will be required to fully fund their own care services. Irrespective of a resident's financial means, they are entitled to a Social Care Assessment.

Under the Care Act 2014, councils have a duty to provide information and support to residents who fund some or all of their care and support needs. We continue to develop support to such residents. We have implemented a Care Finder tool as part of the LiveWell directory which will support residents with the search for services and support that are appropriate for their needs, giving them greater choice and control.

We will sometimes make care arrangements for people who are liable to meet the full cost of their care and support needs.

It is hard to get a true picture of the number of self-funding residents in the borough, as many people paying for their own care may never become known to us. However, we expect the number of self-funders requiring care and support to increase.

6. Our commissioning strategy and the market opportunities

This section sets out how we want to work with providers, through the key principles of good commissioning. The section also provides information about how providers can improve the quality of the services they deliver in line with our values, strategy and priorities.

Our Commissioning Cycle



Stage of Commissioning

Commissioning Activity

Purchasing/Contracting

Coproduction and engagement with service users and communities

Coproduction and engagement with service users and communities as commissioners or service providers is key to service improvement and development and ensuring quality service provision. Cheshire East Council's TOGETHER coproduction guide was coproduced by young people, adults and older people living in Cheshire East.

TOGETHER is our shared definition of coproduction in Cheshire East because it's inclusive to all:

Teamwork

Open-minded ideas and discussions

Genuine communication for all partners

Equal partners help to shape and improve support for all

Trust each other to make the right decisions

Honest

Engage and empower children, young people, adults and families

Respect for everyone's views and opinions

Our promise is that we will work **TOGETHER** as equal partners towards a common goal for people living in Cheshire East.

We will:

- ✓ listen to your views
- ✓ communicate honestly
- ✓ trust each other
- ✓ be person centred
- ✓ adapt to people's needs
- ✓ respect and value all opinions
- ✓ do what we say we will

We won't:

- ✗ use jargon or acronyms
- ✗ give too much information
- ✗ rush meetings
- ✗ take too long to complete our actions
- ✗ be judgmental

Outcomes-focused

Taking an outcomes-based approach is about listening to people and acting on what they say they want to achieve. Outcomes-based working is important to ensure that the person is treated as an individual and that they are at the centre of decisions that affect them, rather than being shoehorned into a service. The approach gives people choice and control and helps them feel empowered.

We commission in order to achieve outcomes for our citizens, communities and society as a whole; based on knowing their needs, wants, aspirations and experience.

We are currently developing a Joint Outcomes Framework which will inform our priorities for commissioning for population health outcomes.

Market engagement and coproduction

It is important that providers work collaboratively with commissioners to co-design and coproduce local services. This includes the transformation and re-design of services prior to going to the market for competitive procurement, or market engagement opportunities such as 'Bidder Days' 'Market Engagement Events' or 'Supplier Surveys'. These are published on the CHEST procurement portal. Providers need to register their interest via the portal.

Performance monitoring

We are under continuous pressure to deliver commissioned services with limited budgets and resources. Combined with Covid-19, this means we must find new ways to make efficiencies to meet increasing demand, whilst delivering public services effectively at the same time.

Cheshire East Council spend approximately £350 million annually on commissioned services. We have an obligation to provide value for money from each of these, whilst ensuring that the provision is sustainable/stable and achieves positive outcomes for residents.

Robust contract management is therefore essential. For each service, we monitor performance to check the following:

- are we getting value for money?
- are we meeting ongoing and increasing demand?
- have the intended outcomes been realised?
- have social value intentions been achieved?
- is the service sustainable and stable?
- has the provider been delivering in terms of performance compliance and quality assurance?
- what are the key risks?
- are we delivering against statutory obligations?

Providers submit performance information quarterly, and we conduct various validation spot checks and audits. These include reviewing information within the case management system, annual audits and reporting (for example reviews of policies, procedures, processes, and workforce structures), and site visits and feedback from service users, workforce and partner agencies to determine the accuracy of the data submitted and the quality of the service received.

Quality assurance

We are fully committed to working with all care providers to achieve high quality, person-centred care services. Our Council Contracts and Quality Assurance (QA) team works with all care providers to monitor and support the delivery of good quality care in line with contractual obligations and against the following key domains as detailed in our standard Performance Monitoring Framework:

- person-centred care
- choices and preferences
- respecting and involving service users
- care and welfare of service users
- safeguards from abuse or risk of abuse
- appropriate workforce to meet needs
- access to a quality service
- right to complain
- record keeping

The QA team works with Cheshire Clinical Commissioning Group, social work teams, safeguarding teams, the Care Quality Commission and Healthwatch to gather information. A risk-based approach to QA inspections of care homes and providers is in operation based on local intelligence, but all homes/providers receive at least one visit per year (with more frequent visits where the risk is higher). All providers receive a comprehensive visit report and action plan (where needed) with ongoing monitoring as required.

A monthly governance meeting takes place with key partners where providers of concern are discussed, and appropriate actions are agreed. This could result in a provider who has defaulted on the terms within their contract being placed in suspension of any new care placements until their action plan has been completed and any associated concerns addressed to the satisfaction of the wider governance group.

During the Covid pandemic the QA team have worked closely with providers to ensure that they are supported in relation to new guidance, Personal Protective Equipment (PPE) supplies and emotional support.

A new Quality Mark system is due to be implemented in 2021/22. This will expand on current QA systems to:

- give greater transparency and information about care service through the publication of quality ratings.
- assist people and commissioners to make informed choices when looking to purchase care.
- drive up quality across the care market.

We commission Cheshire and Wirral Partnership NHS Foundation Trust (CWP) provides Infection **Prevention and Control (IPC) services** to care providers within Cheshire East to enable them to maintain high levels of IPC standards across Health and Social Care.

In order to support health and social care providers in their compliance with Care Quality Commission (CQC) standards, a programme of audits and bespoke visits have been introduced across care homes, and support with the self-assessment process is available to providers.

As part of covid recovery planning the IPC team have designed focused recovery planning visits that will support providers in the following areas:

- advice and support on maintaining social distancing in all areas of the home
- admissions and discharges operating procedures
- review of personal protective equipment (PPE) use to ensure compliance with recommended guidelines
- review of cleaning provision to ensure this is considerate of COVID-19 environmental burden/contamination and appropriate cleaning products
- review of visitors and visiting provision in line with government recommendations
- Q&A session with management and/or staff
- review of Infection Prevention Control quality assurance and improvement processes
- isolation and cohort areas/plans.
- discuss any IPC/COVID-19 issues or concerns homes may have or have had.
- outbreak management plan/preparedness.
- general IPC provision and training

The CQC, QA team, Adults Safeguarding Provider team, commissioners, and Infection Prevention and Control (IPC) nurses all work closely together with providers. Regular information sharing meetings take place to discuss the quality of locally registered services and agree ways to improve this where required and plan how to respond to developing problems.

The council has a joint working protocol with the CQC which is grounded in improving and maintaining high quality and person-centred services for people. It sets out the areas of responsibility for CQC and councils and describes how they work together and coordinate their roles, activities and information sharing. It aims to foster an environment which facilitates open and honest conversations about quality.

Safeguarding

Safeguarding is central to everything we do. This includes our commissioning, contracting and procurement processes. We believe that every adult has the right to be treated with dignity, have their choices respected, and live a life free from fear.

All providers must demonstrate commitment and adhere to both Cheshire CCG and Cheshire East Council multi-agency safeguarding policies, procedures and good practice guidance.

Governance is provided by the Safeguarding Adults Board and the Cheshire East Safeguarding Children's Partnership. These boards are made up of representatives from the council, the NHS, the police, independent care providers and the voluntary sector. We take cases of suspected abuse very seriously and all partners work closely together, using an overarching policy to make sure that safeguarding enquiries are completed when allegations of abuse, neglect or exploitation are presented and that people at risk are protected from harm.

Adult safeguarding

The Care Act 2014 places adults at risk at the centre of decision making about them, ensuring that their wishes and feelings are considered and that their desired goals and outcomes are recognised.

The Care Act defines an adult at risk as someone who:

- has care and support needs
- is experiencing or is at risk of experiencing abuse or neglect
- is unable to protect themselves from abuse

Councils have a duty to undertake Section 42 enquiries for adults at risk meeting these criteria. They also have discretion to undertake an enquiry based on information presented to them.

Members of the Service User Subgroup of the Adult Safeguarding Board have designed information to assist both potential victims and practitioners to understand the process and what they can expect to happen. This ensures that safeguarding is person-centred and outcomes-focused.

Children's safeguarding

Safeguarding and promoting the welfare of children is everyone's responsibility. Everyone who comes into contact with children and their families and carers has a role to play in safeguarding children.

In order to fulfil this responsibility effectively, all practitioners in this setting must make sure their approach is child-centred. This means considering the best interests of the child at all times.

No single practitioner can have a full picture of a child's needs and circumstances. If children and families are to receive the right help at the right time, everyone who comes into contact with them has a role to play in identifying concerns, sharing information and taking prompt action. Through our day-to-day contact with children and direct work with families, staff take notice of indicators of possible abuse or neglect and consult with Children's Services in Cheshire East Council (or in neighbouring councils, dependent upon the child's area of residence).

Workforce development/recruitment and retention

Recruitment and retention for providers is an ongoing challenge. We will continue to work collaboratively with providers to support them to recruit, develop and retain high quality care staff.

Key areas for consideration include:

- staff vacancies and turnover rates – why do employees leave the profession and what can be done to retain staff?
- exit interviews – are they carried out to understand why employees leave and are lessons learnt?
- understanding of local care needs – Cheshire East Council will keep providers informed of how the population demographic looks going into the future so they can tailor their services to meet that demand
- recruitment – supporting providers to have the right values and behaviours within their organisations. Looking at how to recruit employees who demonstrate a willingness to learn and involving current service user and relatives in the recruitment process
- retention – supporting providers to look how they can help staff to feel valued and at the wider benefits they could consider to help retain staff such as flexibility in working times, paying above the National Living Wage, and staff development and career opportunities.

As part of the procurement process whereby care providers apply to be on a Cheshire East Council contract, questions are asked around recruitment and retention so that we can be assured that providers have robust processes in place. Recruitment and retention issues are also reviewed as part of the our Quality Assurance process and are included in our contracts.

Collaborative working also takes place with external agencies such as Skills for Care who support providers to support with recruitment and retention via Provider Forums and online resources.

Person-centred approach

We are fully committed to working with all care providers to A person-centred approach means seeing people as individuals who have strengths and preferences and putting them at the centre of their own care and support. The traditional service-led approach has often meant that people have not been able to shape the kind of support they need. Personalised approaches such as involving people in planning their support and offering the option of personal budgets enable people to identify their own needs and make choices about how and when they are supported to live their lives.

Personalisation should also involve the use of an integrated, community-based approach for everyone. This involves building community capacity and local strategic commissioning so that people have a good choice of support regardless of age or disability, including support from user-led, community and voluntary organisations. It means ensuring that people can access universal services such as transport, leisure, education, housing, and health, as well as employment opportunities. All systems, processes, staff and services need to put people at the centre of shaping their support package.

Personalisation also means ensuring that people have access to information, advocacy and advice to make informed decisions about their care and support, along with finding new collaborative ways of working (sometimes known as “coproduction”) that supports people to actively engage in the design, delivery and evaluation of local services.

Personalisation in children’s social care

Accessing support from children’s social care starts with an assessment of need, either via an Early Help assessment or Children and Families (combined) assessment. Based on the outcome of the assessment, ‘**Direct payments**’ may be offered as an alternative to a council service.

Where direct payments are considered appropriate, they can be used for:

- supporting a child to access an activity that promotes the development of social relationships and friendships – for example, hiring a PA for support to access an activity.
- parental respite
- the purchase of equipment (in exceptional circumstances only).

Early Help Individual Payments (EHIPs) are primarily aimed at providing short breaks to eligible young people aged up to 18 years old to meet an identified need. To be eligible for an EHIP, a child or young person must be in receipt of higher rate Disability Living Allowance (mobility and/or care component) and must not be receiving a funded service from social care (such as direct payments or traditional respite) or have an open case with social care. The payment can include the costs of activities, transport and accommodation along with some limited categories of equipment that promote a short break.

Personalisation in adult social care

Adult social care support is available to individuals aged 18 and over (with no upper age limit for eligibility). A **needs assessment** is carried out under the Care Act, which may result in a care and support plan being drawn up. The plan outlines the needs of the individual and the support required. Each person plays a central role in deciding their level of support and care. Personal budget allocations are discussed as part of the process to develop an individual’s care and support plan where there is an unmet social care need. **Personal budget allocations** (including the option to manage the money as a **direct payment**) are also available from adult’s social care for adult carers of adults, as part of a carer’s assessment.

Examples of how this budget can be used are:

- employing a Personal Assistant (PA) to help with daily living requirements
- support to meet assessed eligible community care needs, such as support to access an activity.
- respite care

For information on referrals and further information, please see the links:

- **Cheshire East Council** – Personal Budgets and Direct Payments

- **Direct Payments Support Service** – People Plus

The Cheshire East Council Direct Payment Policy is currently under review as an all age policy, with engagement and consultation to be undertaken during 2021.

Home first

The evidence is clear that 'home' is the most appropriate place for resolving crises and recovery for adults and older people being discharged from hospital. This **care and support must be personalised to enable people to live in dignity and stay in control.**

Wherever possible, people leaving hospital will be supported to recover at home through the provision of short-term reablement or rehabilitation, be assessed for any ongoing care needs from home, and be supported to avoid a hospital admission from home. Social care has a long history of delivering effective reablement and has much experience to share, working in partnership with healthcare colleagues to design and deliver a "home first" approach locally. To achieve this, we will look to extend best practice and re-orientate services and funding to help more people get home when that is the most appropriate place for them – and to stay at home.

Social value

Cheshire East Council and NHS Cheshire CCG are members of the Cheshire and Merseyside Social Value Network, and have signed up to the Cheshire and Merseyside Social Value Charter.

The Charter provides the following definition of social value:

- the good that we can achieve within our communities through the purchasing (commissioning and procurement) of goods and service related to environmental, economic and social factors
- our approach for enabling communities to live a 'good life' through improved outcomes as a result of the added value that we achieve through our commissioning and procurement activities
- an enabler for the growth of 'Social Innovation' (SI) and in the reduction of 'avoidable' inequalities within our communities – linked to the Marmot Principles
- a requirement of the public sector as 'Anchor Institutions' to use our purchasing power to enable local people to live a good life, and to ensure that Cheshire East is a great place to live and work

As part of the Network, we are also supportive of the Cheshire and Merseyside Social Value Award (Quality Mark). Cheshire East Council has been awarded the Social Value Award. If your organisation is passionate about showing how you impact and benefit local communities, the environment and the economy, then you can apply for the quality mark free via Social Value Business.

Cheshire East Council and NHS Cheshire CCG have reviewed and launched a new Social Value Policy and Social Value Framework which underpins the Policy:

The Framework is a useful tool for commissioners and providers to use to coproduce Social Value outcomes and Key Value Indicators during the procurement process and for the delivery of services. Other additional tools available to support commissioners and providers to direct social value through our contracts include our Crowd Funding Portal and Volunteer Website. The Cheshire East Social Action Partnership (CESAP) can also support providers to identify local voluntary, community, faith and social enterprise partnerships to build connections and partnerships with.

Community model

Working in partnership with local people and communities is a core principle in everything we do.

| | |
|----------------------------|---|
| Vision | <p>By working together, we can connect with our communities to build a more open, fairer and greener Cheshire East.</p> |
| Mission | <p>Together, we will build safe and healthy communities with services in the right place at the right time. We will listen, understand, and engage with our residents to build a spirited and resilient Cheshire East.</p> |
| How can we do this? | <p>Through the council's Communities team and the commissioned Cheshire East Social Action Partnership service we will build on our Connected Communities approach across Cheshire East. This approach puts people, services and community organisations at the centre of everything we do and embeds services within local networks, enabling mutual help and support. By combining additional efforts and resources that strengthen existing community assets and supporting innovative approaches whilst encouraging and enabling people to be more involved in building their communities, we will make the borough a better place to live, work and socialise.</p> |

Create a community-powered approach where we adapt existing practices to become more flexible and less bureaucratic

By encouraging and enabling volunteering

Through the People Helping People service, which was set up in response to the COVID-19 pandemic, volunteers have responded to the needs of the community by supporting much needed community-based activities and vulnerable residents. We will build on this and develop our volunteer offer, which will include pathways for people to access training and employment. Our dedicated website Cheshire East Volunteers showcases volunteering support and enable volunteers to seek opportunities and organisations to request support. We want to make the volunteering experience accessible, seamless, and rewarding.

By supporting our vulnerable neighbours

Our community is diverse, and we have a range of groups of vulnerable people who with the right support can feel more connected and part of their community. During the COVID pandemic we have identified a new cohort of vulnerable people known as the Clinically Extremely Vulnerable, who have a range of conditions and if not supported early, could be part of a future Adult Social Care cohort requiring more complex support. Vulnerable people are not limited to those with underlying health conditions.

Residents in minority groups, such as Black, Asian and Minority Ethnic (BAME) or people with disabilities and other equality groups, people who are socially isolated (often elderly or those living alone), or whose employment or family situations have resulted in them becoming vulnerable (veterans, carers, unemployed) often experience health inequalities. Embedding a mutual aid local offer will mean that the most vulnerable in our community have an essential service to link in with to access early help. They will be provided with information, support to access to a range of community-based services, and the opportunity to be matched with willing volunteers to ensure their essential needs are met.

By improving life opportunities and by reducing health inequalities

We want people to have good lives and live well for longer. We believe that health should be determined by individual choice, rather than just by where you live. Each individual has the potential to flourish, so we are committed to providing opportunities for everyone to achieve their goals and ambitions. We know our borough is multi-faceted, consisting of diverse and thriving communities, so we must provide services which address both local and borough-wide priorities. One size does not fit all, so we will ensure fairness and equality by:

- developing networks with partners to gather and share local intelligence so we know what is important
- supporting our Inequalities Commission that focuses on health improvement
- commissioning areas of the Joint Strategic Needs Assessment (JSNA) to identify health and social care needs
- harnessing the potential of the Voluntary Community Faith and Social Enterprise (VCFSE) sector by empowering existing assets (people and groups) in our community to deliver innovative solutions to meet local need and achieve individuals' personal goals

- using resources to conduct pioneering research into emerging issues and use findings to commission future services
- sharing our knowledge and expertise to allow local services to develop and become sustainable in meeting the needs of their community
- planning and preparing seasonal public health campaigns with partners

By reducing social isolation

More and more people are talking about loneliness. In fact, research estimates that over 9 million in the UK are lonely at any given time. It's something which affects us all during our lifetimes. For some people, it can be short-lived. For others, it is more enduring and becomes a permanent feature of their life. We are passionately working with voluntary, community, faith sector organisations and businesses alike, building a network of kindness and generosity amongst communities. We are proud to be empowering and together developing a wide range of activities to bring people together to keep alleviating loneliness. Projects include listening services, befriending, walking buddies, luncheon clubs and dementia social groups.

By developing community-led peer support

We recognise the importance of community-led mental health peer support to give people the opportunity to provide support and guidance to each other, thus giving individuals more choice, independence and feeling empowered. We want to make sure that peer support across Cheshire East is safe and effective and a place where professionals and residents feel confident to refer to and visit and that these peer support opportunities are part of the pathway of support given to residents when they need it.

We want to develop a robust peer support network to enable the growth of new community-led peer support opportunities and to tap into the wealth of experienced groups already functioning. We will enable opportunities by supporting those with lived experience to develop groups so that their skills, experiences and knowledge can support others to help manage their conditions.

Create a culture of community collaboration WITH each other, changing from silo thinking to a holistic whole system approach

We will work WITH local people to fund ideas together

We want to grant-fund projects that make the biggest difference, we want to be transparent in our approach, and, where we can, we want to jointly fund activities WITH our communities. We will give grants to local people who have the ideas, skills and willingness to make local improvements through the My Bright Idea Fund. Alongside that, by providing a crowdfunding platform we will allow proposals to be put forward transparently to attract funding and resources from across all services whilst gaining community engagement pre-project go-live.

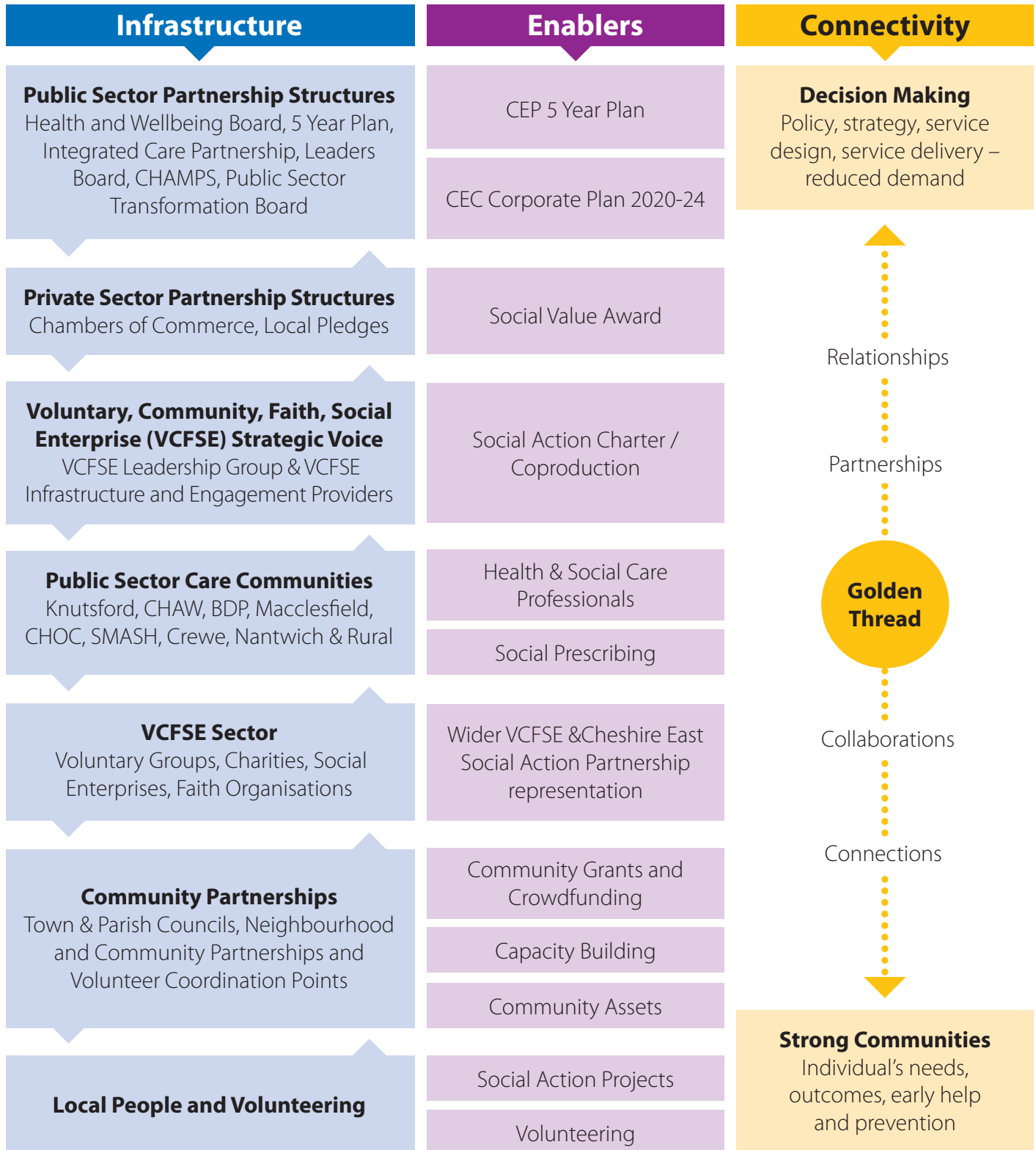
We will work WITH local people to turn their efforts into local services: We are seeing a rise in health inequalities across our communities. We will work with local communities to understand local need, as they are often better placed than public sector services to look at local solutions. We will inspire and facilitate conversations with local people to create innovative solutions and develop new bespoke services which will be delivered by local people. A leader in Asset-Based Community Development, Cormac Russell, states “The more parent and resident fingerprints that can be found on a project, the more likely it is that project will be meaningful and sustainable”. It is then that we will start to see greater changes and more resilient communities for the future.

TOGETHER we can experiment and resource new and innovative ideas and ways of working

TOGETHER we can develop our Connected Communities place infrastructure

We are committed to building partnerships across Cheshire East to ensure our communities are connected and thrive. By ensuring our communities have a place-based approach and voice we can influence policy and service delivery to be tailored to meet our bespoke community needs. The partnerships are key to multi-agency strategic and local working arrangements; the enablers give those partnerships a steer of focus and resource to take concepts into reality, and the connectivity is our golden thread throughout all our associated work.

The developing Connected Communities place infrastructure



TOGETHER we can increase our Voluntary, Community, Faith, Social Enterprise (VCFSE) sector strategic voice

By facilitating conversations across the VCFSE sector we will create a better understanding of community needs and enable ways of working more collectively to create, enhance and deliver services collectively across our places. The key role of the Cheshire East Social Action Partnership (CESAP) will ensure that the VCFSE sector are represented at decision-making forums and are consulted on changes that will affect residents. The VCFSE sector working in collaboration rather than in competition will improve the strategic voice to local funding allocation and policy making.

Ways we can achieve this are as follows:

- VCFSE representation strategically engaging the VCFSE sector in Cheshire East partnership structures and at public sector strategic boards
- Facilitating collaboration, partnership working and joint bidding
- Supporting coproduction
- Improving communication and collaborative approaches

TOGETHER we can invest in our community partnerships

Community work happens at a very local place-based level in different neighbourhoods, parishes and towns. We are strengthening our local networks and partnerships, ensuring community activity and locally-identified needs have clear links into strategic partnerships. Fully utilising local communication channels and gathering additional local intelligence to ensure we are reaching those communities who are most disadvantaged and where health inequalities are most prevalent will be key to improving the place we live. The networks and partnerships below are key to our place-based commissioning and provide vital information on local needs, identified through community-led action plans.

Key existing community partners that we want to strengthen links with include:

- Town and parish councils – by working with the Cheshire Association of Local Councils (ChALC), we can work more closely with our town and parish councils.
- Neighbourhood and community partnerships – by investing further in the 15 existing Neighbourhood Partnerships and creating additional themed partnerships to bring key people together to address needs will allow us to be more collaborative and coordinated in our approach to improve a shared offer and access and pool resources.

- Volunteer Coordination Points – by supporting a local 'go to' place for people who need community support and so support local networks, build connections, and provide volunteer coordination and help in matching volunteers to vulnerable and isolated people needing help. We can develop a set of standards to help recruit, support and share volunteers.

TOGETHER we can develop our community assets

We will build on our place-based social franchising model, which is first and foremost about partnership, offering a range of benefits to its members and putting local communities first. Our Connected Communities Centres have been the beating hearts of our communities, enabling them to access a range of early intervention and prevention services. We will renew our Connected Communities Centre franchise offer to ensure the community assets remain inclusive and also encourage opportunities for people to learn, develop ideas, and volunteer.

By connecting with the My Bright Idea Fund through our franchise model, we will ensure residents have a supported and safe place to deliver local activities and the opportunity to apply for funds. Keeping place at the heart of delivery, we will be more inclusive to rural areas by developing an additional franchise offer. Our Connected Communities venues will ensure all our residents have a key community asset focal point to connect, access services and tackle key community issues. We will work with our communities to shape how our Cheshire East Council owned community facilities can operate. This may include transferring responsibilities to the community or coming together to ensure the community asset is having the biggest impact on providing a place for people to connect.

TOGETHER we can grow our digital community

By investing time and resource in to ensuring our communities become better connected through digital solutions, we will ensure our reach is greater, participation is higher, people are less isolated, and our services are more accessible. We want our communities to connect but we also understand that face-to-face is not always suitable or available so together we want to use technology to support people within their homes. Using technology, we want to reduce isolation and we want to develop technology to support home learning and working where appropriate. We will continue to invest into digital solutions and online access to services through our Cheshire East website and LiveWell Cheshire East and to improve access to self-help information through accessible self-help and interactive online solutions.

7. Messages to providers of children and young people's services

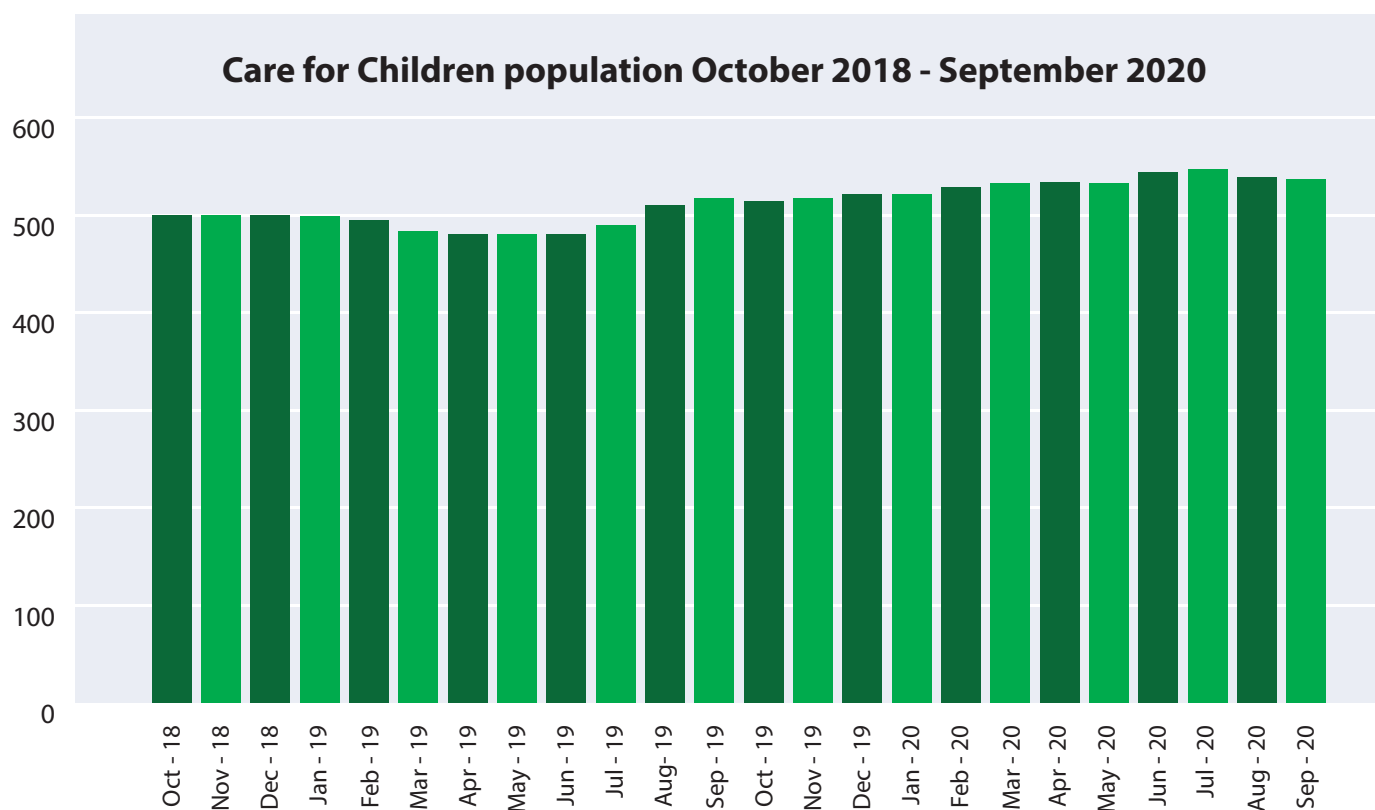
We work hard to make sure that the experience for all our children and young people is truly collaborative and that everything we do is focused on our belief that children are best placed remaining within their families and communities. The Cheshire East Council TOGETHER for Children and Young People ambition shows how we aim to work together to make Cheshire East a great place to be young. We have a strong Early Help and Prevention offer in place to support families to stay together. We believe that:

- children and young people are best supported within their families and their communities
- all children and young people should enjoy the best education which prepares them to thrive in adulthood
- families and communities can be strong and resilient, given the right help, by the right people, at the earliest opportunity

Our continued commitment is to delivery high quality, effective universal services and help families early when they need extra support. Our families continue to require support in areas such as neglect and domestic abuse. Alongside the existing commissioned services detailed below, the Council is to launch a new Early Help and Prevention volunteer service in June 2021. This will add further capacity to support our vulnerable families.

Cared for children

Our numbers of cared-for children and young people have risen in line with the national increases and alongside an increase in the total numbers of children and young people in the borough and a change in operational culture and practice. The highest reason for removing children from their family home continues to be abuse and long-term neglect. We must be confident that cared-for children and young people are in the environment that will best meet their needs.



Child protection

As at 31 March 2020, the total number of children subject to a child protection plan was 253, which is below the North West average of 343. The main category of abuse continues to be neglect.

| Year | Total number of children | Neglect | Physical abuse | Sexual abuse | Emotional abuse |
|-----------|--------------------------|---------|----------------|--------------|-----------------|
| 31 Mar 20 | 253 | 195 | 13 | 23 | 22 |
| 31 Mar 19 | 268 | 166 | 35 | 25 | 42 |
| 31 Mar 18 | 286 | 133 | 61 | 18 | 74 |
| 31 Mar 17 | 275 | 135 | 46 | 26 | 68 |

Children in need

As at 31 March 2020, the total number of children in need was 2106. This is in line with the same point in the previous year and is below the North West average of 2,525. With total numbers across North West councils ranging from 1007 – 8502, the rate per 10,000 helps to provide useful context. Cheshire East's rate of 272.5 compares to the North West average of 371.5. The rate across the North West ranges from 251.3 in Trafford to 717.8 in Blackpool. 9% of children in need in 2020 were recorded as having a disability.

| Year | Total number of children |
|-----------|--------------------------|
| 31 Mar 20 | 2,106 |
| 31 Mar 19 | 2,108 |
| 31 Mar 18 | 2,182 |
| 31 Mar 17 | 1,974 |

The extracts of demand above are set out in more detail within our cared for children sufficiency statement. The children's social care market is encouraged to review the sufficiency statement and contact commissioners to explore the market opportunities in more detail. The council wishes to ensure the most effective local good quality provision (residential, fostering and supported accommodation and independent living) for our cared for children and care leavers.

Our care at home commissioned services have in the past concentrated on supporting families with children with a disability. However, our plan moving forward in 2021-22 is to engage with the market to explore a wider scope of service that extends to families with children on the edge of becoming cared for.

Special Educational Needs and/or Disabilities (SEND)

The 0-25 SEND Partnership and Cheshire East Council are committed to providing the best quality education and support for all our children and young people to ensure they achieve the best possible outcomes. Having the right educational placement, in the right location is key to supporting children and young people to achieve their potential and to develop the range of skills and experiences they need to equip them for adulthood.

The number of Cheshire East children with an Education Health and Care Plan (EHCP) has risen significantly each year (i.e. as at Jan 2016 we had 2470 EHCPs at January 2020 Census Date. The rise in the last year (18.4%) was:

- Higher than the national average (10.2%)
- Higher than the North West average (11.7%)
- Higher than all our SNs (who averages a rise of 10%)
- The 16th highest in the country and 5th highest in the North West

Cheshire East is above both the national average and our statistical neighbours for the number of existing EHCPs for all age groups, other than post 16. Need is also changing with an increase in Speech, Language and Communication Needs and Social, Emotional and Mental Health Needs across all Localities. Needs linked to Autism and Specific Learning Difficulties are also high.

Our latest SEN Sufficiency Statement continues to analyse the demand and capacity required to provide good quality, local SEN place for our children with SEND. Our improvements in local sufficiency of SEN specialist school places over the last three years and the plans for the coming two years will see us deliver a 48% increase in local SEN Provisions, with 232 additional places for Cheshire East pupils with SEND. It is however recognised that there will be a continued role for independent non-maintained special schools and that were this is required we would prefer this resource to be closer to where demand is most prevalent, allowing reduced travel requirements for our pupils with SEND. Our 2017 SEN Sufficiency statement was used to good effect to deliver improved capacity internally but also allowed the independent sector to make investment decisions to the benefit of local SEND pupils. A new independent special school was opened in Crewe during 2020 and this Market Position Statement hopes to build on the relationship / intelligence across the sector.

Care at home services (children with a disability)

The Care at Home contract ensures that effective and responsive care and support in individual's homes is delivered by externally commissioned, independent, Care Quality Commission registered care at home providers, who will assist children and young people within their own homes maintaining their independence as much as possible. This is done by providing care staff who care, have compassion, courage, good communication, commitment, and competence that will work pro-actively with children, young people and their families to meet their needs and deliver real outcomes. Our Care at Home model for children with a disability is currently being reviewed to expand the scope of services to include children on the edge of care, support to those children with autism and improve the pathways for children leaving tier 4 mental health beds and returning home. Care at home will be re-commissioned late 2022.

Short breaks services (children with a disability)

The short breaks service aims to provide early intervention and preventative services to children, young people and their families in the form of short break services, which can range from one hour to a full weekend break. Short break services for

disabled children are currently being recommissioned following a 9-month extension due to COVID19. New contracts will be in place during 2021.

Volunteer model

We wish to provide a coordinated and joined up Volunteer Infrastructure Support Service for vulnerable families to provide early intervention and prevention. This is a new service model that will provide a family support volunteering service to offer local support and help to families with children who need practical and emotional support to better manage their families post- lockdown to promote safety, stability, and independence.

Care leaver mentoring

A mentoring service for care leavers from the age of 16 to their 25th birthday, providing continuity of support to care leavers as they cease to be the statutory responsibility of the local authority.

SEN disagreement resolution and mediation service

This service is a statutory requirement for local authorities under the Children and Families Act 2014. Mediation services are specifically linked to decisions about education, health, and care needs assessments and education and health and care plans (EHCP), while disagreement resolution services can be used to try to resolve other issues in relation to a child's special educational needs (SEN).

Children's advocacy and independent visitors (IVs)

The advocacy service ensures that children and young people are aware of, and able to access, appropriate services, advice and information which empowers them to ensure their views and wishes are heard and reflected in decision making about their lives.

Children's day nurseries in Crewe

These services have been commissioned to increase the availability of support to vulnerable families and children and provide the best start in life for children by supporting good quality early years education and care. This should have a lasting impact on education, social and behavioural outcomes.

Care service to children in residential homes

This contract provides care and support to the cared for children and young people within local residential homes, supporting Cheshire East Council with its continuing journey to improving outcomes for cared for children and young people.

Supported lodging accommodation for young people

A supported lodging accommodation service available to 16-17 year old cared-for children and care leavers. The service could also be utilised by former relevant care leavers until the age of 25 with agreement from the council's permanence and throughcare team's service manager. Young people receive the right level of practical, emotional and financial support until they are at least 21, and, where necessary, until they are 25. Care leavers have accommodation that best meets their needs and helps them to develop their independent skills safely.

Supported accommodation and independent living provision

Housing related support provision supports young people aged 16 and over with a range of needs to acquire the skills to move on successfully to more independent living and to develop the responsibilities associated with adulthood. This service provides a safe and suitable accommodation offer that meets individual needs and aspirations.

Missing from home / care service

This service is in partnership with 3 other councils (Cheshire West and Chester, Halton and Warrington). The contracted provider ensures effective delivery of the critical missing from home and care service for children and young people.

Children's prepaid card services

Prepaid cards are currently in place within Children's Services within the following areas:

Early Help Individual Payments (EHIPS)

Parents/carers can receive up to £1,000 per financial year to access a break from their caring responsibilities. This scheme is managed and maintained via the Children with Disabilities Short Breaks team.

COVID Emergency Scheme

(Care leavers, unaccompanied asylum-seeking children, Children in Need/Care Placement teams). This scheme is managed and maintained via the Family Placement team in Children's Services and has been used to disburse funds safely during the COVID pandemic.

Both the above schemes offer the following benefits:

- reduction in the movement of cash throughout council offices and establishments
- improved outcomes for cardholders by offering a person-centred money management system, promoting independence and enabling people to manage their own money or entitled benefit as they choose
- income generation through reclaiming of unspent funds
- increased control, transparency, and analysis in a timely manner

SEND Flexible Purchasing System

This is a Cheshire East led system with 23 Local Authorities across the North West in developing a Flexible Purchasing System (FPS) to enable commissioners to more effectively source SEND school placements. Over time the independent non maintained special school / college sector will be able to see the levels and types of demand across the 23 local authorities and this should help with service developments.

Key features of a flexible purchasing system:

- new providers can join, and existing providers can add new provision
- light-touch evaluation process, to facilitate decision-making by local authorities at the point of placements
- indicative prices facilitating bespoke packages for young people and allowing for innovation of services. (This limits the need for providers to front load price at the start of a tender process in the current turbulent market and wider economic conditions, and allows providers to become more competitive and efficient as those conditions resolve)
- targeted referral to preselected providers will be possible against specific categories
- longer lifespan to reduce the need for regular tenders
- cohort purchases available to buy placements for groups as well as individual young people

There are currently three lots on the FPS. These can be changed over the lifetime of the contract.

- lot 1 – day placements
- lot 2 – 38-week Residential School placements
- lot 3 – 52-week Residential School placements

Phase 2 will include further lots to cover 16+ education placements and is anticipated to go live in early 2022.

A number of 'all age' service areas and public health services specifically for children and young people sit within section 8 of this Market Position Statement.

8. Messages for providers of public health, early intervention, and community services

Commissioning for public health, early intervention and communities in Cheshire East will focus on the following areas:

Substance misuse services

The Cheshire East Substance Misuse service is an all age, whole-family, integrated drugs and alcohol service. Community based recovery, early help, and prevention are at the forefront of empowering local people to achieve and maintain their long-term health outcomes and wellbeing goals.

We are currently working in partnership at a local and regional level to understand, develop and respond to wider population needs with a current focus on the learning from the Drug Related Death Panel (a multi-disciplinary panel led by Cheshire East Council), development of digital alcohol early intervention and prevention, and the Cheshire East Council Alcohol Care pathways.

During the COVID-19 pandemic, the Cheshire East Substance Misuse team saw a significant increase in the number of referrals and the number of people accessing structured treatment to address their alcohol use. We have also seen an increase in people lapsing and relapsing who previously were doing well in recovery. The complexity of people now entering into alcohol treatment has also increased, with many now presenting with serious physical health issues and the added complexity of mental health issues that require an individualised package of care and support from our alcohol team and partner teams. The service has seen a 79.5% increase in numbers of people entering treatment for 'alcohol only' and a 100% increase in those entering structured treatment to address 'alcohol/non-opiates' issues.

Due to this increased demand, we have increased investment to the Cheshire East Substance Misuse Service to provide increased treatment capacity and capacity to support the hidden harm for children and young people resulting from parental substance misuse.

Work has begun to review the current service model and to coproduce the future model with stakeholders, in particular service users and individuals in recovery and their families. Priorities for the service moving forward will remain focused on community recovery, early help, prevention, and education within our communities.

Areas of focus will include alcohol, our partnership approach with mental health, developing pathways with hospitals, housing, and criminal justice, and prevention and education for children and young people.

Sexual health services

A new Sexual Health service has recently been commissioned in Cheshire East. This went live on 1 October 2019 with a 7-year contract. The new integrated service focuses on prevention, early help and the long-term health of residents. There is now an improved offer of an online digital service that is delivered alongside clinics to improve access. Services will continue to be developed and reviewed on a regional Cheshire and Merseyside basis to ensure that the service is responsive to meet the wider population needs. The service will continue to develop integrated partnerships to improve health outcomes for people and target vulnerable groups within our communities.

Lifestyle services

One You Cheshire East is an integrated lifestyle and health promotion service providing four core programmes:

- falls prevention
- weight management
- physical activity
- smoking cessation

The One You service aim is to improve the life expectancy and healthy life expectancy of the local population by delivering support which encourages people to take up positive lifestyle behaviours. The programmes consist of one-to-one or group-based classes with content shaped by National Institute for Clinical Excellence (NICE) guidance, research studies, and evidence of what works locally. The current contract began in November 2019 and runs for an initial period of 3 years.

Healthy Child Programme (0-19+)

Following extensive consultation, engagement and coproduction with children and young people, families, professionals and stakeholders, the Healthy Child Programme was successfully awarded to Wirral Community Foundation Trust in 2020. The contract runs for up to 7 years and was remodelled to suit need and demand across the borough.

The service consists of:

- universal level Health Visitors
- school nurses
- breastfeeding services
- the Family Nurse Partnership (FNP)
- the National Child Measurement Programme
- specialist SEND and mental health nurses for children and young people.

A graduated approach to safeguarding is achieved through escalation to a specialist safeguarding team who have a reduced caseload and can support whole families who require risk support (based on THRIVE model). The THRIVE model is an integrated, person centred and needs led approach to delivering mental health services for children, young people and their families.

A central contact hub consisting of a multi-skilled team will increase capacity to respond in a timely way to children, young people & families, and professionals. Advice and support will be available over the phone to address any low-level or universal queries. Information sharing will be improved due to immediate access to systems and information plus the admin team will

reduce pressure on the clinical team, allowing them more time to visit the families and have a greater presence in the community.

Face-to face work continues, with health visitors and the FNP having local bases in children's centres and health centres. School nurses will continue to offer their core service from schools and key community settings to ensure all young people are able to access the service.

Emotionally Healthy Children and Young People

Cheshire and Wirral Partnership Trust (CWP) have been the lead provider for the Emotionally Healthy Children and Young People programme since contract award in 2019 (phase 3 of the programme previously known as Emotionally Healthy Schools). CWP have a sub-contracting arrangement in place with Visyon, Just Drop In, South Cheshire Clasp and Xenzone, creating a borough-wide service which offers early intervention across multiple platforms. The offer includes youth group work face-to-face counselling, telephone support, training for professionals, online counselling and support, drop-in sessions, parental help and support, whole-family support, and pathways into services including Children and Adolescent Mental Health Services (CAMHS). Over the last two years, there has been a focus on maintaining the training offer to schools to ensure staff are prepared and skilled to support children and young people with their mental health and emotional wellbeing. Consultations are available to all schools to discuss specific cases where there are concerns around escalating need. These are led by a mental health clinician and guidance is offered around strategies, approaches and next steps, ensuring the child receives the right support at the right time.

There has also been a drive to deliver a programme of training and support to early years settings. Partnership working with early years services and a key group of settings has been successful in developing a bespoke training offer underpinned by evidence-based practice and clinical expertise. The consultation offer described above has been extended to early years settings to create a fair offer for children of all ages. Work will continue in year 3 (2021-2022) to strengthen and extend this offer to more settings, with the aim of reaching children in private settings, maintained nurseries, and foundation stage in schools.

Commissioners will work with stakeholders to understand future need and demand (including changing needs as a result of the Covid-19 pandemic), with the aim of coproducing the future model for the service, building on existing learning, strengths, and assets.

Infection prevention control (IPC) services

The Infection Prevention Control Service supports local providers such as residential homes, dentists and GP practices to deliver their services in a way which minimises the risk of communicable disease outbreaks such as COVID-19, influenza or norovirus. Additionally, where these do occur, they also provide rapid support and information to ensure that the outbreak is managed effectively thereby minimising risk of further transmission. This work is conducted with links to key stakeholders such as the council's Public Health and Social Care Quality Assurance teams, and hospital-based Infection Control Teams. A TB Nursing function is also part of the service, including outreach and monitoring of medication adherence. The current contract was awarded in April 2020 and runs for an initial period of 3 years.

Community equipment services

A new pan-Cheshire Community Equipment Service was commissioned by Cheshire East Council, Cheshire West and Chester Council and Cheshire Clinical Commissioning Group in 2020 and was launched in April 2021. The service provides a range of aids to support people to live independently and to carry out everyday tasks in the home including mobile hoists, profiling beds and walking frames. The contract is for an initial period of 4 years. The integrated service will provide greater uniformity of offer for prescribers and residents in the Cheshire area, and will be managed with strong links to professionals who work with individuals (such as occupational therapists, social care assessors and physiotherapists).

Assistive technology services

Assistive technology offers a further way in which people's social care needs can be met whilst offering them further choice and control and increased independence. Cheshire East Council commissions an Assistive Technology Service which is in its 3rd contract year, having originally been commissioned in December 2018. There is also an option for a further 1-year extension. The service offers a range of devices dependent on service user need. This includes pendant alarms, falls detectors, GPS devices and activity monitoring.

The service provides an assessment of an individual's needs (following referral), supply/withdrawal of devices via technicians, and monitoring via a call centre. Additionally, a response service providing falls pick-up is also provided through this commission. This gives reassurance for residents and thus reduces the likelihood of them needing to take up longer-term care options. Currently there are 3,435 people receiving assistive technology through the council and there were 2,038 installations within a 12-month period. The service will be reviewed in 2021 with the aim of understanding how the technology offer will need to change in the future.

Domestic abuse services

Tackling domestic abuse continues to be a key priority for Cheshire East Council and traditionally remains a hugely unreported offence. Each year, around 2.4 million people nationally experience some form of domestic abuse and 62% of children living with domestic abuse are directly harmed by the perpetrator, in addition to suffering the harm caused by witnessing the abuse of others.

The council commission a borough-wide Whole Family Domestic Abuse Service for children, young People, adults and their families delivered by My CWA (Cheshire Without Abuse). The service went live on 1 April 2019 with a 3-year contract period and options to extend for 2 additional years.

The service model places significant emphasis on the integration of collaborative partnerships with the Council's Domestic Abuse team, High Risk Independent Domestic Violence Advocacy (IDVA) team and partner agencies. A single, clear point of contact (Hub) enables a coordinated approach, which supports safer and stronger communities allowing residents to live free from abuse and its effects and has a positive impact on the safety, health and wellbeing of adults, children and communities.

Carer services

The national Carers Trust defines a carer as someone who 'cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support'. Despite each carer being completely unique in their circumstances, there are some basic needs that many carers have in common. This includes but is not limited to the need for a break from their caring role; the need for peace of mind; social support; emotional support and financial support. Early intervention is crucial in order to delay and prevent carers' needs from escalating. It is important that the Care Act (2014) 'wellbeing principle' is embedded at the heart of our community through self-care as well as enabling more carers to be identified and supported effectively. Early intervention, prevention and wellbeing are significant components of the Care Act.

On a national level, Carers Trust states that there are around 7 million carers in the UK. This equates to approximately 1 in 10 people, which illustrates that the numbers in Cheshire East are comparable with the national average. The number of unpaid carers is increasing steadily throughout the UK. In Cheshire East alone we currently know of over 3,000 adult carers, but we acknowledge that there are many more who do not receive any support to undertake their caring role. This demonstrates that a lot more work needs to be done to identify and support carers in the community before they reach crisis point.

Estimated total number of carers in Cheshire East

The 2011 census results state that there were around 40,000 people in Cheshire East providing unpaid care. It is, however, likely that census figures are underestimating the number of young carers. The figure for those providing unpaid care in Cheshire East, therefore, is estimated to be around 41,500

Estimated total number of carers in Cheshire East who need support:

It is estimated that there are around 8,300 carers who need support to help them cope in their caring role. This is estimated to be made up of 2,350 young carers (aged 0 to 17) and 5,900 adult carers (caring for adults or young people). There is a further approximate 6,000 who are known to adult social care. An unknown proportion of these may need some form of support. These are all adult carers. This leaves a further estimated 27,200 adult carers who are not known to the health, social care, and voluntary and community sectors. An unknown proportion of these may need some form of support.

Estimated number of carers who need support but are not currently supported in Cheshire East

By comparing the number who are highly likely to need support with the number currently supported, it is possible to come up with the likely minimum number of carers who need support but are not being supported. Using this calculation there are likely to be at least 3,000 carers who need support but are currently not being supported. Of this figure, the majority are young carers – about 1,900; the remaining 1,100 are adult carers.

The Cheshire East Carers JSNA section provides more details of local needs and strengths.

Cheshire East Council would like to work with partners to develop 4 key areas that align with the National Carers' Strategy, through the development of a Carers' Partnership Board made up of a range of agencies including but not limited to health, social care and employment colleagues along with carer representatives. This collaborative approach will help us to coproduce an all age carers strategy. The Cheshire East Health and Wellbeing Board will work in partnership with the Carers Partnership board to improve the health and wellbeing of all carers.

Our vision is that carers will be identified and will have access to the information they need to make decisions and choices about their life and their caring role and will also be able to maintain their own health and wellbeing.

The Cheshire East Carers hub is a commissioned service and works collaboratively with the council. Further information about the Carers Hub is available via the Cheshire East Council website. This service is for all carers regardless of their age and who they care for. As such, it can be for adult carers, parent carers, working carers and young carers. The service provides a single point of contact for carers, offering a wide range of services such as information, advice and guidance, assessment, support from Live Well Funding, chatlines, 24/7 support, and groups and activities as well as residential events for young carers.

Our ambition for future areas for the development of carers' services will be directed through the development of a refreshed carers strategy coproduced with carers.

9. Messages for providers of care and support to adults

Prevention

To succeed in our ambition to enable people to live well and for longer, we must invest in effective prevention services and build mutually supportive partnerships with statutory, voluntary, community and faith sectors.

Too often in times of financial constraint, investment in prevention and early intervention services is sacrificed in favour of statutory provision. We believe that this is a false economy and that a shared preventative and outcomes-focused approach coproduced with care providers, service users and partners not only delays or prevents the need for crisis interventions and long-term reliance on traditional models of care but enables adults to thrive and to make a valuable and valued contribution to their communities as they age.

The response to the Covid 19 pandemic clearly demonstrates the willingness of local communities to mobilise informal support and befriending services to those who are vulnerable or socially isolated. We believe that more can be done to increase access to a wider range of support services for vulnerable adults and older people whether or not they have an assessed need for care and support.

Over recent years we have strengthened relationships between commissioners in Adult Social Care and Health, Social Work teams, Community Development Officers, and the voluntary sector to develop strong foundations from which we can work to enhance service users' independence, wellbeing and quality of life while reducing the reliance on traditional care services.

For those in receipt of care we have reinforced the focus on supporting service users to achieve positive outcomes through our commissioned care contracts.

However, we recognise there is much further to go. A key aim of the recommissioning of the Care at Home contracts is to work with local care providers and service users to coproduce a truly outcomes- focused approach to the delivery of homecare services that enables people, wherever possible, to regain their independence and the confidence they need to achieve their desired outcomes and goals.

While we recognise that there will always be a percentage of service users that require residential or nursing care, there is a shared ambition locally to increase the intermediate housing and care options available, for example through the development of Extra Care Housing. Evidence suggests that Extra Care Housing allows older people and people with complex needs to maintain their independence for longer and prevent or delay the need for more traditional care settings. This is explored later in this document.

We strongly encourage housing, care and support providers to communicate with commissioners from health and social care and the council's housing strategy services prior to developing and/or investing in schemes and services. Providers that develop services without discussions with commissioners do so at their own risk. Developing or building services does not guarantee that the council or CCG will use these facilities/services or fund care at levels that do not align with our fee structures.

Learning disabilities

In 2020, 5,253 adults (aged 18 and over) in Cheshire East are estimated to have a learning disability, with around 1,196 having a moderate or severe learning disability. The number of adults with a learning disability is projected to stay around the same at 5,244 by 2030.

Cheshire East Council currently provides support to 768 people with a learning disability equating to an annual spend of £36 million. The Cheshire and Wirral Partnership NHS Trust has a forecast spend in 2020/21 of £9.4m for Learning Disabilities (and Dementia).

‘My Life, My Choice - an all age strategy for people with learning disabilities in Cheshire East 2019-2022’ sets out the vision for people with learning disabilities in the borough. Through our commissioning intentions we aim to ensure that all individuals can live a healthy, happy and independent life with choice and control over the care and support they receive.

The 2015 national plan ‘Building the Right Support’ and the supplementary report ‘Supporting people with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition’, jointly commissioned by the Association of Directors for Adult Social Services (ADASS), NHS England (NHSE) and the Local Government Association (LGA), provided a high-level recommended service model for learning disabilities care and provision.

The supplementary guidance acknowledged that:

“Children, young people and adults with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition, have the right to the same opportunities as anyone else to live satisfying and valued lives and to be treated with the same dignity and respect.”

In line with ‘Building the Right Support’, the Transforming Care Programme aims to:

- reduce admissions and inpatient numbers of those with a learning disability and/or autism of all ages to learning disability and mental health beds
- reduce the health inequalities experienced by people with a learning disability and/or autism.

- improve provision and support available in the community to enable people with a learning disability and/or autism to live safe, happy lives without the need for inpatient services
- implement good quality systems and processes to ensure the right stakeholders are involved to try to prevent admissions and to put support in place for people in the community

Services are commissioned both internally and externally and include:

In-house council-run services

- day opportunities
- Shared Lives
- supported living services
- respite/short breaks services

NHS services

- Cheshire East Community Learning Disability team, including health facilitation and intensive support.
- Learning Disability CAMHS 0-18

Independent sector services (both Cheshire CCG and Cheshire East Council)

- domiciliary care/outreach
- supported living
- residential and nursing care
- respite/short breaks

We want to provide services that offer the very best experience and life chances for individuals with learning disabilities, which are person centred, deliver value for money and allow individuals to flourish and thrive, where they can integrate within their community and lead an active and fulfilled life. For us to commission effectively for people with a learning disability throughout their lives, we will look to change the way we plan, deliver and commission services for people with learning disabilities to offer the very best experience and life chances.

This includes engaging with young people to plan jointly with children's services for the individual to transition successfully into adulthood.

Key priorities in learning disability services include

Improving the supported living accommodation offer

Working with our housing and service partners, we will focus on a variety of supported housing solutions to meet the needs of those with a learning disability. We will ensure that people can live in a home of their choice, near to their local communities, with their own front door (where applicable) and access to local amenities. This will enable people to take the next step in their journey towards independent living, including those currently living out of area in residential placements, those currently living in hospital settings, individuals coming through transition from children's services to adult services and older people with learning disabilities whose housing needs have changed.

Transition services

A key area of service development is around transitions from children's services to adult services, supporting young people to remain independent within their local communities and prevent them entering costly services. This will include a key focus on areas such as supported living and day opportunities provision.

Assistive technology and digital solutions

We will ensure that our learning disability providers use assistive technology and explore digital solutions where possible and lead the way with innovative applications and devices which help promote independence and keep individuals safe. We are keen to ensure that assistive technology is used within new supported living schemes to encourage greater independence, including the reduction of night support, and so to support cost-effective models of care and accommodation.

Day opportunities

We aim to increase choice and control and transform our current day opportunities offer for people with learning disabilities. By developing a greater range of options within the community around day opportunities, we will be able to offer viable alternatives to traditional day services, which will provide a more person-centred and flexible approach. We will develop an outcomes-based approach to day opportunities where services are provided in a person-centred manner that will achieve a set of results for that individual.

Engagement with providers on the Complex Care Dynamic Purchasing System (DPS)

The Complex Care DPS went live in December 2018 and within the service model there is a focus around specific 'lots' (service sections) for people with a learning disability and other complex needs. The commissioning of the DPS has raised the profile of learning disability and other complex needs services, whilst also enabling commissioners from the council and Cheshire CCG, service users, carers and providers to work closer together to develop services. We aim to explore further the cluster commissioning approach which has been developed under the innovation lot within the DPS, to commission bespoke services for groups of people with learning disabilities.

Respite/short breaks

We have recently re-commissioned our Children with Disabilities Short Breaks Services to ensure a more person-centred and innovative approach. We will review the adults' short breaks "respite" offer in 2022/23. The review will focus on service demand, requirements, and models of care moving forward. The current community respite offer is an area where we would like to enhance our service offer to improve choice and control and provide alternatives to bed-based provision.

The current state of supply in learning disability services

Complex Care Dynamic Purchasing System (DPS)

The current Complex Care DPS comprises of approximately 117 registered providers who supply a range of services. 98 of the providers on the framework deliver services to people with a learning disability. Only 63% per cent of providers registered on the DPS are actively bidding for work. This amplifies the need to continue to engage with the market and make changes to the existing care brokerage process where applicable.

Current market issues

- A shortage of supported living provision providing good quality care and support for people with a learning disability with more complex needs and challenging behaviour (including complex mental health and complex learning disability). An increased supply is needed so that individuals do not have to move out of the area to access appropriate accommodation, care and support.
- A risk of the south of the borough being flooded with housing developments/care and support services that may be too numerous to meet demand and may not meet people's needs nor provide cost effective solutions for the council.
- A requirement for remodelling some of the 24-hour shared housing supported living provision for people with learning disabilities and a need to improve the use of assistive technology.
- A need for more personalised day activities for adults with learning disabilities, including supported employment options
- A need for single dwellings and properties to support those who have been in hospital settings as part of the Transforming Care Programme. This area of the market needs to be stimulated.
- Approximately 37% per cent of our current registered Complex Care DPS providers are not bidding for care packages. We need to engage with these providers to further stimulate the market.

Direction and potential opportunities

We would welcome basic conversations with providers at this stage around what innovative, good quality and cost-effective solutions might look like in relation to the following groups and services:

- supported living accommodation for individuals with learning disabilities in the north of Cheshire East (including areas such as Handforth, Wilmslow, Knutsford etc.) to ensure individuals living locally can remain closer to home, family and local networks
- care and support for people with complex needs (e.g. challenging behaviour, people who may exhibit chaotic presentations)
- services for people in transition from children's services to adult services
- reconfiguration and replacement of existing supported living properties in the borough based on shared housing and communal living, especially for older people with learning disabilities, including those with physical disabilities and dementia
- development of innovative and cost-effective services that can reduce the reliance on traditional building-based day services by improving the offer around community-orientated activities in areas such as volunteering, employment and skill development, including activities at weekends

We will work closely with people with learning disabilities and their families to ensure that we are clear about what's important to them, to identify their priorities to help shape a market of care which is person-centred and supports people's long term aims and goals. We will do this by engaging with the Learning Disabilities Partnership Board and the Self Advocates and Carers Forums.

We will continue to work closely with providers of learning disability services to ensure that they are enabled to deliver high quality, innovative services which reflect best practice. To do this we will hold regular engagement events with providers.

Autism

Data from the Adult Psychiatric Morbidity survey (2009) estimated that in 2020 there would be approximately 2,145 people (age 18+) in Cheshire East with autism - 89% male and 11% female. The prevalence of autism was found to be 1% of the general population in England. The rate among men (1.8%) was higher than that among women (0.2%).

Cheshire East Council support

Cheshire East Council currently supports 224 adults with autism (these clients also have another primary support reason such as learning disability or mental health support need), equating to an annual cost of £14.2 million.

We are committed to commissioning services which improve the lives of people with autism. We will do this in partnership, using a coproduction approach with autistic people, families, carers, local groups and partner organisations. The SEND Written Statement of Action includes a key priority to ensure efficient, consistent and timely pathways of assessment and support for people with autism to access the most appropriate support, employment, education and housing to meet their needs. To complement this work, we aim to develop services which enable people with autism to feel safe, lead an independent life, and participate in and remain living close to their local communities.

NHS commissioned services

Children and young people

Integrated autism assessment and support for children and young people aged 0 to 25 includes early identification and access to support via the local offer through a coordinated Multi-Disciplinary Team (MDT) assessment and diagnosis. The model is based on the child and family-centred 'Thrive Multi-disciplinary Framework' comprising four connected pathways:

1. **Getting Advice** – 'First Concerns / Early Identification'
2. **Getting Help** – 'Local Offer/Specialist Autism Assessment'
3. **Getting More Help** – 'Post Diagnostic Support'
4. **Getting Risk Support** – 'Prevention of Crisis/Specialist Risk Support'

We have commissioned a range of pre- and post- diagnostic support for parents and carers with a child/children referred onto the pathway. This support includes Space for Autism and ChAPS (Cheshire Autism Practical Support), both third sector service providers.

Specialist NHS autism services include:

- Adult Autism Team
- East Cheshire 0-16 CAMHS
- Central and East 16-19 CAMHS

Adult autism services

An assessment and diagnostic service is commissioned along with the following:

- | | |
|---------------|---|
| Tier 1 | The Autism Hub provides pre- and post-diagnostic support and access to training and support for individuals, families and third sector partners from the specialist team, as well as bringing together other partners including Space 4 Autism in Macclesfield. |
| Tier 2 | Assessment and diagnostic service – strengths based, assessment and two follow-ups. |
| Tier 3 | Specialist and advice and consultation for practitioners supporting adults with autism. |
| Tier 4 | Enhanced support/bespoke interventions. |

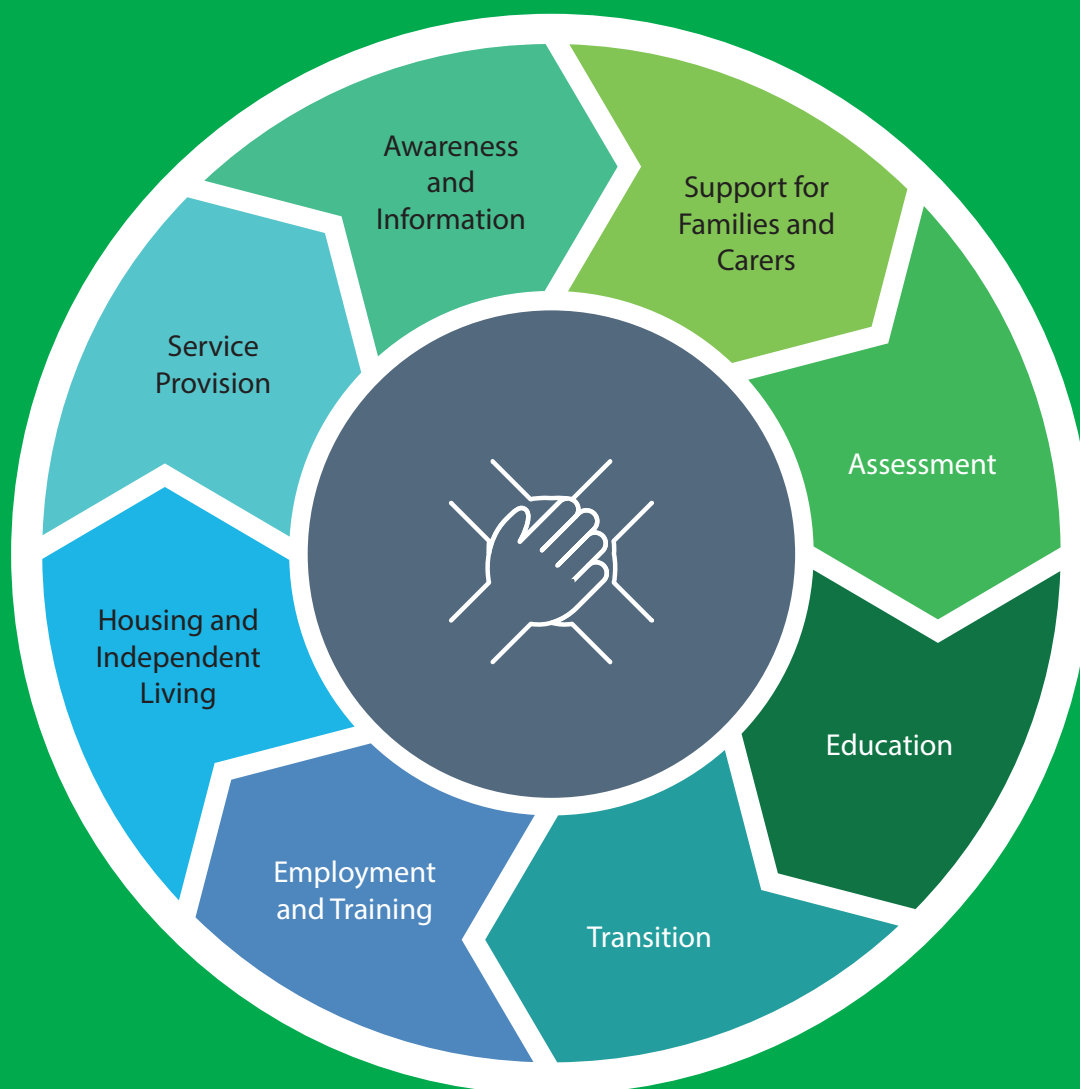
Key priorities in autism services include:

Implementing the All Age Autism Strategy

The Cheshire East All Age Autism Strategy went live in 2020. We have developed an All Age Autism Strategy group which is passionate and understands the importance of improving services for people with autism. The group has members from health, education, social care, multi-agencies, and carers. The Autism Strategy group is aimed at improving the lives of adults with autism and through this group we will monitor the implementation of the priority areas within the Strategy.

Further Develop the Supported Living Accommodation Offer

We are keen to further develop our supported living accommodation within the borough to ensure that it can meet the needs of those with autism. This will ensure individuals living locally can remain closer to home, family and local networks. This will enable people to take the next step in their journey towards independent living including those currently living out of area in residential placements, those currently living in hospital settings, and those moving from children's services to adult services.



Expanding low-level autism specific services

There are several social care services available within the borough that support people with autism (e.g. supported living, day services). However, there is a shortage of low-level services for people with needs identified on the autistic spectrum, particularly people with low-level care and support needs or needs that do not trigger the Care Act threshold.

The current state of supply in autism services

Complex Needs Dynamic Purchasing System (DPS)

The current Complex Needs DPS comprises of approximately 118 registered providers who supply a range of services. 99 of the providers on the framework have indicated that they can deliver services that support people with autism. We aim to engage with our provider market in 21/22 to gain a better understanding of the abilities and skills of this market in meeting the needs of people with autism.

Direction and potential opportunities

We would welcome basic conversations with providers around innovative, good quality and cost-effective solutions for people with autism, in particular in relation to the following groups and services:

Accommodation and support needs of people with a primary support need of autism and complex needs shaped to deliver cost effectiveness whilst maximising independence, choice, control, and safety (including in areas where we have demand and a lack of good quality provision such as Handforth, Wilmslow, Knutsford etc.).

Services for people with low level needs - examples include outreach services to provide support to people with autism and their families to access local communities, pursue hobbies and recreational opportunities.

Accommodation for people with low level needs including needs that do not trigger the Care Act threshold.

Mental health

Our children and young people consistently tell us that their mental health is a number one priority for them. Evidence shows that half of all lifetime mental health problems develop by the age of 14; over 75% before the age of 24, and that up to 1 in 4 people are affected. Cheshire East Council is currently providing support to 415 children who have an assessed mental health support need.

The Adult Psychiatric Morbidity survey (2016) estimated that there are approximately 41,240 people in Cheshire East who experience any common mental health disorder including depression and anxiety. 62% of those experiencing common mental health disorders are female and 38% male. Between 5,400 to 6,000 adults in Cheshire East are estimated to be living with a severe mental illness such as schizophrenia, bipolar disorder, psychotic depression and other less common psychotic disorders. Cheshire East Council currently supports 476 adults who have a mental health support need, equating to an annual cost of £7.9 million.

The Cheshire and Wirral Partnership NHS Trust has a forecast spend in 2020/21 of £62.5m for all mental health services (children and young people, and adults), and Cheshire CCG spends an additional £0.5m on other third sector mental health services.

Services are commissioned both internally and externally and include:

In-house council run services

- Day opportunities
- Mental health reablement

NHS services

Cheshire and Wirral Partnership

- Secondary Care
- Improving Access to Psychological Services (IAPT)
- Liaison services
- Community mental health teams
- Early intervention in psychosis
- Inpatient mental health services
- Child and Adolescent Mental Health Services (CAMHS)
- All Age Mental Health Crisis Phone Line
- Youth Justice Service
- Crisis Home Treatment team
- Eating disorder services

Other NHS mental health services

- The Wellbeing Hub
- Primary care mental health
- Employment support/IPS Wave 2

Cheshire and Merseyside and collaboratively commissioned services

- Perinatal mental health
- Military veterans

Independent sector services

- Domiciliary care/outreach
- Supported living
- Residential and nursing care
- Mental health floating support
- Mental health crisis beds
- You in Mind (searchable database of community services inclusive of self-help guides)
- Emotionally Healthy Child Programme – delivered by Cheshire Wirral Partnership, Just Drop In, Visyon, South Cheshire CLASP and Kooth

Cheshire CCG also commission a range of services including: Just Drop In, Visyon, RAGE, KOOTH, My Happy Mind (schools software), You in Mind (signposting platform), Northumberland Self Help Guides, Silvercloud (IAPT), and Churches Together.

The NHS Long Term Plan states the ambition to establish a comprehensive offer for children and young people, extending to those up to the age of 25, that aims to identify and treat mental ill health at the earliest possible point. Cheshire CCG commission a number of third sector services that are working with younger people in innovative ways, including the provision of free counselling anchored in the Getting Help and More Help quadrants of THRIVE. Data suggests that the number of 18 to 25 year-olds accessing counselling in East Cheshire is increasing year on year with more younger people accessing these services, more complex referrals, and considerable challenges in triaging cases to ensure that individuals receive the right support. This year, we have commissioned additional Getting Help, including web-based chat for parents, sleep support sessions, and counselling.

We need to ensure our commissioned mental health services are personalised and provide intensive support based around individual need to address complex issues and behaviours. Services must be focused on helping individuals achieve specific personal outcomes in relation to managing affairs such as personal finances, being a good tenant and the ability to access and maintain relationships with support services. Individuals need to be supported to be able to support themselves to return to live within their community and to be able to maintain their independence.

All Age Mental Health Partnership Board

The board commenced in December 2019. This board includes representatives from health and social care along with third sector colleagues, as well as service user and carer representatives.

Some of the key objectives that the board will be working on include:

- monitoring progress and actions against agreed priorities within the NHS Long Term Plan and the Cheshire East All Age Mental Health Strategy
- supporting service users and carers and promoting the development of good quality service provision and equity of access across Cheshire East
- implementing action plans against the strategic priority areas that would benefit from a partnership approach, and identifying lead organisations and related outcomes

Key priorities in mental health services include:

Early intervention services for children and young people

The NHS Long Term Plan states the ambition to establish a comprehensive offer for children and young people, extending to those up to the age of 25 that aims to identify and treat mental ill health at the earliest possible point. Cheshire CCG commission a number of third sector services that are working with younger people in innovative ways, including the provision of free counselling anchored in the Getting Help and More Help quadrants of THRIVE. Data suggests that numbers of 18-25 year olds accessing counselling in Cheshire East is increasing year on year with more numbers of younger people accessing these services, more complex referrals and considerable challenges in triaging cases to ensure that they receive the right support. This year, we have commissioned additional Getting Help, including web based chat for parents, sleep support sessions and counselling.

Supported living

We will continue to work closely with our Strategic Housing Team and engage with the provider market to ensure that we have good quality accommodation in all areas across Cheshire East. This will include a variety of supported living housing solutions to meet people's needs. We require effective solutions to support a reduction in the deterioration of people's mental health, which also promotes recovery and supports people to stay well in the community. We are keen to see innovative approaches to managing people's mental health through the use of assistive technology and other digital solutions.

Crisis care

We are continuing to review and develop new services that support admissions avoidance and ensure safe alternatives to acute admissions. The current pilot of commissioned crisis beds has demonstrated the effectiveness of provision with a less restrictive option of staying in a community short stay bed alongside beneficial interventions from the home treatment team; individuals can be supported to a positive resolution of their current mental ill health.

The current state of supply in mental health services

Complex Care Dynamic Purchasing System (DPS)

The Complex Needs DPS contains 89 providers who support people with mental health support needs aged 16 and over. The aim of the DPS is to support service users with complex mental health needs to maintain a safe place to live, whilst enabling them to recover, sustain recovery, be socially included and to gain, regain or maintain independent living skills.

Approximately 37% per cent of our current registered Complex Care DPS providers are not bidding for care packages.

Current market issues

- A focus on ways of improving early intervention in the prevention of emotional health and wellbeing issues, to minimise escalation of mental health concerns, building on our commissioned Emotionally Healthy Child Programme.
- A lack of provision in the north of the borough (Handforth, Wilmslow etc.) and the risk of a potential over supply in the south. The number of both operational and planned mental health housing developments/care and support living schemes in the south may be too great to meet demand and may not meet people's needs, nor provide cost effective solutions for the council.
- A lack of dedicated day opportunities services for adults aged 18 years and over who are experiencing or have been diagnosed with mental health problems, including those with complex needs and drug and alcohol issues.
- The commissioning of packages of care for service users who reside outside of the borough - this can be due to factors such as the individual being in hospital, or because there are limited services available locally to meet the individual(s) needs. As part of our future commissioning strategy, the needs of this complex client group need to be explored and further developed.

Direction and potential opportunities

We would welcome basic conversations with providers at this stage around what innovative, good quality and

cost-effective solutions might look like in relation to the following groups and services:

- ways to improve the early help offer for children and young people's mental health
- services that support younger adults with mental health and autism who often find it hard to find accommodation that meets their support needs.
- step-up crisis prevention/step down provision to prevent and discharge those from Tier 4 CAMHS
- accommodation and support for adults who have mental health support needs and are involved in substance misuse. This would be linked to supported living accommodation and could include those stepping down from acute in-patient settings into community settings
- care/support and accommodation for older people who have mental health support needs and extremely challenging behaviour and adults with early onset dementia
- we will be recommissioning the mental health crisis beds service in 21/22; part of the offer we will be consulting around is the development of a drop-in crisis café type facility for individuals to access during the daytime/evening
- services that can provide accommodation for those with functional mental health nursing care provision for older people
- support for 16 and 17-year olds with mental health support needs, to include accommodation and reablement and floating support services
- day opportunities services for adults 18 and over experiencing or diagnosed with mental health problems, including those with more complex mental health needs or where there are additional presenting issues such as substance misuse, homelessness etc.
- flexible models of care and support reflective of people's changing needs to ensure that we align with national agenda principles and government directives (including personalisation, increasing the uptake of direct payments/personal health budgets, and the 5-year forward view for mental health)
- innovative technology or digital solutions to support people with mental health conditions to help bolster our "front door" offer, and to help better manage demand in terms of the numbers of people accessing social care assessments (for example)
- low level services that can support demand reduction across primary, secondary, and social care services, whilst keeping people safe and well in the community, including peer support (we have adequate capacity in terms of our commissioned early intervention and prevention contract)

Carer respite (bed-based and community)

Bed-based and community-based respite care services were recommissioned in 2018 and 2019 following extensive engagement and consultation with carers, service users and organisations which support carers. Providers were also consulted to ensure the service being commissioned was viable and could be delivered. Commissioners also looked at the respite offer in other local authority areas.

It was apparent from the feedback received that bed-based respite offers a lifeline to both carers and the cared for person which enables the carer to be able to plan for regular breaks and holidays which subsequently enable them to continue in their caring role. The range of beds commissioned were extended to include nursing and physical disability support. It was also clear from the feedback that for some people, residential support wasn't the answer to supporting them to sustain their role as a carer. Community respite was therefore also commissioned to enable the cared-for person to be supported in their own home for periods of hours as opposed to an overnight stay in a care home environment.

Both the bed-based and the community respite have been impacted by the Covid-19 pandemic, with admissions to care homes for carer respite reduced due to the need for people being required to self-isolate for the duration of their stay (if 14 days or less). Furthermore, the availability of providers to offer community respite has been impacted as their focus has been on staff meeting care needs of the people they support.

However, it is also recognised that prior to the pandemic, the take up of community respite was slow and further work is required to ensure that community respite is considered a feasible support mechanism to meet the needs of carers.

The current contracts for both bed-based and community carer respite services are in place until autumn 2023. However, additional community respite services will be commissioned in 2021 to enhance the existing offer and to ensure the service is available across all parts of the borough.

Extra care housing

There are currently 4 extra care housing (ECH) schemes in Cheshire East, offering a total of 212 social rented, shared ownership and wholly-owned apartments. Two schemes were built using a Private Finance Initiative (PFI) grant, whilst the other two schemes were built by local registered providers. Three of the 4 schemes have mixed tenure. Each scheme has communal areas, a hair salon and other facilities which are available for residents and members of the local community to use. It should be noted that a third PFI scheme was destroyed by fire in 2019 which resulted in the reduction in Extra Care Housing offer of 132 mixed tenure apartments in the Crewe area. **Details of the existing Extra Care Housing schemes are in the table below.**

| Year | Town | Housing provision |
|-------------------|------------|---|
| Oakmere | Handforth | 53 rented, shared ownership and wholly owned apartments |
| Willowmere | Middlewich | 71 rented, shared ownership and wholly owned apartments |
| Heath View | Congleton | 45 rented apartments |
| Mill House | Nantwich | 43 rented and shared ownership apartments |

Waiting lists for ECH are low but are not necessarily the best indicator of demand for this service type. Currently, there are just under 50 households waiting for ECH apartments, although around half of these households are assessed as not currently in need of care and support from the onsite provider and are therefore low priority. The longest waiting list is for the Congleton scheme. However, 85% of the people on this list have no current care needs and are therefore considered to be low priority due to the need to achieve an equal balance of those with and without care needs.

The preferred model of care is based on one-third high needs, one-third medium needs and one-third low needs although the definition of high, medium and low is under review.

The council currently commissions a care provider to deliver a 24/7 presence in each of the four schemes. Current contracts are due to expire in July 2023 and will be re-procured at this time. Any opportunities will be advertised on the North West procurement portal, The Chest. It is possible that the council may consider commissioning care for additional schemes, but this would be conditional on agreement on the level and mix of residents' care needs, liability for empty apartments and possibly site-specific circumstances.



Due to the loss of the Beechmere Extra Care scheme, there has been an impact on surrounding provision and Cheshire East Council will be looking to ensure that future demand in this area will be met through ECH locally. It is a stated ambition of the council's Corporate Plan to seek through partnership working to increase the number of ECH units that meet the current and future care needs of the population.

Nationally there has been an increase in the population of older people. Cheshire East, much like the rest of the UK, has an ageing demographic. As of 2019, the population of over-65s in the borough totalled 88,200. 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%. The Ageing Well Plan discusses how we meet the needs of the ageing demographic and refers directly to the option of ECH and ensuring we provide choice and control.

Cheshire East Council aims to reduce inequalities, promote fairness and opportunity for all and support our most vulnerable residents. As part of this work, we are committed to providing more extra care facilities, including dementia services. We want to work with partners to develop appropriate accommodation and extra care housing models and will measure the success of our actions and projects by measuring the number of extra care housing places to meet the needs of residents.

Care at home

The Care at Home service is integral to the “Home First” model, enabling people to live safely and independently in their own home for as long as possible.

We currently have two different types of Care at Home contracts, there are 9 ‘Prime’ providers and 35 ‘Framework’ providers delivering care at home throughout the borough.

The service will be recommissioned in 2022 and work is underway to reflect on the existing service and learn from the challenges currently faced.

The vision for the new service is that it will provide a more flexible offer incorporating some of the ‘add on’ care at home services which may be required at certain points in the year, for example, Rapid Response support, which is usually commissioned separately every year to support the additional resource requirements created by winter pressures.

A key aim of the recommissioning of the Care at Home contracts is to work with local care providers and service users to coproduce a truly outcomes-focused approach that enables people, wherever possible, to regain their independence and the confidence they need to achieve their desired outcomes and goals.

Ideally, the service will enable people to retain links with their local community, engaging with hobbies and interests and to continue to have a fulfilling life as an active community member. The focus will not be just about providing traditional care in somebody’s home, but about supporting people to have fulfilled lives, achieving their desired outcomes.

Rapid Response

The Rapid Response service facilitates people to return home from hospital when they are medically fit.

The service is designed to provide a short period of support, usually up to 6 weeks, to enable the person to regain the skills and confidence that may be lost due a stay in hospital. Rapid Response intervention can prevent the person from needing to access residential care, enabling people to continue their journey to wellness in familiar surroundings with the appropriate level of support. The service can also be utilised to prevent hospital admissions in some cases.

Traditionally, the Rapid Response service is stepped up to support winter pressures, ensuring that there is patient flow within the borough’s hospitals and that beds don’t become blocked with patients who are well enough to be discharged but have some ongoing care and support needs.

It is intended that the Rapid Response service will be commissioned as part of the re-commission of the wide Care at Home service to provide a holistic, timely and seamless hospital discharge process.

Accommodation with care – residential and nursing care

There are 97 CQC registered care homes across Cheshire East. This includes 43 care homes with nursing and 52 care homes without nursing. There are a total of 4,221 care home beds across the borough.

The council operates a Dynamic Purchasing System for residential and nursing care contracts with successful care home providers placed on a Framework from which individual care packages are “called off.” The service is due to be recommissioned in 2022.

Care home providers are expected to deliver high quality, safe and personalised services that promote choice, dignity, control and quality of life for all residents and provide modernised care and support services that deliver value for money.

The service types fall into the following key areas:

- residential
- nursing
- dementia
- learning disabilities and mental health
- physical disabilities
- continuing health care

The vision for the service is that people feel confident and assured that they are receiving the right support, in the right place, at the right price, to maximise their independence, aid their recovery, and build their resilience to remain healthy and safe.

This contract is designed based on people's outcomes that will be underpinning the principles of choice, control, and independence, enabling people to seek alternatives to care and support through improved access to wider community settings.

Care home providers must support residents to reduce or delay the need for more intensive care and support by:

- developing an asset-based approach to delivering services; nurturing an inclusive community which adds social value
- enabling everyone to make a contribution
- increasing independence, making the best use of local knowledge and networks
- improving the quality of life and social inclusion for residents
- engaging with local communities, providers and the council in a way that improves service effectiveness and equity across the borough
- increasing and supporting voluntary activity where appropriate
- using innovative approaches through utilising networks already in existence and developing/supporting the development of healthier, more engaged, and supportive communities
- a willingness to work in partnership with others to develop added value, which may include actively seeking funding from external sources to continue to develop and promote services locally

The council's contract management function supports the delivery of all contracted providers by having a formal contractual arrangement based on the service specification and a comprehensive performance management framework. We work collaboratively with local partners to ensure care services demonstrate value for money and are regularly monitored. Care homes are visited periodically to ensure that they are delivering quality care to residents and, where needed, to support the development of improvement plans with the care providers.

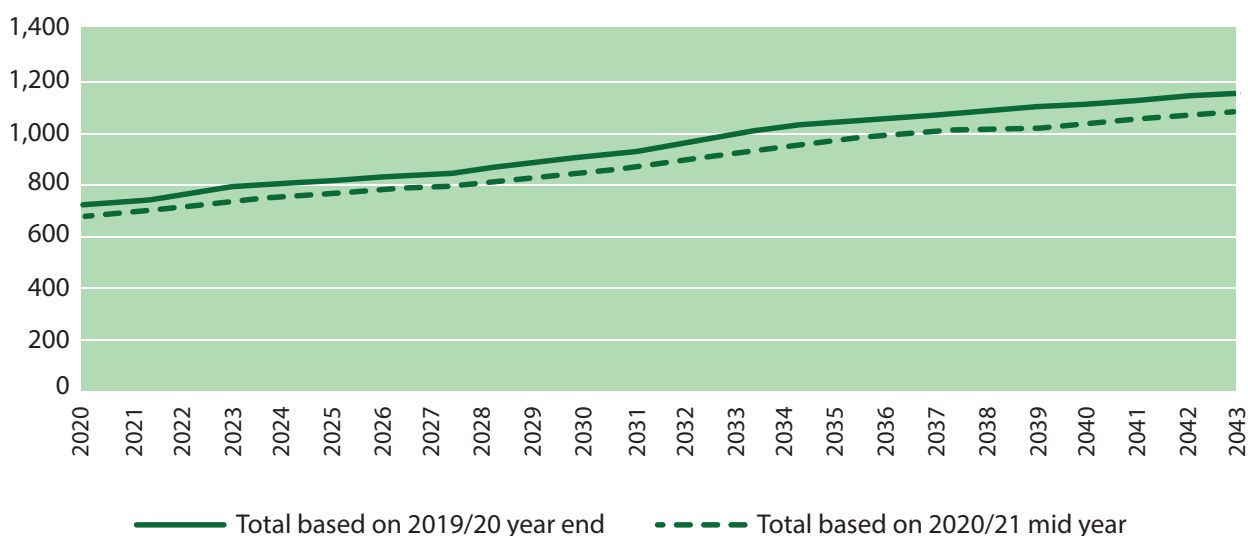
As more people are living longer, it is estimated that by 2025 the number of people with dementia in the UK will be more than 1 million. Therefore, the demand for nursing dementia beds has increased over the last 5 years.

We have also seen an increase in demand for mental health services and we are strengthening our approach to expand the mental health workforce to meet need. We want to work with stakeholders to prevent frequent out of area mental health placements, where people are placed in a care home out of their local area and to prevent people in a mental health crisis staying too long in a general and acute hospital bed where there is often a lack of psychiatric expertise.

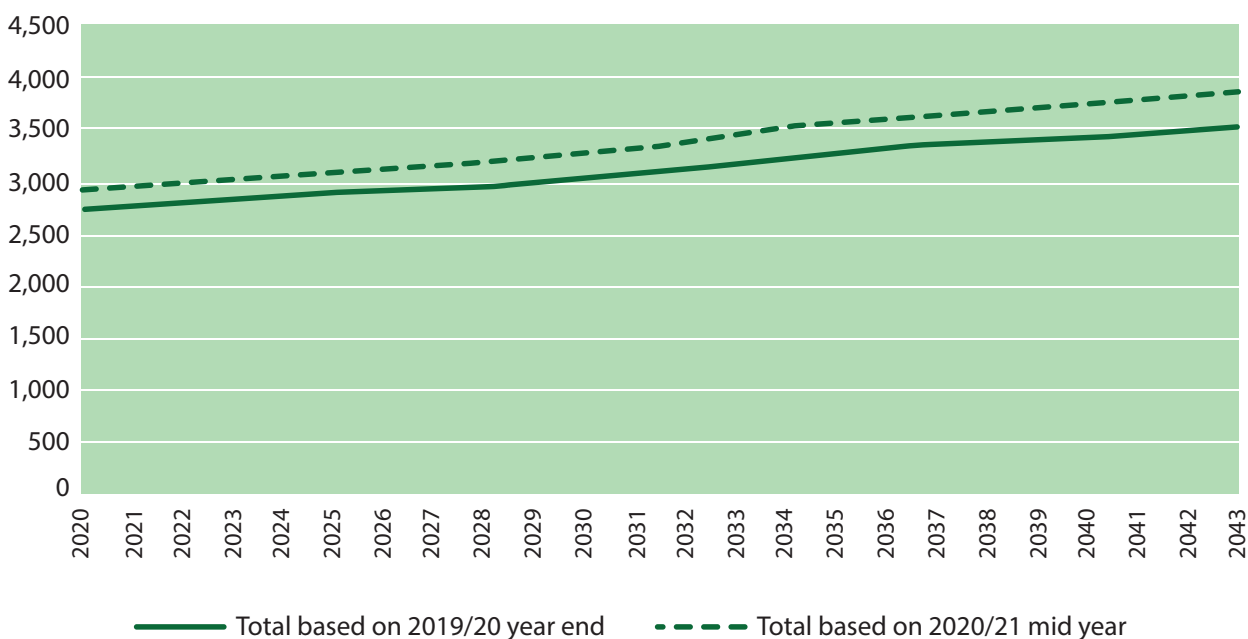
Cheshire East Council has seen an increase in need for male-only units within care homes. This will support both older men living with dementia and younger men with disabilities to receive quality care and the dignity and respect they require. Dedicated male units will help to tackle the loneliness men can feel and activities can be tailored to the hobbies the residents enjoy. For some men living with dementia, managing relationships can become difficult and lead to behaviours that challenge others within a mixed sex setting. By establishing a male-only dementia unit, the environment can support men to live positively and at ease.

Cheshire East Council aims to reduce inequalities, promote fairness and opportunity for all and support our most vulnerable residents. As part of this work, we are committed to supporting the development of more extra care facilities, including dementia services. We want to work with partners to develop appropriate accommodation and extra care housing models and will measure the success of our actions and projects by measuring the number of extra care housing places to meet the needs of residents.

Long term support service users forecasts 2020-2043: Cheshire East - all Residential service users



Long term support service users forecasts 2020-2043: Cheshire East - all Community service users



Please note: These projections relate to service users receiving 'Long Term Support (LTS)' funded or arranged by the local authority. This will include 'full cost' service users known to the local authority but will not include those who arrange and fund their own care independently of the local authority ('self-funders') or those solely funded by other organisations such as the NHS.

As you can see from the above table forecast a rise in demand for community services with an increase in the actual spend from approx. £38,000 in 2019 to approx. £45,000 in 2020. There has also been a decline in the number of people requiring permanent care. It will take time to accurately determine the long-term impact of the COVID-19 pandemic on the demand for nursing and residential care. As we move to recovery from the pandemic, there is evidence that the need and demand for more community-based services is increasing.

The council is looking to work with the care home market to support providers, where appropriate, to diversify their service offer and business models to ensure that the care market is responsive to changes in need and demand and enables people to lead more independent and fulfilling lives.

Dementia

Currently in draft form, the Cheshire East Place Dementia Strategy is a joint strategy between Cheshire East Council and NHS Cheshire CCG. Stakeholders/partners have already been pivotal in developing the Strategy and have been engaged with to ensure it has been developed collaboratively. Council and health commissioners have worked together to map out what the pathway for those living with dementia and their carers/families currently looks like across Cheshire and have identified gaps and areas for further improvement.

Common themes resulting from the engagement and consultation are as follows:

- those living with dementia and their carers feel they don't have a voice at a strategic level with the council
 - too much information is online
 - lack of bereavement support and signposting
 - need for earlier care planning discussions with people affected by dementia.
 - need for age-appropriate services/activities for those with early onset dementia
 - LGBT+ issues - care at home and accommodation with care providers are being trained accordingly to gain an understanding of the specific issues people in this group may face
- Our focus will be on:**
- reviewing and improving pathways for residents living with dementia and their carers across Cheshire East, looking at good practice and where it can be replicated to ensure that ALL residents are supported with a positive journey (from the Preventing Well up to and including Dying Well pathways)
 - investigating options to improve person-centred care planning for people affected by dementia
 - looking at what community and voluntary groups/organisations can offer and ensuring that this is effectively promoted
 - raising awareness of what support/information is available, and looking at innovative ways to share information/raise awareness (other than via an online portal)
 - developing guidance for frontline practitioners regarding carers who may experience intentional or non-intentional domestic abuse
 - developing and providing training for accommodation with care (care homes) and care at home (domiciliary care) staff
 - looking at how we can improve support to those living with a learning disability and their carers - individuals with a learning disability face a heightened risk of early onset dementia, and this may therefore place different demands on dementia services/carers
 - working on giving those living with dementia and their carers a voice at a strategic level
 - developing an annual Dementia Action Plan

10. Planned commissioning and procurement for 2021/22

| Service area | Contract end date |
|---|----------------------------|
| Children's Early Help Volunteer Service | New Commission |
| North West SEND FPS - Phase 2 (Post 16 yrs) | Nov 2021 |
| Assistive Technology | 31st December 2022 |
| Prepaid Cards | 31st March 2022 |
| Healthwatch | 31st March 2022 |
| Carers' Hub | 31st March 2022 |
| Adult Advocacy | 31st May 2022 |
| Early Help Framework | 30th June 2022 |
| Care Leavers Mentoring | 31st July 2022 |
| Direct Payment Support Service | 30th September 2022 |
| One You (Lifestyles) | 30th September 2022 |
| Sensory Impairment Service | 30th November 2022 |
| Care at Home Framework (Adults) | 9th September 2022 |
| Prepaid CardsCare at Home Framework (Children and Young People) | 9th September 2022 |
| Accommodation with Care Framework | 30th November 2022 |

11. Glossary

| | |
|------------------------------|--|
| Adult social care assessment | <p>The process of gathering information about an individual's circumstances. The assessment identifies needs that are eligible for care and support. The care and support plan helps individuals to identify what support is needed to achieve identified outcomes. The care and support plan is used to source packages of care from providers of care services</p> |
| Assessments of children | <p>An assessment is a discussion that involves collecting and reviewing information about people with the aim of understanding their situation and determining recommendations for any further involvement.</p> |
| Anchor Institution | <p>The term 'anchor institutions' is used to refer to organisations which:</p> <ul style="list-style-type: none"> - Have an important presence in a place, usually through a combination of: being largescale employers, the largest purchasers of goods and services in the locality, controlling large areas of land and/or having relatively fixed assets. - Are tied to a particular place by their mission, histories, physical assets and local relationships. Examples include local authorities, NHS trusts, universities, trade unions, large local businesses, the combined activities of the community and voluntary sector and housing associations. |

| | |
|------------------|--|
| Brokerage | The council's Brokerage Team will source care packages with service providers on behalf of service users to make sure that they receive the best service available to meet their support needs. |
| Children in need | Children in need are defined in law as children who are aged under 18 and: need local authority services to achieve or maintain a reasonable standard of health or development. need local authority services to prevent significant or further harm to health or development. |
| Commissioning | The planning, design, purchasing, and monitoring of services. Commissioners are officers who do the planning and design, Contract Managers and Quality Assurance Officer do the monitoring of services. |
| Compliance | Making sure that the service provided is that which was set out in the service specification. |
| Coproduction | Services that are designed, delivered and monitored together in partnership for example with the Council, Health, Suppliers/Providers, service users, carers and communities. |
| Decommissioning | Ending services that are no longer required as part of a continuous cycle of commissioning. |
| Direct payment | Any part of a personal budget which the service user has chosen to have paid directly to them so they can make their own arrangements to meet the outcomes, as agreed in their support plan. |

| | |
|-----------------------------|---|
| Early Help assessment | We offer Early Help support when families need some extra help and support to keep their children safe and well. In Cheshire East, we use 'Signs of Wellbeing' at Early Help to make sure that children, young people and families are at the centre of decision making, as families are the experts on what works for them. |
| Eligibility for social care | There are guidelines to work out if a person is eligible or not for services. The criteria help us make sure that councils treat everyone fairly and that the people who are most in need of help receive it. |
| Market | Organisations, providers or suppliers, whose primary business is to deliver patient care, treatment or services. |
| Outcomes-focused | A service that is based on what outcomes the service user wants to achieve as set out in their personal support plan rather than on the time required to do a task. |
| Packages of support | All the different types of care and support an individual receives following assessment. |
| Personal budget | This is the money allocated for your social care, which comes from social care funding only. |
| Personalisation | A way of describing how support for people will be provided. It affects social care services as well as other public services. The idea behind personalisation is to give people real choice and control over the support they receive as opposed to other people deciding for them. People can choose to be involved in planning and organising their own support or they can choose others to do it for them. |

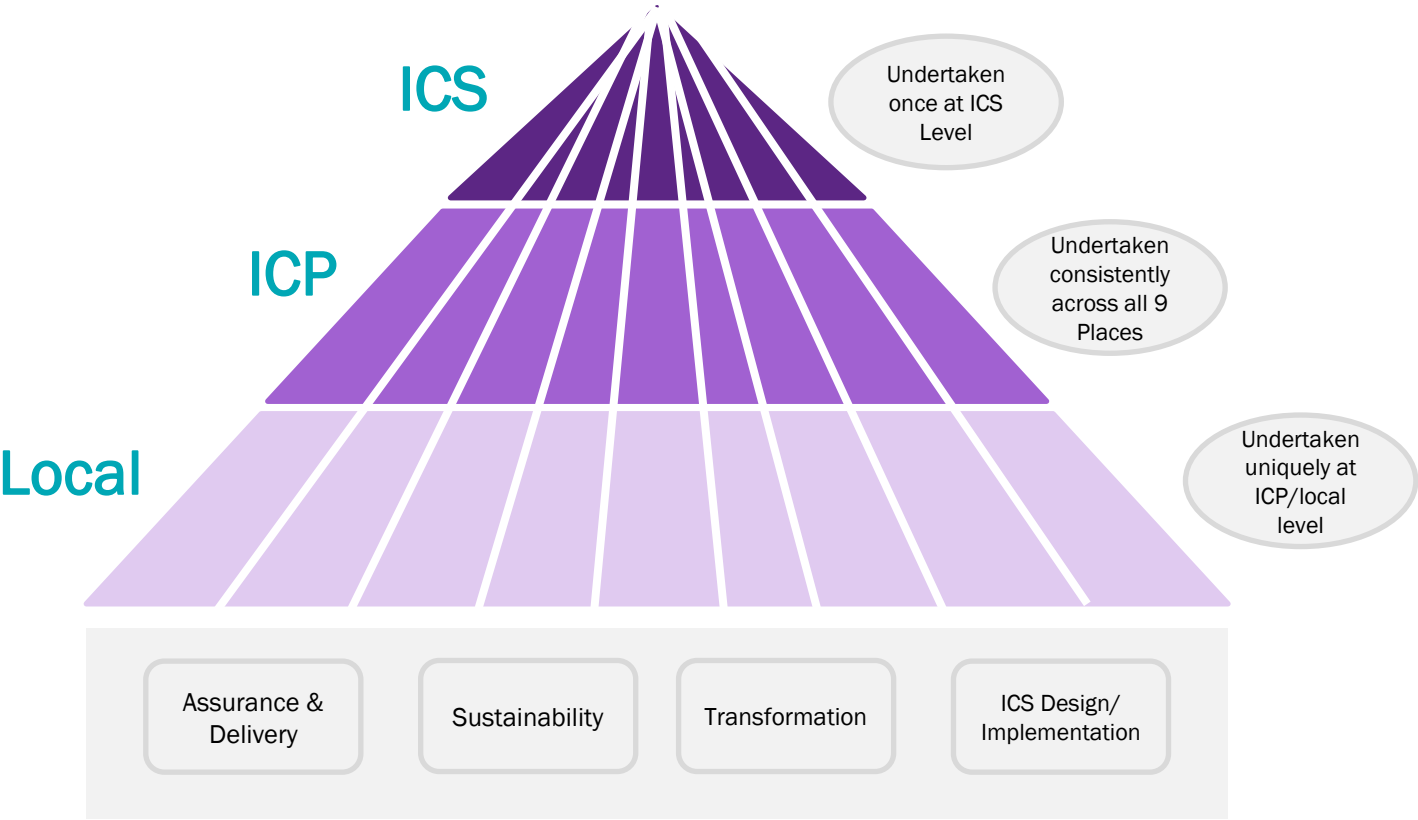
| | |
|-----------------------------------|--|
| Prevention/ Preventative services | Self-help, support, and services that help people maintain their health, wellbeing and independence. |
| Procurement | Purchasing of services from organisations external to the council or Health. |
| Place Based | Place based refers to a general planning approach, which emphasizes the characteristics of places as a starting point for planning and development. Place based insight, demand and outcomes information has a geographical position. For this paper the 'Place' is the borough of Cheshire East |
| Reablement services | Services that help people to re-learn skills or develop independence for example following a hospital stay. |
| SEND | Special Educational Needs and/or Disabilities |
| Social enterprise | A business that helps people or communities. |
| Step down | Going from a service for higher level needs to a service for lower level needs. |
| Transition | The period (and services) when young people go to secondary school, or from children's services to adult services. Also the period (and services) going from general adult services to service for older people. |
| Vulnerable adults | Someone aged 18 or over who is, or may be, in need of community services due to age, illness or a mental or physical disability or who is, or may be, unable to take care of himself/herself, or unable to protect himself/herself against significant harm or exploitation. |

Integrated Care System Development Update

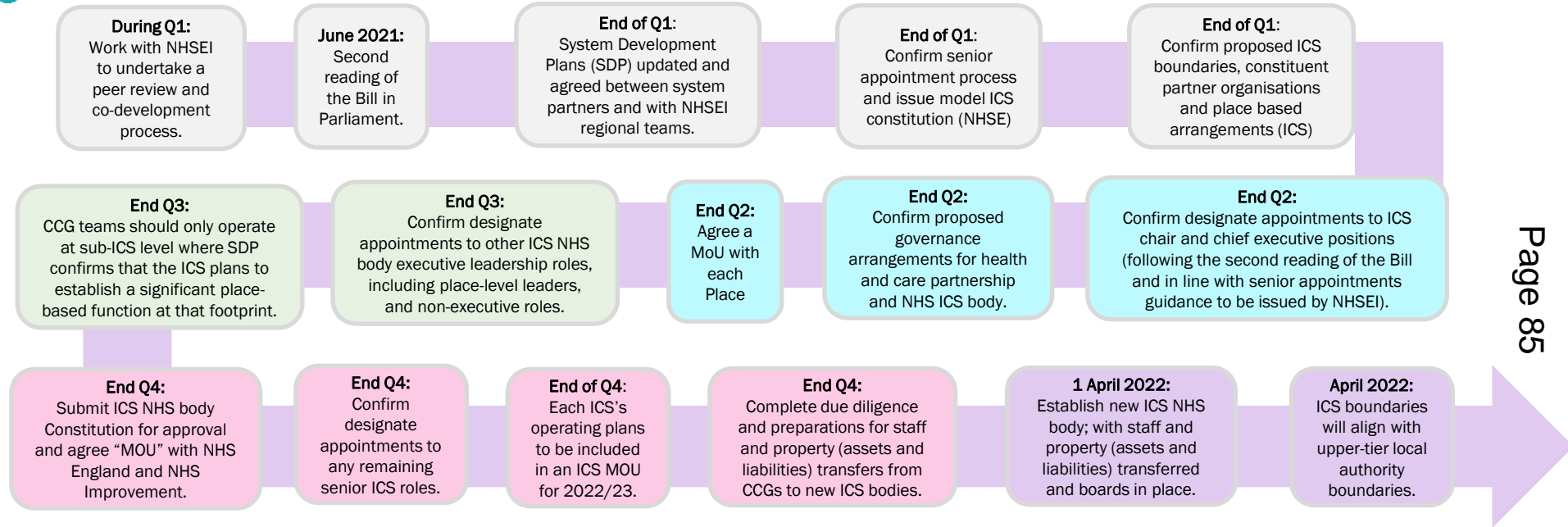
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System Framework



ICS Development Timeline



ICP development across our places

Establishing Integrated Care Partnerships - Definitions

Integrated Care Systems (ICS): Bring together NHS organisations, local government and wider partners at a system level to deliver more joined up approaches to improving health & care outcomes. All areas will be covered by an ICS by April 2021 and on a statutory footing by 2022. Cheshire & Merseyside is an ICS area.

Place: a defined area within an ICS, typically aligned with local authority boundaries. In C&M there are 9 places aligned with the Local Authorities.

Neighbourhood: a defined area within a Place that is typically co-terminus with a Primary Care Network or other recognised local community footprint.

Integrated Care Partnerships (ICP): term used to describe **place-based** joint working between NHS, local government, community services and other partners. Each Place will determine how it organises itself as an ICP and how these arrangements relate to the Health & Wellbeing Board (HWB). HWBs continue to have a statutory role for improving health and wellbeing of local population, using JSNA to set local priorities. HWBs are a key component of the ICS and a key role for the ICS is to support place-based working and the development of ICP arrangements.

What is Purpose of an ICP? ICPs will deliver the local priorities set by the HWB and system priorities set by the ICS, by organising how local services and partners can work better together. ICPs will drive improved outcomes and address the inequalities identified by the HWB. They can use enablers such as integrated commissioning, BCF, population health data and improved digital technology to enable this work.

Establishing Integrated Care Partnerships

Core features:

- 1) **Integrated Care Partnership (ICP) Governance:** clearly defined formal arrangements for place partners to meet and work together to deliver outcomes set by the Health & Wellbeing Board (HWB) and ICS.
- 2) **ICP nominated 'Place Lead'** with remit for integrated working who will connect with ICS
- 3) **Shared vision and plan for reducing inequalities and improving outcomes** of local people approved by HWB (underpinned by local population health and socio-economic intelligence)
- 4) **Agreed ICP development plan**
- 5) **Defined footprints (e.g. neighbourhoods) for delivery of integrated care**, clinically led by PCNs working with social care, community, mental health, public health and other community groups.

Places will be expected to develop an integrated approach to commissioning between health and local authority (such as shared posts, joint teams and pooled budgets) to underpin and support the work of the ICP

1. ICP Governance

- a. Arrangements for ICPs must outline how link with local HWB who retain statutory role for local population health and are key to the ICS. Some Places may want the Health and Wellbeing Board to be the nominated 'ICP Board' other Places may want to establish an 'ICP Board / Committee' as a sub group of the HWB.
- b. ICPs should include a breadth of place partners extending beyond health & social care, e.g. housing, voluntary sector, police
- c. ICPs will have a governance framework that sets out:
 - core members represented on the Partnership Groups,
 - the organisations and services that are part of the wider partnership, and
 - how the ICP will work with and alongside existing partnership structures (e.g. safeguarding boards, community safety partnerships, Local Enterprise Partnerships etc) to deliver on the aims of improving the quality of life and reducing inequalities.
 - ICPs should consider developing formal 'place agreements / MOUs' that each partner signs with agreed objectives / outcomes
 - ICPs should bring together statutory and non-statutory organisations & communities
 - ICPs will need to link to ICS (how will be determined as ICS evolves)
- d. An ICP should be able to describe and present it's governance arrangements and it should be agreed by all partners

2. ICP nominated 'Place Lead'

- a. The Place lead should be endorsed by members of the ICP and be able to represent Place within the ICS.
- b. The Place lead will be a main point of contact for the ICS executive team and will sit on a Place Collaborative Forum and may be asked to represent Place on other ICS forum as system architecture and governance is developed further.

3. Shared vision and plan for reducing inequalities and improving outcomes of local people

- a. The ICP will need a shared vision and plans / strategies aimed at reducing inequalities & improving outcomes, these plans may already exist eg H&WBB and 5 year Place Plans. In addition, the work of the ICP is also likely to contribute to wider Place plans that support broader social and economic development.
- b. This will be underpinned by local population health and socio-economic intelligence
- c. Using their JSNA, ICPs will have a sound understanding of the characteristics of their population and the local drivers of inequality. There will be a requirement to use 'real time' population health data (supported by case finding and risk stratification) at Place to determine how to best deliver services and address local needs on a personal, neighbourhood & whole Place level.
- d. Plans and strategies will be created using robust engagement with local people – including minority groups and those whose voices are seldom heard.

4. Agreed ICP development plan

- a. The ICS will develop an ICP assurance / maturity framework, ICPs will need development plans to support their progress against this framework.
- b. An 'Organisational Development plan' will be required that sets out how staff from all of the ICPs partners (working at all levels) will be engaged in the vision of the Place and supported to work in an integrated collaborative culture that embeds cross system partnership working.
- c. As staff are asked to start working differently there will need to be a structured and significant programme of development in place to support implementation at each stage.



5. Defined footprints for delivery of integrated care, clinically led by PCNs working with social care, community, mental health, public health and other community groups.

- a) Each Place should have agreed 'neighbourhood' footprints (ideally based on recognised local communities) where there will be partnerships between voluntary sector and other community groups (eg faith groups), schools and other local agencies who can influence health and wellbeing. There should be strong partnership working between these neighbourhood services / groups and PCNs, in many areas there will be coterminosity with PCNs and established community footprints.
- b) PCNs will provide 'clinical' leadership for their registered population and work with social care, community, mental health and voluntary sector on the design and delivery of integrated health and care services at a neighbourhood level linking this to wider place agendas such as economic growth, community safety and education.

6. Programme of ongoing public and wider stakeholder engagement at place

- a. Communications teams from each partner in the ICP need to be working closely together to deliver a programme of comms and engagement that is based on common messages and the shared ICP vision. There should be one nominated communications link from each ICP to work with the ICS comms team on how ICP and ICS messages can be coordinated across Cheshire and Merseyside.
- b. The local population should be able to influence and co-produce local services to best meet their needs.
- c. Each ICP will need an infrastructure to ensure there is ongoing and wide stakeholder and public engagement and a joint ICP engagement plan. This plan will address how to include seldom heard and minority voices.



7. Places will be expected to develop an integrated approach to commissioning between health and local authority (such as shared posts, joint teams and pooled budgets) to underpin and support the work of the ICP

- a) As legislative reform is clarified, Places (CCGs & LAs) need to work with ICS on the transition of commissioning functions and development of new operating models. A move towards shared leadership of health & care commissioning, joint posts and pooled budgets at Place would be welcomed.
- b) 'Commissioning' at Place should be an **enabler** for the ICP to transform local services, improve outcomes and address inequalities. Integrated commissioning teams should be part of the ICP arrangements and work to support provider collaboration and service re-design

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Working for a brighter future together

Adults and Health Committee

| | |
|-----------------------------|--|
| Date of Meeting: | 13 July 2021 |
| Report Title: | Annual Flu Report 2020/21 |
| Report of: | Dr Matt Tyrer, Director of Public Health |
| Report Reference No: | AH/04/21-22 |
| Ward(s) Affected: | All |

1. Executive Summary

- 1.1** Throughout 2020/21, rates of influenza were unseasonably low. With the onset of the COVID-19 pandemic and with it: strict isolation, social distancing and basic infection prevention methods; prevalence of flu and other upper respiratory infections was very low. Hospital admissions and GP consultations remained below baseline levels between September 2020 and March 2021 and where cases of influenza-like-illness were identified, these were below seasonally expected levels.
- 1.2** The nasal spray flu vaccine used in the children's programme achieved 78.8% uptake (highest in the North West), with the 65 and over cohort reaching 84.9% (second highest in the North West). NHS E&I guidance for the 2021/22 influenza season states there are two different vaccines advised for use in both adults at risk and adults over 65 years of age. To date, there have been no confirmed changes to the eligible school-age vaccination programme.
- 1.3** Generally, uptake in Cheshire East has continued to be higher than the national average in most patient groups. Uptake for each of the 8 school years that were included in this year's programme (Reception to Year 7) was high and the overall uptake in Cheshire East children in these year groups, was the highest in England.
- 1.4** Targeted television campaigns have run in parallel with COVID-19 adverts to increase uptake of the influenza vaccine, enforcing the message of 'get

protected' at a time when hospital admissions have been unprecedentedly high. We have shared 'Just the Flu' adverts across CEC social media platforms, throughout our internal communications and supported the Cheshire CCG Flu comms messages to support a pan Cheshire approach.

- 1.5** The National Flu campaign is an NHS England and Improvement led programme, with health colleagues influencing vaccination uptake in the general population. We, as a local authority, weigh into the wider occupational health programme – ensuring as many Cheshire East employed staff receive their jab. Moreover, where data implies a lower uptake in a cohort(s), for example BAME residents, we can use this intelligence to shape staff engagement. Whilst the responsibility of overall uptake for eligible cohorts is held by the NHS, it is our duty to support targeted communications and protect staff wellbeing.
- 1.6** In 2020 Cheshire East Council delivered a two-prong vaccination programme to ensure ease of access to free vaccination for our frontline staff, including maintained school staff. We arranged vaccination clinics with bookable appointments in Westfield offices, alongside satellite clinics in community premises across the borough. Whilst this wasn't set out in the original planning (with a view to reducing staff footfall in Council buildings at a time when social interaction was discouraged), it was later felt that providing COVID-secure clinics was a better offer for staff for accessibility purposes. In recent years, we have employed the voucher scheme for staff to redeem at a participating pharmacy. In the interests of reducing the need for staff to collect/print their voucher from a corporate building, we eased access to vaccines with staff needing only their ID badge as a reference point.
- 1.7** Flu vaccine availability for anyone *not* in an NHS eligible cohort (i.e. occupation health schemes) only became available in late December 2020 and as a result of both the constraints of COVID-19 on pharmacy services and significant challenges in Flu vaccine procurement and supply, only four pharmacies signed up to the CEC scheme despite excellent relationships with pharmacy providers in previous years. 183 staff took advantage of the free flu vaccination offer, which in light the obvious challenges linked to ongoing pandemic, we believe this to be a good uptake based on the uptake in previous years (highest 228 in 2017/18). We believe that the uptake was lowered as a result of travel restrictions and a widening of the NHS eligible cohorts.
- 1.8** 50-64 year olds were a new addition to the NHS eligible cohorts for free flu vaccination. Any CEC staff in this age category would have been invited for vaccination by their GP. We do have an ageing workforce and we were not able to routinely collect evidence of these staff accepting vaccination from their GP, however both anecdotally and as a result of the generally high flu

vaccine uptake in eligible cohorts compared to previous years, we believe a good portion did.

- 1.9 We are driven to provide a strong start for children through a robust Child Nasal Flu Programme. We will make better use of data and digital technology utilising PharmOutcomes and Public Health England surveillance; And we will continue to work with health partners to ensure our residents and workforce are immunised against flu to enable them to live well.

2. Recommendations

- 2.1. Continue to offer free flu vaccination to all CEC staff, in a way which is most accessible and COVID-secure. This is most likely to continue the use of ID badges rather than vouchers, but this is flexible depending on how staff return to the office.
- 2.2. Deliver 'A Conversation With' sessions with the director of public health and/or health protection lead to dispel concerns and myths about Flu; but also, to educate and inform about details of the 2021/22 Flu Programme.
- 2.3. Engage managers to identify staff in the 50-64 cohort and front-line health and social care (as defined), before the start of the next Flu Season. Whilst we are committed to vaccinating these staff, they will be invited by their GP, therefore it is critical this is communicated to minimise uncertainty.
- 2.4. Engage the Community Voluntary Sector and the commissioned service Change Grow Live (CGL) to establish vaccination routes for underserved communities who may not be registered with a GP.
- 2.5. Emphasise and reinforce key infection prevention and control messages (hands, face, space) throughout the winter season.
- 2.6. Target at risk and underserved population groups to increase uptake working collaboratively with our partners in the NHS.

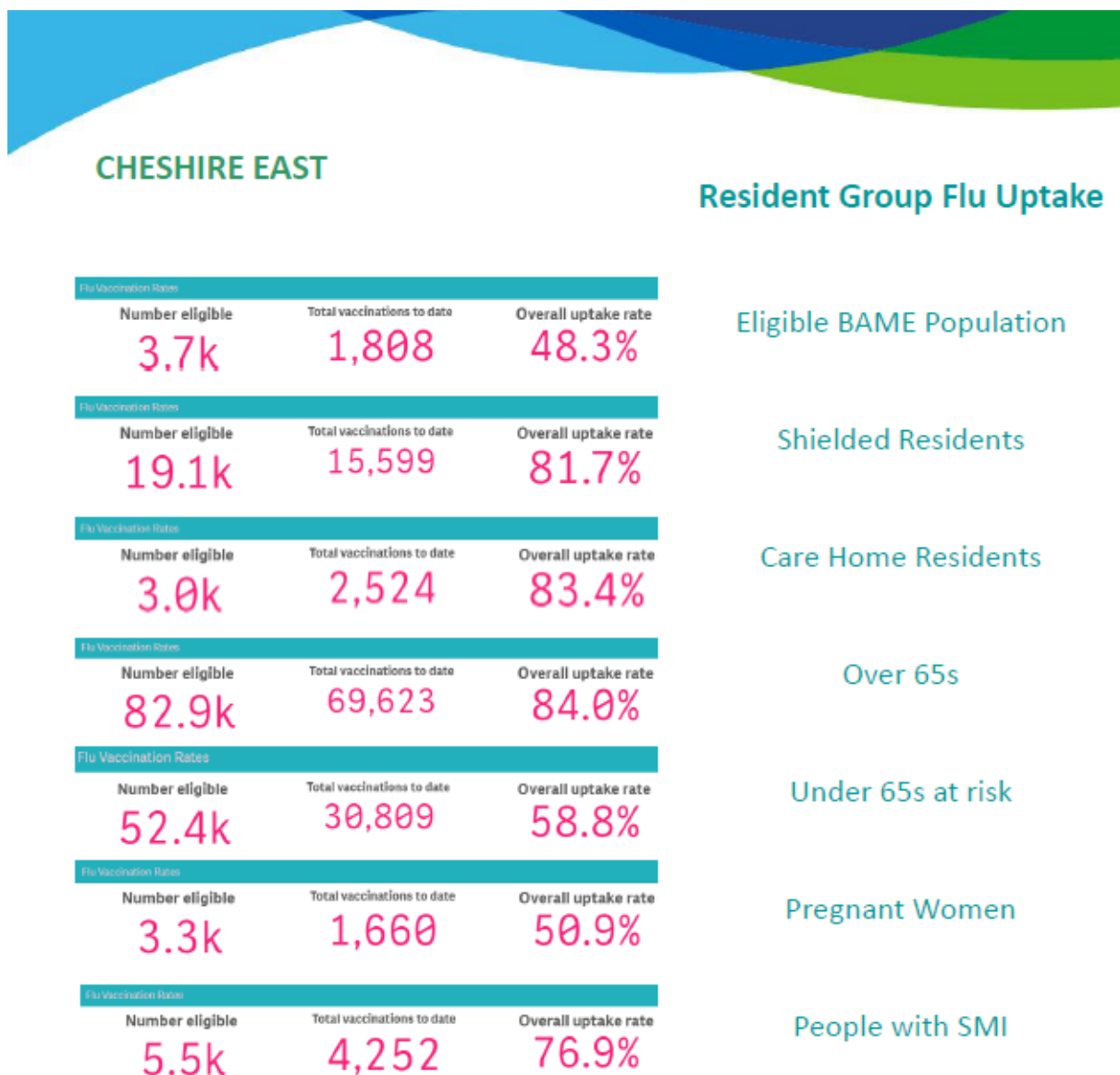
3. Reasons for Recommendations

- 3.1. We have responsibility as an employer to ensure the wellness of our front-line staff and the individuals for whom they are providing support and care. Of the 183 staff vaccinated during the 2020/21 season, 45% occupy front-line roles. Maintaining the momentum of staff engagement (through regular COVID surveillance reporting) and robust partnership working across the health and social care economy, we believe this uptake can continue on the upward journey, to ensure staff working with our most vulnerable residents are protected. Running parallel with the potential challenges of COVID

mutations, we must ensure staff stay well through Winter and can continue to provide the best possible care.

- 3.2.** Three of the main causes of short-term absence recorded through the winter within Cheshire East Council are common colds, respiratory illnesses, and flu. The spread and impact of these illnesses can be reduced and prevented through effective hygiene and wellness approaches, all of which we have individually become accustomed to throughout the ongoing health crisis. Adopting these behavioural and cultural changes will also see the reduction in diarrhoea and vomiting incidents, in the workplace.
- 3.3.** NHS England have decided to centralise their communications funding to a sub-regional level due to difficulties around evaluation of monies allocated to individual authorities. Health and social care workers promotional campaign is to be available via the PHE Campaigns Resources website. Communications relating to influenza will continue alongside other winter wellbeing messages primarily using social media communications.
- 3.4.** Collaboration across the CCG footprint ensures that there is a cohesive approach across organisations in Cheshire. This will help us to target communications at key staff groups such as frontline NHS staff where we have seen and wish to maintain an increase in the uptake. Both NHS acute trusts have achieved over 90% uptake of the flu vaccine in their frontline staff.
- 3.5.** There is still work to do across the health economy to increase uptake of the influenza vaccination amongst all eligible groups, and in particular those who have additional risk factors or are pregnant; and to maintain the high uptake that we are achieving in those aged 65 and over. Information about uptake amongst the different at-risk groups eligible for the seasonal flu vaccine is collected at CCG level however, for several reasons including the potentially small numbers in certain categories, it is not publicly available. Analysis of this information has provided an insight into which risk groups in our local populations are taking up the flu vaccine and potentially which other may need further encouragement to attend and/or reminders about its benefit.

Cheshire CCG, Combined and Published Flu Data



4. Other Options Considered

- 4.1. Cease the Cheshire East flu campaign – we would not recommend this. The scheme is popular and protects not only the health and wellbeing of our frontline workforce but also the individuals for whom they have a caring responsibility. Increased engagement and reinforcement of basic hygiene measures plays a key role in reducing the likelihood not only of reducing influenza transmission, but associated winter infections such as colds and winter vomiting.

5. Background

- 5.1. As international travel has been restricted and the UK population endured strict national and local lockdown measures, the 'silver lining' to the ongoing COVID-19 pandemic, is the very low levels of circulating influenza,

flu-related hospitalisations and deaths. Respiratory and hand hygiene have played a critical role in limiting the spread of flu virus and we strive forward with a nation of educated residents who understand basic infection control measures. Regional conclusions for the 2020/21 season are yet to be disseminated to local places. Subsequently, the Cheshire Flu Report is not available to reference.

6. Implications

6.1. Legal

- 6.1.1.** We will continue to be equitable when engaging pharmacy services for the CEC Staff Flu offer, giving fair opportunities to providers.

6.2. Finance

- 6.2.1.** We can expect the CEC Staff Flu Programme associated expenditure to reflect what we have spent in recent years. Where outreach clinics are sought, we will endeavour to use low/no cost community venues. The average price per vaccine has increased significantly this season (from approximately £13.00 to £19.00) and this will remain static for 2021/22. It is prudent to engage the NHS eligible cohorts (front line health and social care / 50-64 year olds / pregnant women / At-risk groups) to advise they will be contacted by their GP for vaccination.
- 6.2.2.** This season, we extended the vaccination offer to maintained schools staff, in light of the high risk environment teachers are subject to. We are working with education colleagues to identify the demand for flu vaccination from this staff cohort – this will be built into our Flu Plan.
- 6.2.3.** The estimated expenditure for flu vaccinations in 2021/22 is around £14k, and will be funded by the Public Health ring fenced budget. The nature of the charge per vaccination means that spend in any year can only be estimated, however if expenditure was higher than the estimate there is sufficient funding within the Public Health grant to cover any additional costs, so there would be no impact on the council's Medium Term Financial Strategy (MTFS). Based on uptake from previous years the cost is likely to be lower than this.

6.3. Policy

- 6.3.1.** This is the maintenance and enhancement of policy from previous years to vaccinate council staff against influenza to protect them and the residents they work with.

6.4. Equality

- 6.4.1.** As our frontline staff work with some of our most vulnerable residents this intervention reduces the likelihood of transmission of flu to those individuals. As deprivation correlates with an increased likelihood of multiple health issues this potentially reduces the number of hospital admissions, morbidity and mortality in these groups reducing inequalities.

6.5. Human Resources

6.5.1. This intervention is expected to reduce sickness absence.

6.6. Risk Management

6.6.1. Despite the national COVID roadmap to reaching our 'new normal', we anticipate winter pressures to present ongoing coronavirus challenges. Outreach clinics must be coordinated in a secure way, ensuring all IPC risk mitigators are adhered to. Additionally, we are mindful of the COVID booster vaccination programme scheduled to commence rollout from late Autumn. We must deliver clear communications that are timely and effective, so not to confuse the NHS-led initiatives.

6.7. Rural Communities

6.7.1. Our internal flu scheme has no specific impact on rural communities beyond the provision of flu vaccinations to those living or providing services in those communities.

6.7.2. Collaborative working with our health and delivery partners to ensure a range of accessible and COVID safe locations for flu vaccination will support access for our rural communities through their GPs and community pharmacies as well as planned outreach led by NHS partners.

6.8. Children and Young People/Cared for Children

6.8.1. Where vaccination is provided to frontline staff this will reduce potential transmission of influenza reducing the impact on families and the continuity of staff providing support

6.9. Public Health

6.9.1. This is a key public health intervention and fulfils our statutory responsibility to protect the health of the public and prevent the spread of disease.

6.10. Climate Change

6.10.1. Through provision of a choice of locations for staff to access vaccinations, either near to where they live or their work site, we aim to reduce unnecessary car journeys.

| Access to Information | |
|-----------------------|--|
| Contact Officer: | Emily Kindred, Health Protection Officer Emily.kindred@cheshireeast.gov.uk |
| Appendices: | None |
| Background Papers: | NHS regional annual flu report has yet to be published, but upon publication this will provide a valuable companion paper. |

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Working for a brighter future together

Adults and Health Committee

Date of Meeting: 13 July 2021

Report Title: Adult Social Care Quarter Four Performance Scorecard

Report of: Jill Broomhall Director Adult Social Care

Report Reference No: AH/05/21-22

Ward(s) Affected: All Wards

1. Executive Summary

- 1.1 This report and the attached scorecard present to Committee the performance framework for Adult Social Care for the final quarter of 2020/2021 year.
- 1.2 The report demonstrates the key performance indicators across services and links closely with the performance as identified in the Service and Team Business Plans, together with the key priorities of the Corporate plan.

2. Recommendations

- 2.1 Committee is recommended to:
 - a. Approve the format and reporting of performance for Adult Social Care.
 - 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
 - d. Acknowledge the challenges that the service has faced during the period due to the Covid pandemic and the effect that this has had upon performance.

3. Reasons for Recommendations

- 3.1 One of the key areas of focus for the Committee is to highlight areas of poor performance and to scrutinise the effectiveness of plans in place to improve services. The Committee 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 Committee on a quarterly basis to enable the Committee to maintain an overview of performance across the Service.

4. Other Options Considered

- 4.1 The Committee may want to consider the performance of the Service more or less frequently.

5. Background

- 5.1 This quarterly report provides the Committee with an overview of performance across Adult Social Care. This report and scorecard relate to quarter 4 for 2020/21.
- 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, or a local one set by the service to provide a ‘good/outstanding’ service
 - Year end 2019/21 – 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 against the expected level of performance
 - Direction of travel
 - Comments – this provides a general commentary on the information presented
- 5.3 The performance scorecard at Appendix 1 includes 56 separate measures covering all areas of the service. Some of these measures are non-performance related, e.g. those that relate to population cohorts. In total, 45 of these measures relate to performance and have been RAG rated.
- 5.4 A breakdown summary is set out as follows Social Care Quarter 3.

| Performance measures | red | amber | green | n/a | total |
|----------------------|-----|-------|-------|-----|-------|
| Adult Social Care | 2 | 5 | 38 | 11 | 56 |

6 Implications

6.1 Legal

6.1.1. There are no direct legal implications within this report, it is worth noting that the initial scorecard entries relate to the statutory returns that the LA have a duty to record. Equally there may be implications linked to DOLS and the management of the cases.

6.2 Finance

6.2.1 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.

6.3 Policy

6.3.1 There are no policy implications contained within this report, the performance scorecard links to our current business and corporate plans.

6.4 Equality

6.4.1 Members may want to use this scorecard to ensure that services are targeted to those most in need.

6.5 Human Resources

6.5.1 Whilst there are no direct implications to human resources, Members may want to satisfy themselves that staff are employed and deployed to areas of most need.

6.6 Risk Management

6.6.1 The report identifies those areas of most risk. i.e. DOLS and demand and this link directly to our risk register.

6.7 Rural Communities

6.7.1 The performance scorecard covers all areas of the borough.

6.8 Children and Young People/Cared for Children

6.8.1 There are no implications for children and young people/ cared for children.

6.9 Public Health

6.9.1 The report sets out a range of indicators that have a direct link to public health and health inequalities.

6.10 Climate Change

6.10.1 There is no link to climate change within this report.

| Access to Information | |
|-----------------------|--|
| Contact Officer: | Jill Broomhall Director Adult Social Care Jill.Broomhall@cheshireeast.gov.uk Tel; 07877968464 |
| Appendices: | Adult Social Care Performance Scorecard Quarter 4 20/21 |
| Background Papers: | None |

Adults Services Scorecard - Quarter 4 2020-2021

| PI Ref | Measure | Polarity | NW stat | Av | National Av | 20-21 Target | Year end 2019-2020 | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 | 20-21 yr to date | RAG | Comments |
|--------------------------------|--|--------------|---------|--------|-------------|-------------------|--------------------|--|-----------|-----------|-----------|------------------|-----|--|
| Benchmarking/ ASCOF Indicators | | | | | | | | | | | | | | |
| 1.01 | Residential Admissions for 18-64 age band (Total Admissions YTD) | Low is good | | | | <30 | 27 | 2 | 7 | 13 | 13 | 13 | | Whilst this is clearly being impacted by COVID 19 pandemic in terms of supporting individuals wherever possible at home, we are not seeing a rise in individuals remaining in short term placements. This may also have been impacted by individuals with elderly carers delaying planned moves/ shielding |
| 1.02 | Residential Admissions for 18-64 age band per 100k population (ASCOF 2A1) ytd fig | Low is good | 13.7 | 13.3 | | | 12.4 | 0.9 | 3.2 | 6.0 | 6.0 | 6.0 | | see above |
| 1.03 | Residential Admissions for 65+ age band (Total Admissions YTD) | Low is good | | | | <530 | 672 | 77 | 190 | 310 | 443 | 443 | | The measure being returned in the SALT submission is 502 residential Admissions per 100k of the population (443 people placed in Residential/Nursing Care). This is a significant decrease from last years' 775 per 100k of population (672 people placed in Residential/Nursing Care). The reason for the drop is we are supporting more clients at home with community Care Packages rather than placing in Long-term residential or nursing. The number of people placed in long-term residential/nursing care also appears to have been affected by the changes to the funding arrangements during COVID-19. |
| 1.04 | Residential Admissions for 65+ age band per 100k population (ASCOF 2A2) ytd fig | Low is good | 715.0 | 628.2 | | | 775.0 | 88.5 | 218.4 | 356.3 | 502.0 | 502.0 | | see above |
| 1.05 | Total number of individuals currently in residential/ nursing care 18-64 | Low is good | | | | | 195 | 193 | 187 | 185 | 170 | N/A | | This is very small numbers which suggest negligible impact. |
| 1.06 | Total number of individuals currently in residential/ nursing care 65+ | Low is good | | | | | 1205 | 1045 | 1055 | 1045 | 868 | N/A | | This is likely attributable to a combination of mortality rates together with a reduction of new admissions |
| 1.07 | Delayed transfers of care from hospital - days per quarter total | Low is good | | | | <2225 per quarter | 13967 | NHS Digital has made the following statement: ' Due to the coronavirus illness (COVID-19) and the need to release capacity across the NHS to support the response, we are pausing the collection and publication of these and some of our official statistics' which has meant a pause in the publication of DTOC data. | | | | N/A | | See NHS Digital statement |
| 1.08 | Delayed transfers of care from hospital - days per quarter attributable to Social Care | Low is good | | | | <725 per quarter | 4870 | | | | | N/A | | See NHS Digital statement |
| 1.09 | Delayed transfers of care from total days delayed per 100,000 population (ASCOF 2C1) (average monthly fig) | Low is good | | N/A | | 243.9 | | | | | | N/A | | See NHS Digital statement |
| 1.1 | Delayed transfers of care from hospital days delayed which are attributable to adult social care per 100,000 population (ASCOF 2C2) (average monthly fig) | Low is good | | N/A | | 78.0 | | | | | | N/A | | See NHS Digital statement |
| 1.11 | Proportion of adults with a learning disability in paid employment (ASCOF 1E) | High is good | 3.7% | 5.8% | | | 10.0% | 5.3% | 5.2% | 5.2% | 12.0% | 12.0% | | This is the initial submitted figure for the SALT return and includes the clients supported through the supported employment team and reflects 102 of 912 clients |
| 1.12 | Proportion of adults with a learning disability living in their own home or with their family (ASCOF 1F) - YTD | High is good | 85.7% | 75.4% | | 87% | 86.2% | 86.1% | 85.5% | 84.8% | 86.6% | 86.6% | | This is the initial submitted figure for the SALT return and includes the clients supported through the supported employment team and reflects 759 of 912 clients |
| 1.13 | Proportion of adults receiving self-directed support - YTD | High is good | 83.4% | 86.90% | | | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | | No change |
| 1.14 | Proportion of adults receiving direct payments - YTD | High is good | | 28.1% | | 25% | 21.1% | 19.7% | 18.7% | 18.7% | 17.4% | 17.4% | | This year we are reporting 17.4% of clients receiving a Direct Payment, this is a decrease of 3.7% from the previous year. In previous years this measure has been reporting between 21% and 24%. The reason for the decrease is because we have seen an additional 200+ clients receive a community Package of Care this year (2,936) to the previous year (2,705). These are clients who would potentially have been place in Long-term Residential/Nursing care, but because of the effects of COVID-19 have been supported by a traditional community care package and have not wanted to (or been in a position to) take a Direct Payment |
| Core Service Activity | | | | | | | | | | | | | | |
| 2.01 | Number of New case Contacts in period | Low is good | | | | 13000 | 13,357 | 2,745 | 2,876 | 2899 | 3142 | 11,662 | | These figures will only take into account those individuals contacting the front door service and will exclude the range of queries diorected to the "People helping People". The downward trend from last year may also reflect the longer term impact of the Live Well Site and the range of other online support currently being offered |
| 2.02 | Percentage of all new contacts (other than safeguarding) where the Client had any other Contact in the previous 12 months | Low is Good | | | | | N/A | 37% | 38% | 37% | 36% | N/A | | No change |
| 2.03 | Number of Contacts resulting in a New Referral | Low is good | | | | | 9,280 | 1,646 | 2,084 | 2047 | 2273 | 8,050 | | Whilst overall number are down the ratio of contacts resulting in a referral is fairly static. We are confident that contacts needing a referral are being dealt with in a timely fashion. The steady increase, especially in Q3 and Q4 potentially reflect emerging issues as some families that have been supporting family at home are unable to continue as companies move out of furlough and home working. |
| 2.04 | Number of Assessments completed in period | n/a | | | | | 3,128 | 631 | 709 | 679 | 665 | 2,684 | | Despire new referrals being down the number of assessments being completed is much reduced. We are confident that individuals are not being put at risk as a result of the delay in being assessed. Many individuals have refused face to face assessments. Revised discharge arrangements hve seen individuals discharged into step down beds without assessment, it has not been possible to undertake follow up assessmentd due to restrictions in Care homes, however these are monitored and undertaken when safe to do so. |
| 2.05 | % of assessments that result in any commissioned service (including long-term, short-term and telecare) | n/a | | | | | 79.9% | 81.9% | 82.1% | 85.8% | 81.5% | 82.8% | | This suggests that the right cases are progressing to referral and assessment. There will always be some cases that don't result in packages dur to changing circumstances during assessement/ self funders |
| 2.06 | Number of Support Plan Reviews completed in quarter | High is good | | | | | 5,206 | 1,277 | 1,175 | 1,253 | 1,097 | 4,802 | | Based on the figures to date this would suggest that a similar level of cases continue to be reviewed. |
| 2.07 | Percentage of Clients who have received Long Term Support for 12 months continuously that have been reviewed in the last 12 months - snapshot position at end of quarter | High is good | | | | 75% | 68.1% | 75.1% | 74.0% | 69.9% | 74.0% | N/A | | The reduction will be impacted due to COVID 19 pandemic restrictions and a balance of risk based on whether a review is a priority for a stable package of care. |
| 2.08 | Percentage of Clients who have received Long Term Support for 24 months continuously that have been reviewed in the last 24 months - snapshot position at end of quarter | High is good | | | | | 94.6% | 95.0% | 93.9% | 93.5% | 93.3% | N/A | | This provides connfidence that overall those requiring long term support have an up to date package of care that has been reviewed either within or prior to the pandemic - we need to keep a watchfull eye on the 12month picture to ensure it doesn't start to have an adverse impact. |

| PI Ref | Measure | Polarity | NW stat | Av | National Av | 20-21 Target | Year end 2019-2020 | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 | 20-21 yr to date | RAG | Comments |
|--------|--|--------------|---------|----|-------------|--------------|--------------------|-------------|-------------|-------------|-------------|------------------|-----|---|
| 2.09 | Proportion of service users in receipt of a community based service. | High is good | | | | 80% | 83.4% | 86.5% | 87.3% | 87.8% | 90.3% | 88.4% | | This is a potentially positive impact of the pandemic as services have adapted to support individuals within the community. It reflects the reluctance of many who do not wish to enter long term bed based services. We have also seen an increase in carers to our Carers HUB reflecting family desires to support individuals at home. |
| 2.09a | Number of service users in receipt of a community based service. | High is good | | | | | 5,000 | 5,186 | 5,273 | 5,340 | 5301.0% | N/A | | see above |
| 2.10 | External Care Costs | Low is good | | | | | £109,075,450 | £25,775,933 | £25,474,127 | £25,745,666 | £34,165,548 | £111,161,275 | | The Quarter 4 figure includes financial periods 9-12 so will be higher than other quarters which include 3 periods |

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|------|---|--------------|--|--|--|--|--------|--------|--------|--------|--------|--------|--|--|
| 3.01 | Number of mental health reablement referrals received in quarter | n/a | | | | | 2,856 | 502 | 668 | 672 | 620 | 2,462 | | Despite rising concerns around mental health issues throughout the pandemic, the overall number of referrals for the year are lower than last year. |
| 3.02 | % of referrals where individual engaged | High is good | | | | | 69.0% | 76% | 82% | 74% | 75% | 77% | | There has been a small increase in engagement this quarter and overall despite concerns around risks associated with the pandemic the overall picture is higher than last year. Hopefully as more individuals receive both vaccinations this will further increase |
| 3.03 | % of completed interventions which resulted in no ongoing package (ongoing package defined as a Long Term Support Service) | High is good | | | | | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | | see above comments |
| 3.04 | Number of dementia reablement referrals received in quarter | n/a | | | | | 1,130 | 199 | 267 | 208 | 261 | 935 | | There is an increase in quarter 4 which possibly suggests that individuals are feeling slightly safer as increased numbers of 65+ have received at least one vaccination |
| 3.05 | Number of community support reablement referrals received in quarter | n/a | | | | | 1,081 | 176 | 215 | 259 | 297 | 947 | | Rising numbers of referrals are increasing the pressure on the service which is magnified due to issues around COVID 19 and additional requirements for PPE. |
| 3.06 | % community support reablement completed with no ongoing package of care (ongoing package of care defined as Long Term Support in SALT) | High is good | | | | | 56% | 59% | 70% | 72% | 78% | 67% | | This continues to demonstrate the success of re-ablement and early support in preventing the need for long term support. |

Active Service Users

| | | | | | | | | | | | | | | |
|------|--|-----|--|--|--|--|-------|-------|-------|-------|-------|-------|--|---|
| 4.01 | Total number of individuals on the visual impairment register | n/a | | | | | 2,161 | 2,083 | 2,136 | 2,179 | 2,231 | N/A | | It is important to understand the numbers in order to be able to develop sufficiency of services and inform equality impact assessments when changing services to ensure no individuals are adversely affected |
| 4.02 | Learning Disability Support (18-25) - Clients with an active service (other than Telecare) | n/a | | | | | 157 | 154 | 149 | 151 | 147 | 151 | | see overall comments above re individuals supported in the community |
| 4.03 | Learning Disability Support (26-64) - Clients with an active service (other than Telecare) | n/a | | | | | 678 | 683 | 678 | 672 | 670 | 672 | | see overall comments above re individuals supported in the community |
| 4.04 | Learning Disability Support (65+) - Clients with an active service (other than Telecare) | n/a | | | | | 112 | 113 | 116 | 116 | 117 | 116 | | see overall comments above re individuals supported in the community |
| 4.05 | Mental Health Support (18-64) - Clients with an active service (other than Telecare) | n/a | | | | | 251 | 260 | 268 | 270 | 275 | 270 | | see overall comments above re individuals supported in the community |
| 4.06 | Total number of Clients with an active service other than Telecare (18-25) | n/a | | | | | 222 | 221 | 218 | 222 | 221 | 222 | | see overall comments above re individuals supported in the community |
| 4.07 | Total number of Clients with an active service other than Telecare (26-64) | n/a | | | | | 1,333 | 1,362 | 1,373 | 1,359 | 1,369 | 1,359 | | see overall comments above re individuals supported in the community |
| 4.08 | Total number of Clients with an active service other than Telecare (65-84) | n/a | | | | | 1,494 | 1,473 | 1,478 | 1,527 | 1,520 | 1,527 | | see overall comments above re individuals supported in the community |
| 4.09 | Total number of Clients with an active service other than Telecare (85+) | n/a | | | | | 1,259 | 1,196 | 1,223 | 1,223 | 1,187 | 1,223 | | see overall comments above re individuals supported in the community |
| 4.10 | Total number of Clients only receiving a Telecare service | n/a | | | | | 1,827 | 1,745 | 1,775 | 1,762 | 1,761 | 1,762 | | Given that we are seeing increased numbers of individuals being supported in the community we are monitoring the take up of telecare products. We are however aware that some families are utilising other forms of digital products and platforms in a range of innovative ways to support family members in ways that traditionally may have required telecare products. These advancements in technology will form part of our understanding and planning process moving forward |
| 4.11 | Total number of Clients receiving any service - including Telecare (65+) | n/a | | | | | N/A | 4,304 | 4,369 | 4,408 | 4,368 | 4,408 | | see overall comments above re individuals supported in the community |
| 4.12 | Numbers of individuals supported through the carer hub | n/a | | | | | 1,276 | 173 | 497 | 811 | 1,749 | 1,749 | | The total Carers supported in 2020/21 is 1,749, of which 979 are new carers supported in the year. We have a dedicated Carer Liaison manager overseeing the increases and impact. |

Risk Enablement

| | | | | | | | | | | | | | | |
|------|--|-------------|-----|-----|--|--|-------|-------|-------|-------|-------|-------|--|---|
| 5.01 | Number of mental health act assessments completed | n/a | | | | | 580 | 151 | 175 | 135 | 144 | 605 | | Overall the picture presented is similar to last year however it is possible we may start to see an increase in requests as the possible impacts of the pandemic on the mental health of individuals become more apparent |
| 5.02 | Number of S117 clients (includes Z65 MH Aftercare from Q4) | n/a | | | | | 905 | 904 | 918 | 926 | 929 | N/A | | |
| 5.03 | New DOLS Requests (Cumulative) | n/a | | | | | 2901 | 664 | 1412 | 2086 | 2836 | 2836 | | Although the overall picture is slightly lower than last year it still remains higher than 17/18 and 18/19. There is ongoing preparatory work to assess the potential impact of the LPS guidance currently being finalised. |
| 5.04 | New DOLS Requests per 100,000 (Cumulative) | n/a | 433 | 454 | | | 953.4 | 218.2 | 464.1 | 685.6 | 932.1 | 932.1 | | see above |
| 5.05 | Timeliness of DOLS Application processing <i>Average days lapsed from Date Application Received to Date Application Signed Off (for completed applications)</i> | Low is good | | | | | 32.75 | 47 | 44 | 45 | 22 | N/A | | This figure shows the processing timescale in average days for completed applications. This is calculated based on the Date Application Received and the Date Application Signed Off (ie after all assessments, etc are carried out and a decision made regarding the application). |
| 5.06 | Number of Substantiated (including Partially Substantiated) S42 Enquiries concluding with a 'Type' of Domestic Abuse | Low is good | | | | | 20 | 6 | 14 | 9 | 15 | N/A | | The increase in those where Domestic Abuse features reflects a national picture around rising issues during the COVID 19 pandemic. The service works closely alongside the domestic abuse service to ensure services are there to support individuals |
| 5.07 | Number of new Safeguarding Concerns received in a period (events not individuals) | n/a | | | | | 3643 | 795 | 1127 | 1137 | 1179 | 4238 | | The rising numbers potentially indicate that individuals are at increased risk. Do we have a sense of what is due to COVID 19 pressures as opposed to systemic issues in residential/ nursing homes |
| 5.08 | Number of new S42 Safeguarding Enquiries starting in period | n/a | | | | | 837 | 237 | 242 | 342 | 368 | 1189 | | Changes in the process for recording Safeguarding enquiries will impact on the figures. |
| 5.09 | Number of new Other (Non-S42) Safeguarding Enquiries starting in period | n/a | | | | | 90 | 37 | 52 | 42 | 36 | 167 | | Changes in the process for recording Safeguarding enquiries will impact on the figures. |
| 5.10 | Number of S42 Enquiries Concluded in the period | n/a | | | | | 882 | 251 | 251 | 297 | 362 | 1161 | | Changes in the process for recording Safeguarding enquiries will impact on the figures. |

| PI Ref | Measure | Polarity | NW stat | Av | National Av | 20-21 Target | Year end 2019-2020 | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 | 20-21 yr to date | RAG | Comments |
|--------|---|--------------|---------|----|-------------|--------------|--------------------|-----------|-----------|-----------|-----------|------------------|-----|---|
| 5.11 | Percentage of S42 Enquiries Concluded for which the client expressed their desired outcomes | High is good | | | | | 50% | 61.0% | 62.5% | 60.6% | 75.1% | 61.5% | | Changes in the process for recording Safeguarding enquiries will impact on the figures. |
| 5.12 | Of S42 Enquiries Completed that the client expressed their desired outcomes, the percentage that were fully achieved (not partially achieved) | High is good | | | | | 70% | 69.3% | 69.4% | 63.3% | 64.0% | 67.5% | | Changes in the process for recording Safeguarding enquiries will impact on the figures. |
| 5.13 | % of concluded S42 enquiries where outcome of enquiry was substantiated/ partially substantiated | High is good | | | | | 57.3% | 50.2% | 62.5% | 46.8% | 58.8% | 53.1% | | Changes in the process for recording Safeguarding enquiries will impact on the figures. |

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Working for a brighter future together

Adults and Health Committee

| | |
|-----------------------------|---|
| Date of Meeting: | 13 July 2021 |
| Report Title: | Appointments to Sub-Committees, Working Groups, Panels, Boards and Joint Committees |
| Report of: | David Brown, Director of Governance and Compliance |
| Report Reference No: | AH/27/21-22 |
| Ward(s) Affected: | No specific wards |

1. Executive Summary

- 1.1. The Council at its annual meeting on 4 May 2021 approved the political representation on its main committees. The appointment of certain sub-committees, working groups, panels and boards is a matter for the relevant service committees. This report concerns those bodies which fall to be appointed by the Adults and Health Committee or by the committee in conjunction with other service committees. Where political proportionality is applicable, the agreed conventions and methods of calculation have been applied.

2. Recommendation

- 2.1. That the committee appoints the bodies referred to in this report, and agrees the political representation on, and appointments to, them.

3. Background

B. Bodies to which the Adults and Health Committee is required to make appointments

1. Cheshire East Health and Wellbeing Board

Cheshire East Health and Wellbeing Board is a joint board to which this Council appoints three councillors as voting members.

The agreed "Transitional Provisions" provide that the lead service committee in respect of this board will be the Adults and Health

Committee; and the three council nominees to the board will be formally nominated by the Adults and Health Committee, the Corporate Policy Committee, and the Children and Families Committee. There are no specific criteria which apply to the appointment.

Recommended: That the Adults and Health Committee nominates one member to the Cheshire East Health and Wellbeing Board.

2. Joint Extra Care Housing Management Board

The Joint Extra Care Housing Management Board previously comprised three Portfolio Holders from each authority.

The Transitional Provisions provide that nominations for Cheshire East Council will be made by the Chairs of the Corporate Policy Committee, Adults and Health Committee and Finance Sub-Committee.

Recommended: That the Chair of the Adults and Health Committee nominates one member to the Joint Extra Care Housing Management Board.

4. Implications of the Recommendations

4.1. Legal Implications

- 4.1.1. The Local Government (Committees and Political Groups) Regulations 1990, made pursuant to the Local Government and Housing Act 1989, make provisions in respect of the political group representation on a local authority's committees in relation to the overall political composition of the Council. The legislation applies to the decision-making committees and sub-committees of the Council.
- 4.1.2. The legislation requires that, where proportionality applies, and seats are allocated to different political groups, the authority must abide by the following principles, so far as is reasonably practicable:
 - 4.1.2.1. Not all of the seats can be allocated to the same political Group (i.e. there are no single group committees).
 - 4.1.2.2. The majority of the seats on the body are to be allocated to a political Group with a majority membership of the authority.
 - 4.1.2.3. The total number of seats on all ordinary committees and sub committees allocated to each Political Group bears the same proportion to the proportion on the full Council.
 - 4.1.2.4. The number of seats on each ordinary committee allocated to each Political Group bears the same proportion to the proportion on full Council.

4.1.3 The proposals contained in this report meet the requirements of the legislation.

4.1.4 The 1990 Regulations require Political Group Leaders to notify the Proper Officer of the Groups' nominations to the bodies in question.

4.2. Finance Implications

4.2.1. There are no financial implications that require an amendment to the Medium Term Financial Strategy.

4.3. Policy Implications

4.3.1. There are no direct implications for policy.

4.4. Equality Implications

4.4.1. There are no direct implications for equality.

4.5. Human Resources Implications

4.5.1. There are no direct human resource implications.

4.6. Risk Management Implications

4.6.1. Failure to comply with the Act and Regulations when appointing its committee memberships would leave the Council open to legal challenge.

4.7. Rural Communities Implications

4.7.1. There are no direct implications for rural communities.

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

4.8.1. There are no direct implications for children and young people/Cared for Children.

4.9. Public Health Implications

4.9.1. There are no direct implications for public health.

4.10 Climate Change Implications

4.10.1. There are no direct climate change implications.

| Access to Information | |
|------------------------------|--|
| Contact Officer: | Brian Reed, Head of Democratic Services and Governance Brian.reed@cheshireeast.gov.uk |
| Appendices: | None |

| | |
|--------------------|---|
| Background Papers: | The background papers relating to this report can be inspected by contacting the report writer. |
|--------------------|---|

Work Programme – Adults and Health Committee – 2021/22

| Reference | Committee Date | Report title | Purpose of Report | Report Author /Senior Officer | Consultation and Engagement Process and Timeline | Equality Impact Assessment Required and Published (Y/N) | Part of Budget and Policy Framework (Y/N) | Corporate Plan Priority | Exempt Item and Paragraph Number |
|-------------|----------------|---|---|--|--|---|---|---|----------------------------------|
| AH/23/21-22 | 13 Jul 2021 | Adults and Health Budgets 2021/22 | To oversee the development and approval of the Medium Term Financial Strategy. | Director of Finance and Customer Services (s151 Officer) | | No | Yes | An open and enabling organisation | |
| AH/27/21-22 | 13 Jul 2021 | Appointments to Sub-Committees, Working Groups, Panels, Boards and Joint Committees | To appoint members of the sub-committees, working groups, panels, boards and joint committees. | Director of Governance and Compliance (Monitoring Officer) | None | N/A | N/A | An open and enabling organisation | |
| AH/04/21-22 | 13 Jul 2021 | Flu Report | To receive the annual Flu report which takes a backward look on the flu season 20/21. | Director of Public Health | | No | No | A council which empowers and cares about people | |
| AH/03/21-22 | 13 Jul 2021 | Health and Social Care Integration | To receive an update on the latest position for Integration in relation to the White Paper. | Director of Commissioning | | No | No | A council which empowers and cares about people | |
| AH/02/21-22 | 13 Jul 2021 | Market Position Statement | To approve the updated Market position statement as required by the Care Act. | Director of Commissioning | | No | Yes | A council which empowers and cares about people | |
| AH/05/21-22 | 13 Jul 2021 | Performance Scorecard - Quarter 4 (2020/21) | To consider the key performance indicators/measures from Quarter 4, 2020/21. | Director of Adult Social Services | | No | No | A council which empowers and cares about people | |
| AH/01/21-22 | 27 Sep 2021 | Adult Social Care Improvement Plan - Learning from Covid-19 | To consider the Adult Social Care Improvement Plan and learning from Covid-19. | Director of Commissioning | | Yes | Yes | A council which empowers and cares about people | |
| AH/08/21-22 | 27 Sep 2021 | Advocacy Service Recommission | To approve the arrangements to recommission advocacy services, in response to changes in legislation (LPS). | Director of Commissioning | | Yes | Yes | A council which empowers and cares about people | |

| Reference | Committee Date | Report title | Purpose of Report | Report Author /Senior Officer | Consultation and Engagement Process and Timeline | Equality Impact Assessment Required and Published (Y/N) | Part of Budget and Policy Framework (Y/N) | Corporate Plan Priority | Exempt Item and Paragraph Number |
|-------------|----------------|---|---|-----------------------------------|--|---|---|---|----------------------------------|
| AH/12/21-22 | 27 Sep 2021 | All-Age Sensory Strategy | To approve the new All-Age Sensory Strategy. | Director of Commissioning | | Yes | No | A council which empowers and cares about people | |
| AH/07/21-22 | 27 Sep 2021 | Assistive Technology Recommission | To approve the arrangements on the recommission of Assistive Technology including the results of the consultation or the charging policy. | Director of Commissioning | | Yes | Yes | A council which empowers and cares about people | |
| AH/10/21-22 | 27 Sep 2021 | Carers Services Recommission | To approve the recommission of Carers' Services (funded through the Better Care Fund). | Director of Commissioning | | Yes | Yes | A council which empowers and cares about people | |
| AH/09/21-22 | 27 Sep 2021 | Carers Strategy | To approve the refreshed Carers Strategy. | Director of Commissioning | | Yes | Yes | A council which empowers and cares about people | |
| AH/14/21-22 | 27 Sep 2021 | Channel Panel Annual Report & Self Assessment | To receive the Chanel Panel Annual Report & Self Assessment for 2020/21. | Director of Adult Social Services | | No | No | A council which empowers and cares about people | |
| AH/13/21-22 | 27 Sep 2021 | Director of Public Health Annual Report 2020/21 | To receive and approve the Director of Public Health Annual Report 2020/21. | Director of Public Health | | No | No | A council which empowers and cares about people | |
| AH/11/21-22 | 27 Sep 2021 | NHS Health Checks Recommission | To approve the recommission of NHS Health Checks. | Director of Commissioning | | Yes | No | A council which empowers and cares about people | |
| AH/16/21-22 | 27 Sep 2021 | Performance Scorecard - Quarter 1 (2021/22) | To consider the key performance indicators/measures from Quarter 1, 2021/22. | Director of Adult Social Services | | No | No | A council which empowers and cares about people | |
| AH/28/21-22 | 27 Sep 2021 | Referral of Notice of Motion: Right to Food | Full Council (22 June 2021) resolved to refer Councillor A Critchley's Notice of Motion 'Right to Food' to the Adults and Health Committee to determine whether or not the Motion be adopted. | Director of Commissioning | None | N/A | N/A | A council which empowers and cares about people | |
| AH/15/21-22 | 16 Nov 2021 | Local Safeguarding Adults Board Annual Report 2020/21 | To receive the 2020/21 Annual Report of the Local Safeguarding Adults Board. | Director of Adult Social Services | | No | No | A council which empowers and cares about people | |

| Reference | Committee Date | Report title | Purpose of Report | Report Author /Senior Officer | Consultation and Engagement Process and Timeline | Equality Impact Assessment Required and Published (Y/N) | Part of Budget and Policy Framework (Y/N) | Corporate Plan Priority | Exempt Item and Paragraph Number |
|-------------|----------------|---|---|--|--|---|---|---|----------------------------------|
| AH/29/21-22 | 16 Nov 2021 | Live Well for Longer Strategy | To approve the Live Well for Longer Strategy. | Director of Commissioning | TBC | No | Yes | A council which empowers and cares about people | |
| AH/18/21-22 | 16 Nov 2021 | Accommodation with Care Recommission | To approve the recommission of Accommodation with Care services (Care Homes). | Director of Commissioning | | Yes | Yes | A council which empowers and cares about people | |
| AH/20/21-22 | 16 Nov 2021 | Adult Social Care Winter Plan | To approve the Adult Social Care Winter Plan. | Director of Commissioning | | Yes | Yes | A council which empowers and cares about people | |
| AH/17/21-22 | 16 Nov 2021 | Care at Home Recommission | To approve the arrangements to recommission Care at Home services. | Director of Commissioning | | Yes | Yes | A council which empowers and cares about people | |
| AH/19/21-22 | 16 Nov 2021 | Day Opportunities Strategy | To approve the co-designed Day Opportunities Strategy. | Director of Commissioning | | Yes | Yes | A council which empowers and cares about people | |
| AH/06/21-22 | 16 Nov 2021 | Dementia Strategy | To approve a new updated Dementia Strategy. | Director of Commissioning | | Yes | No | A council which empowers and cares about people | |
| AH/21/21-22 | 16 Nov 2021 | Local Account | To consider the annually required Local Account of Adult Social Care Services, outlining how the council has supported people over the previous year. | Director of Adult Social Services | | No | No | A council which empowers and cares about people | |
| AH/24/21-22 | 16 Nov 2021 | Mid-Year Finance and Performance Review | To receive an update on the financial position for 2021/22, and to note or approve virements and supplementary estimates as required. | Director of Commissioning | | No | Yes | A council which empowers and cares about people | |
| AH/22/21-22 | 16 Nov 2021 | Performance Scorecard - Quarter 2 (2021/22) | To consider the key performance indicators/measures from Quarter 2, 2021/22. | Director of Adult Social Services | | No | No | A council which empowers and cares about people | |
| AH/25/21-22 | 18 Jan 2022 | Medium Term Financial Strategy | To respond to the Budget consultation for Adults and Public Health Services. | Director of Finance and Customer Services (s151 Officer) | Yes | Yes | Yes | An open and enabling organisation | |

| Reference | Committee Date | Report title | Purpose of Report | Report Author /Senior Officer | Consultation and Engagement Process and Timeline | Equality Impact Assessment Required and Published (Y/N) | Part of Budget and Policy Framework (Y/N) | Corporate Plan Priority | Exempt Item and Paragraph Number |
|-------------|----------------|--|---|-------------------------------|--|---|---|---|----------------------------------|
| AH/26/21-22 | 18 Jan 2022 | Third Quarter Finance & Performance Review | To receive an update on the financial position for 2021/22, and to note or approve virements and supplementary estimates as required. | Director of Commissioning | | No | Yes | A council which empowers and cares about people | |