

Adults and Health Committee

Agenda

Date: Tuesday, 18th January, 2022
Time: 10.30 am
Venue: The Capesthorne Room, Macclesfield Town Hall SK10 1EA

PLEASE NOTE –This meeting is open to the public and anyone attending this meeting will need to wear a face covering upon entering and leaving the venue. It is advised that this only be removed when speaking at the meeting.

The importance of undertaking a lateral flow test in advance of attending any committee meeting. Anyone attending is asked to undertake a lateral flow test on the day of any meeting before embarking upon the journey to the venue. Please note that it can take up to 30 minutes for the true result to show on a lateral flow test. If your test shows a positive result, then you must not attend the meeting, and must follow the advice which can be found here:

https://www.cheshireeast.gov.uk/council_and_democracy/council_information/coronavirus/testing-for-covid-19.aspx

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

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

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

1. Apologies for Absence

To note any apologies for absence from Members.

For requests for further information

Contact: Karen Shuker

Tel: 01270 696459

E-Mail: karen.shuker@cheshireeast.gov.uk with any apologies

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

To approve as a correct record the minutes of the previous meeting held on 16 November 2021.

4. **Public Speaking/Open Session**

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

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

5. **Local Safeguarding Adults Board Annual Report 2020/21** (Pages 13 - 30)

To receive the 2020/21 Annual Report of the Local Safeguarding Adults Board.

6. **Director of Public Health Annual Report 2020/21** (Pages 31 - 58)

To receive and approve the Director of Public Health Annual Report 2020/21.

7. **2021/22 Financial Year Review** (Pages 59 - 96)

To receive an update on the financial position for 2021/22 and to note or approve virements and supplementary estimates as required.

8. **Medium Term Financial Strategy 2022/23 - 2025/26** (Pages 97 - 146)

To respond to the budget consultation.

9. **Recommissioning of the Statutory Advocacy Service** (Pages 147 - 166)

To approve the partnership agreement for the statutory advocacy service, delegate authority for awarding the contract, and note the model for the new service.

10. **Adult Social Care Performance Scorecard - Quarter 2 (2021/22)** (Pages 167 - 174)

To note the performance of Adult Social Care for quarter 2 of 2021/22.

11. **Work Programme** (Pages 175 - 176)

To consider the Work Programme and determine any required amendments.

12. **Minutes of Sub-Committee** (Pages 177 - 182)

To receive the minutes of the following sub-committee of the Adults and Health Committee:

Cheshire East Health and Wellbeing Board – 23 November 2021

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

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CHESHIRE EAST COUNCIL

Minutes of a meeting of the **Adults and Health Committee**
held on Tuesday, 16th November, 2021 in the Committee Suite 1,2 & 3,
Westfields, Middlewich Road, Sandbach CW11 1HZ

PRESENT

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

Councillors P Butterill, J Clowes, A Critchley, B Evans, S Gardiner, L Jeuda,
A Kolker, D Murphy, R Vernon, J Weatherill and N Wylie

OFFICERS IN ATTENDANCE

Roisin Beressi, Senior Solicitor, Adults and Education
Jill Broomhall, Director of Adult Social Care
Shelley Brough, Head of Integrated Commissioning
Paul Goodwin, Head of Financial Services
Helen Charlesworth-May, Executive Director for Adults, Health and Integration
Karen Shuker, Democratic Services
Nichola Thompson, Director of Commissioning
Matt Tyrer, Director of Public Health

The Chair varied the order of business. Notwithstanding this the minutes are in the order of the agenda.

The Chair welcomed the new Executive Director of Adults, Health and Integration – Helen Charlesworth-May, to the meeting.

24 APOLOGIES FOR ABSENCE

There were no apologies for absence.

25 DECLARATIONS OF INTEREST

There were no declarations of interest.

26 MINUTES OF PREVIOUS MEETING

Consideration was given to the minutes of the previous meeting held on 27 September 2021.

Councillor Gardiner requested if a review could be carried out by the Constitution Working Group in respect of the way voting was recorded within the minutes at committee meetings as presently it was not clear if the recommendations were approved unanimously or by majority.

The Director of Adult Social Care Services provided an update to an action taken away from the 27 September meeting in respect of a request made by the committee. The committee had requested that a letter be sent to the Secretary of State to request further information be provided in relation to the publication of the Code of Practice for Liberty Protection Safeguards, together with confirmation of any revised implementation date. The committee were informed that a letter had been sent to the Secretary of State for Health and Social Care, with a copy to the Care Minister and local MP's.

RESOLVED:

That the minutes of the meeting held on 27 September 2021 be approved as a correct record.

27 PUBLIC SPEAKING/OPEN SESSION

Councillor Suzy Firkin, Congleton Town Councillor, attended the meeting and spoke in respect of item 7 Cheshire East Day Opportunities Strategy. Councillor Firkin asked if there was a current plan for the reuse of Mountview and if not, how could residents of Congleton work with Cheshire East to find a new constructive role for the centre supporting health and wellbeing in Congleton and the surrounding area.

In response it was explained that work was taking place in relation to progressing proposals for the development of the Mountview site. The site had been identified as one that would be taken forward as part of the Housing Development Framework which related to the development of mixed tenure housing provision on Council owned land including specialist housing provision- extra care. Whilst there was no activity on site currently, residents were assured that the site would not be left and there were plans in place to progress the site as soon as possible.

28 ADULT SOCIAL CARE WINTER PLAN 2021-22

The committee received a report that set out the schemes and actions which were being deployed through 2021-22 to address winter pressures.

The report highlighted the current activity and the emerging pressures in the social care market, along with the position in respect of Covid-19 cases. It was reported that 97% of care home residents had now received their first does and 95% had received their second dose.

Work had been carried out with care homes over the last six months to encourage vaccination uptake and there had been no issues through loss of staff for business continuity.

A question was raised regarding whether data had indicated that diseases such as respiratory syncytial virus had impacted on hospital pressures and

it was agreed that the Director of Public Health would provide the data outside of the meeting.

RESOLVED

That the Adult Social Care Winter Plan 2021-22 be noted.

29 ALL-AGE SENSORY IMPAIRMENT STRATEGY

The committee received a report setting out the All-Age Sensory Impairment Strategy which had been developed in partnership with Cheshire Clinical Commissioning Group following formal consultation.

The Committee welcomed the report, and the following comments were made by various members of the Committee:

- Was there a learning exercise moving forward following the consultation exercise in respect of whether it was diverse enough.
- Consideration to be given to working with services in respect of the feedback provided around the lack of awareness and understanding of the impact and challenges of living with a sight and/or hearing impairment among professionals and the wider community.
- As the consultation had taken place over the summer holidays it may have limited the number of responses received;
- Would welcome more information on how the results would be evaluated.
- When developing strategies and services through co-production in the future, more consideration to be given on how people's expectations would be managed, to ensure what people need was taken in to account rather than what they want, within the budget that had been set.

RESOLVED:

That the All-Age Sensory Impairment Strategy be approved.

30 CHESHIRE EAST DAY OPPORTUNITIES STRATEGY

The Committee received a report which outlined the consultation, engagement, review and development of the co-produced Day Opportunities Strategy and redesign of the current day opportunities services offer across the borough. A delivery plan would be brought back to committee if the strategy was approved which would be costed and within the Medium-Term Financial Services budget.

The report was co-produced with a wide range of stakeholders and had received a good response on the different approach taken to provide day opportunities within Cheshire East.

The Committee welcomed the report, and the following comments were made by various members of the Committee

- Disagree that there would be no direct implications for rural communities;
- Must remember that carers need to be looked after, along-side the strategy;
- Need to ensure there are services for people to go to;
- Important to be realistic in what is offered to people.

A question was raised regarding the Kickstart programme and what the uptake had been, and it was agreed that the Director of Commissioning would share a briefing report with committee.

RESOLVED

That the co-produced Cheshire East Day Opportunities Strategy 2022-2027 be approved.

31 CHESHIRE EAST PLACE DEMENTIA STRATEGY

The committee received a report in respect of the contents of the draft Cheshire East Place Dementia Strategy which had been developed in with the Cheshire Clinical Commissioning Group (CCG). Approval was being sought to formally consult on the draft strategy. The strategy would also require approval by the CCG Programme Development Group as it was a joint strategy.

The Committee welcomed the report, and the following comments were made by various members of the Committee:

- Consideration to be given to the wording/section on page 14 of the strategy 'What is good for your heart is also good for your brain'.
- Would like to have seen more emphasis in relation to the preparation and diagnosis of dementia;
- Consideration to be given to raising awareness of the 'Dementia Friends Project' to be included within the strategy.

RESOLVED:-

That formal consultation on the draft Cheshire East Place Dementia Strategy be approved.

The committee adjourned for a short break.

32 CHESHIRE EAST JOINT MARKET POSITION STATEMENT

The committee received a report which outlined the results of the consultation process and presented the final version of the Joint Market Position Statement 2021-25 for approval.

Concerns were raised in respect of the inter connectiveness of policies across all committees, and the mechanisms that were in place to ensure all relevant committees were aware of what other committees were doing. The Committee were advised that as committees were made up of proportionate representation of all groups any member would be able to take back any information or issues to feedback into other committees.

RESOLVED:

That the final version of the Market Position Statement 2021-25 as outlined in appendix 1 be approved.

33 RECOMMISSIONING OF THE ASSISTIVE TECHNOLOGY SERVICE

The committee received a report in respect of the recommissioning of the Assistive Technology Service and the changes made with the new model outlined in Appendix 2.

It was reported that the digital switchover would take place in 2025 which would be a gradual transition. In response to the report, the following comments were made by various members of the Committee:

- There was a need to be aware that there will always be some people who are not able to take advantage of digital solutions;
- Consideration would need to be given to the evaluation process in respect of how effective the strategy had been

Councillor Clowes requested that it be noted that when the report was considered by committee at the meeting on the 27 September 2021, she did not vote for the removal of the basic package for the over 85's living alone.

In response to a question raised relating to the number of calls received by the response centre, and the number of visits made by the mobile response team outlined in paragraph 5.20 it was agreed that the Head of Integrated Commissioning would provide a breakdown of the data in a written response.

Members requested a briefing in respect of the Assistive Technology Service to help them further understand the details of what was being recommissioned.

RESOLVED

That the details provided of the revised model for the Assistive Technology Service be noted.

34 CHESHIRE EAST LOCAL ACCOUNT FOR ADULT SOCIAL CARE 2020-21

The committee received a report in respect of the Cheshire East Council's Adult Social Care Local Account 2020/21. The report highlighted the challenges faced by services during the pandemic, particularly around domiciliary care, and what the priorities would be for the coming year.

Awareness around the increasing ageing population and complexities of cases would help develop strategies in the future and complaints and compliments received had helped develop training commissioned for staff to develop the service.

The Committee welcomed the report and expressed their thanks to the Adult Social Care Team, particularly in the last 18 months. The following comments were made by various members of the Committee

- Would welcome more information in respect of where there had been any issues with the service;
- There was a requirement for more effective joint working with the health service and the volunteer sector, particularly with the out of area hospitals.

A question was raised regarding the development of the Bexton Court site, and whether a timeline had been agreed. It was agreed that the Director of Commissioning would provide a written response.

RESOLVED

That the Cheshire East Council's Adult Social Care Local Account 2020/21 be noted.

35 WORK PROGRAMME

The Committee considered an updated work programme which included:

- The 'Care at Home Framework' to be moved to later in 2022;
- The 'Third Quarter Finance Review' had been renamed to the '2021/22 Financial Year Review' and moved to January 2022;
- The 'Live Well For Longer Strategy' moved to March 2022;
- The 'Channel Panel Annual Report' had been removed from the work programme;
- The 'Performance Scorecard Qtr2' had been moved to January 2022
- The 'Transition – Support the Council Gives to Disabled Young Adults' may be required to move back from January 2022.

RESOLVED

That the updated work programme be noted.

36 MINUTES OF SUB-COMMITTEES

The committee received the minutes of the Cheshire East Health and Wellbeing Board held on 27 September 2021.

RESOLVED

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

The meeting commenced at 10.30 am and concluded at 12.45 pm

Councillor J Rhodes (Chair)

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Working for a brighter future together

BRIEFING REPORT

Adults and Health Committee

Date of Meeting:	18 January 2022
Report Title:	Cheshire East Safeguarding Adults Board Annual Report (2020-2021)
Report of:	Helen Charlesworth-May, Executive Director Adults, Health and Integration

1. Purpose of the report

- 1.1** This report presents the Annual Report of the Cheshire East Safeguarding Adults Board to the Committee. This report provides an opportunity to evidence how the Safeguarding Board is fulfilling the council's priority to 'Protect and support our communities and safeguard children, adults at risk and families from abuse, neglect and exploitation' as stipulated in the council's Corporate Plan 2021-25.

2. Executive Summary

- 2.1.** This is the Annual Report of the Cheshire East Safeguarding Adults Board. The report provides a comprehensive overview of how strategic partners worked together during 2020/2021 to prevent and protect adults at risk of abuse during this time. It also describes the purpose, aims and priorities of the Safeguarding Adults Board and notes challenges and achievements during the early stages of the Covid pandemic. Finally, the report includes three 'stories of difference', describing how the strategic aims of the Safeguarding Board are implemented every day by frontline practitioners and the impact and safeguarding outcome for adults at risk who are residents of Cheshire East.
- 2.2.** The purpose of the report is to enable the Safeguarding Adults Board to fulfil its statutory duty to produce and publish an annual report. This report provides an opportunity to evidence how the Safeguarding Board is fulfilling the council's priority to 'Protect and support our communities and safeguard children, adults at risk and families from abuse, neglect and exploitation' as stipulated in the council's Corporate Plan 2021-25. Finally, the report acts

as a reminder that safeguarding is everyone's business and the importance of effective communication and partnership working.

3. Background

- 3.1.** The Safeguarding Adults Board consists of three statutory partners from the local authority, police and Clinical Commissioning Group, but also senior representation from Housing, Probation, Cheshire Fire and Rescue, mental health services, prison services, voluntary and faith sector groups. It has responsibility to lead adult safeguarding arrangements across the Cheshire East footprint and to oversee and coordinate the effectiveness of the safeguarding work of its member and partner agencies.
- 3.2.** The Care Act 2014 endorses the principles of making safeguarding personal and the Safeguarding Adults Board should ensure that all partners work in a 'person centred, outcome focussed' way. Moreover, assuring itself that safeguarding practice is continuously improving and enhancing the quality of life of adults in Cheshire East. The annual report is based on individual single agency reports submitted at the end of each financial year.
- 3.3.** In addition to producing an annual report, the Safeguarding Adults Board also has a duty to produce a three year strategic plan which sets out the objectives of the Board and how they are going to be achieved. It also has a statutory duty to commission Safeguarding Adults Reviews to enable learning where it is established that an adult at risk has died because of abuse or neglect AND agencies have not worked effectively together.
- 3.4.** The Safeguarding Adults Board meets on a quarterly basis. However, there are many activities and subgroups which meet regularly throughout the year to support the work of the Board. A vital function of the Safeguarding Adults Board is to connect with other partnership boards and there are strong connections with the Safer Cheshire East Partnership, the Domestic Abuse Partnership, the Children's Safeguarding Partnership, and the Early Help Together Board.

4. Briefing Information

- 4.1.** It should be noted that this Annual Report captures activity between April 2020 and March 2021, when the Covid pandemic was still prevalent, and all services had to adapt to national restrictions and guidelines. During this time our statutory adult safeguarding duties under the Care Act remained unchanged, and staff have worked tirelessly and creatively during this time to respond to safeguarding adult concerns. This briefing report would like to highlight key information contained in the Safeguarding Adults Board Annual Report.
- 4.2.** The Safeguarding Adults Board continued to meet and adapted to using Microsoft Teams. The Head of Adult Safeguarding has met with the Independent Chair of the Board every week to ensure effective communication. The Board has continued to adopt a themed approach to

Board meetings. This has enabled the golden thread of adult safeguarding to flow from top to bottom and vice versa, including case presentations to Board members by social workers and practitioners. Key themes during this year were Covid and adult safeguarding, PREVENT and radicalisation, and safeguarding and carers.

- 4.3.** Adult safeguarding is not only about protection but prevention. During this year Cheshire East Safeguarding Adults Board joined with colleagues at the Ann Craft Trust as part of the national campaign to raise awareness during National Safeguarding Adults Week in November 2020. The Board's dedicated Safeguarding Trainer, although initially redeployed to the council's People Helping People Programme, resumed basic Adult Safeguarding Training to non-statutory and voluntary organisations in October 2020, delivering 114 online sessions to 724 learners.
- 4.4.** The Board has retained a supportive and encouraging role to organisations, providers, and practitioners during the pandemic. The Board was able to join with the Children's Safeguarding Partnership to host the biannual Safeguarding and Dignity Awards in February 2021. This was facilitated online, but paid tribute to individuals, teams and volunteers who have gone above and beyond to work with adults and children affected by abuse. It is hoped that the next safeguarding awards event will be in person in 2023.
- 4.5.** The annual report evidences the number of safeguarding concerns received during 2020/2021. Cheshire East, like many local authorities, saw an initial fall in adult safeguarding referrals following the first national lockdown. However, numbers of referrals have continued to rise significantly ever since. Weekly statistics are submitted to CEMART and we are now seeing a mean average of 350 safeguarding referrals per month. During Covid we have noted an increase in neglect/acts of omission. But we also noted the impact of Covid on informal carers and the potential for carer breakdown to result in safeguarding issues. Officers have been working with commissioners who are managing the Carers and Dementia Strategies. It should also be noted that safeguarding enquiries are much more complex, with key issues of substance misuse, trauma, self-neglect, and engagement being common themes.
- 4.6.** Finally, the Safeguarding Adults Board Annual Report references its development day which was held in March 2020. This was facilitated by Professor Michael Preston Shoot. The Board were provided with key learning from Safeguarding Adults Reviews (SARs) which occurred in the UK between 2017-2019. During 2020/21 the Board facilitated two discretionary SARs and commissioned a statutory SAR which commenced in May 2021 and will be included in next year's annual report.
- 4.7.** The report ends with personal case studies of Heidi, Lucy and Wilf, highlighting the impact of physical, financial and self-neglect on individuals, but more importantly how social workers turned making safeguarding

personal into a reality and worked with each person to achieve their own outcomes.

5. Implications

5.1. Legal

- 5.1.1. The Safeguarding Adults Board Annual Report demonstrates compliance with the statutory duties under the Care Act 2014.

5.2. Finance

- 5.2.1. There are no financial implications or changes required to the MTFS because of this briefing paper.
- 5.2.2. The Safeguarding Adults Board is funded by a mixture of funding sources. The Better Care Fund contributes £52k per year and £10k per annum is received from Cheshire Police, and there is a Cheshire East Council base budget contribution of £23k per annum.
- 5.2.3. The funding supports the Independent Chair, the Safeguarding Board Manager and Administrator. The Board is responsible for commissioning Safeguarding Adults Reviews (SAR) as they occur. The number of SAR requests continue to increase. The Safeguarding Trainer is funded externally each year.
- 5.2.4. The Safeguarding Adults Board would like to be able to undertake more proactive preventative work and to also offer multi-agency training. This can only be achieved by additional funding if it is made available in the future.

5.3. Human Resources

- 5.3.1. There are no Human Resources Implications. The Report will be published on the Safeguarding Board Website: www.stopadultabuse.org

Access to Information	
Contact Officer:	Sandra Murphy – Head of Adult Safeguarding Sandra.murphy@cheshireeast.gov.uk 07825 145 464
Appendices:	Cheshire East Safeguarding Adults Board Annual Report 2020-2021
Background Papers:	None

2020 – 21

Cheshire East Safeguarding Adults Board Annual Report



OFFICIAL

Welcome from Independent Chair



This report covers the period from the beginning of the Pandemic and the first lockdown, through to learning to live with Covid and in between variations on lockdowns and whole scale changes to how partners support those who need their services.

This has affected every part of our work and has been for all our partners the most challenging any of them have ever experienced. Working from home - Zoom, Teams and other platforms have become the norm and that phrase “you are on mute!” has become an everyday term.

The Board has not met in person now for 18 months, but the work has continued unabated and in fact there has been an increase in referrals and in demand on all partners. Nevertheless, we have met online on a very regular basis and of course front line workers have continued to support those with care and support needs in person.

I pay tribute to them and all those who delivered PPE to care homes which in the early days was a triumph over chaos and at a time when we knew so little about the virus. Time and again staff from all agencies have put others first and set aside their own safety.

Throughout, staff have not just gone the extra mile but the extra marathons!! We owe them a debt that we can never repay. The Awards Ceremony which is referred to in the report was a highlight of the year. The chance to thank people was not just a great opportunity for the Board to express our appreciation but it was also truly humbling.

I hope that you find our annual report informative and helpful. I should like to particularly thank Katie Jones and Claire Faulkner our Board Manager and Administrator respectively for their support to the Board.

Geoffrey Appleton
Independent Chair

THE BOARD

Cheshire East Safeguarding Adults Board is required, under the Care Act 2014, to produce an annual report each year. The report must set out what we have done during the last year to help and protect adults at risk of abuse and neglect in Cheshire East

The work of the Board is driven by its vision that People in Cheshire East have the right to live a life free from harm, where communities:

- Have a culture that does not tolerate abuse
- Work together to prevent abuse
- Know what to do when abuse happens

What is Safeguarding? Safeguarding adults is about protecting adults at risk of harm from suffering abuse or neglect. It is recognised that certain groups of people may be more likely to experience abuse and less able to access services or support to keep themselves safe

Who are we?

The Cheshire East Safeguarding Adults Board (CESAB) is a statutory multi-agency partnership comprising of Cheshire East Council, Cheshire Police and the NHS Cheshire Clinical Commissioning Group. As well as the three statutory partners, the following organisations also are partners of CESAB - housing, local Hospital Trusts, Cheshire and Wirral Partnership NHS Trust, North West Ambulance Service, Cheshire Fire, the local prison plus probation trust, Healthwatch Cheshire East and the faith sector. The Board meets every 3 months and has a number of sub-groups.

The purpose of the Board

The overarching purpose of the board is to help and safeguard adults with care and support needs. CESAB ensure that locally abuse is prevented and that partners respond when abuse does occur in line with the needs and wishes of the person experiencing harm.

Our aims

Working together and with adults at risk of abuse the board aims to ensure people are:

- safe and able to protect themselves from abuse and neglect.
- treated fairly and with dignity and respect.
- protected when they need to be.
- and able to easily get the support, protection, and services that they need.

Our annual report tells you:

What the Board has done in 2020-21

What the data for 2020-21 tells us about Adult Safeguarding in Cheshire East

Using case studies, tells you about some of the contributions of partners to adult safeguarding

Our priorities looking forward

This report will be published on our website www.stopadultabuse.org.uk for all partners and members of the public to access

As required by the Care Act, this report will also be shared with the Chief Executive Officer and Lead Member at Cheshire East Council as well as the Police and Crime Commissioner, Heathwatch Cheshire East plus Cheshire East Health and Wellbeing Board.

OFFICIAL

What has the board done in 2020-21?

Unfortunately due to Covid-19, CESAB were unable to meet in April 2020, the Board ensured that all members were able to access Microsoft Teams for future online meetings. The Board focused on the following three areas of Adult Safeguarding during 2020/21: Adult Safeguarding and Covid 19, Carers in Cheshire East, and Radicalisation. The Board led of a local campaign for National Safeguarding Adults week and also held the bi-annual Safeguarding and Dignity Awards in February 2021 in conjunction with the Safeguarding Children's Partnership.



Safeguarding Adults during the Covid-19 Crisis – The pandemic had major implications for health and care services, both nationally and locally. Throughout the crisis, safeguarding adults remains a statutory duty. Consequently, safeguarding adults continued to be the responsibility of local authorities and partner agencies. CESAB wanted assurance that the multi-agency partnership was working together to keep everybody safe from abuse or neglect during Covid-19. CESAB sought assurance that all safeguarding partners in Cheshire East had robust and attainable Safeguarding adults procedures in place throughout the pandemic. CESAB dedicated their July 2020 Board meeting to the topic and set out a coronavirus risk matrix for the multi-agency partnership.

NEXT STEPS – The risk register is monitored continuously as the national situation develops.

Covid-19 – is a standard item to be added to all Business Management and Statutory Partner Meetings.

CESAB SAR statement produced to reflect current pressures (pg7)



Carers in Cheshire East – The board were briefed on the development of a new dementia strategy within Cheshire East. Research shows that there is a link between dementia and domestic assault, which can often get overlooked. Cheshire East Carers Hub also presented about their work and the current pressures for carers during the pandemic.

NEXT STEPS - The Board discussed practitioners needing a greater understanding about dementia, links to domestic abuse and the need to raise awareness. A leaflet has been produced which is shared on our website.

A similar presentation was also made at the Safeguarding Practitioners Forum and information shared in CESAB's newsletter



Radicalisation - A presentation was given from the local Counter Terrorism Team around how Channel and Counter terrorism work is led across the 9 Local Authorities that make up the Cheshire and Merseyside Region. Local case examples and figures were also highlighted. Channel provides support across Cheshire East to those who may be vulnerable to being drawn into terrorism. The overall aim of the panel is early intervention and diverting people away from the risk they may face. Channel uses existing collaboration between partners to support individuals and protect them from being drawn into terrorism. Cheshire East are recognised for their Best Practice in regard to the local referral process it has designed.

NEXT STEPS – Cheshire East's online referral process is to be shared across the North West region to highlight good practice with individuals referring to the panel via the SAB website with a copy being sent to the Police at the same time

Case examples will be shared at the Safeguarding Practitioner's meeting and information will be added to the CESAB website and newsletter

National Safeguarding Adults Week

**National
Safeguarding
Adults Week 2020**

16 to 22 November 2020

This event took place in November 2020, due to Covid-19 restrictions CESAB had to plan this year's activities to take place online. CESAB planned a wide range of activities throughout the week from Lunch and Learn sessions for professionals to public awareness talks for the local community. The week aimed to make people aware of the different types of abuse that individuals in Cheshire East may experience. Talking about the week, Councillor Laura Jeuda said: **"It is very sad to say this, but adult abuse is far more common than many of us think. The council sits on a dedicated safeguarding adults board, which is committed to raising the profile of adult safeguarding. If you know someone who is experiencing abuse, please report it. Together we can stamp out all forms of abuse."**

Geoffrey Appleton, Independent Chair of Cheshire East's Safeguarding Adults Board, said: **"The week is an excellent opportunity to raise awareness of safeguarding adult issues. The planned events throughout the week highlight how abuse can happen anywhere. It can be committed by anyone, and that abuse can take many forms."**

"Whatever the circumstances, abuse is always wrong, and the week demonstrates how agencies in Cheshire East work together to support the person, to bring the abuse to an end".

Adult Safeguarding Training 2020 - 2021

Following a successful bid for funding to retain the post of Safeguarding Training Officer through to 31st August 2021 this report highlights the work the Training Officer has undertaken during the period 1st April 2020 to 31st March 2021.



“As we are all aware March 23rd 2021 saw the Country enter a national lockdown as a result of the COVID crisis. Up until that point all training had been conducted on a face to face basis. The majority of learners were care workers and a significant number of sessions were delivered in care homes. As a direct result of the situation, it was regrettable but understandably necessary to suspend the delivery of all training with immediate effect.

Having extensive strategic and operational experience in the safeguarding arena I volunteered to be redeployed to both the Shielding and People Helping People programmes to utilise my experience and expertise in dealing with risk and managing critical incidents. I therefore supported the Local Authority with both these critical functions until the end of July and the easing of restrictions.

Recognising that the delivery of face to face training would still be restricted, the funding bid for the academic year September 2020 to August 2021 saw a target of delivering training to 600 learners been set. To respond to this challenge, I met with a number of providers to discuss the practicalities and technical requirements of delivering the session online rather than face to face and most importantly to ensure that it was suitable for their needs. Having done this I then adapted the existing face to face level 1 training session to an online version that could be delivered via TEAMS, ZOOM etc. The session was then promoted using various sources and a number of bookings were secured.

Between October 1st 2020 and March 31st I delivered some 114 online sessions to 724 learners therefore exceeding the yearly target some five months ahead of schedule.

One noticeable change to note was the demographic of learners substantially changed with the move to online learning. Sessions were delivered, to care home staff, domiciliary carers, supported living, housing providers and volunteers. However, reaching care home staff has proved challenging given the issues they have faced, but this has allowed the opportunity to reach other groups. Particularly pleasing was the fact that of the total trained 102 were community volunteers who through their volunteering are involved either directly or indirectly with Adults at Risk.”



P Broadhurst

Paul Broadhurst - Safeguarding Adults Board Training Officer

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The Safeguarding and Dignity Awards – February 2021



"We have seen real case examples today from many partner organisations and from within the local community of how people in Cheshire East have been protected and, in some cases, lives saved, congratulations to all our winners"

Cllr Laura Jeuda

The Cheshire East Safeguarding Adults and Children's Boards aim to prevent abuse where possible and act quickly and appropriately when it does happen. The Boards recognise that across Cheshire East there are many carers, health and social workers plus volunteers doing fantastic jobs, sometimes under very difficult circumstances. The 2021 Safeguarding & Dignity Awards were an opportunity to celebrate and recognise good practice in organisations, teams, individual workers or volunteers with regards to treating individuals with dignity and supporting and protecting children and adults at risk from abuse, harm or exploitation. Successful nominees were invited to attend an online celebratory event in March 2021. The event was a celebration of individuals and teams who go the extra mile to treat individuals with dignity or to support and protect children and adults at risk. The awards celebrated many winners from across Cheshire East including three residents who won the public community award for entering a fire in a care setting to rescue elderly residents from the building.

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Prevention and Public awareness: An important role of the SAB is to raise awareness so that communities play their part in preventing, identifying and responding to abuse and neglect.



Over 2020/21 CESAB produced regular newsletters and bulletin updates which were sent to all partners and posted on the website providing information on adult safeguarding. The Board are also producing more information in Easy Read format; this ensures it is easier for professionals, public and adults at risk to understand safeguarding, how to keep safe and how to respond when there is a concern. The Board continues to develop its social media presence across Twitter, Facebook, Youtube and Linked In



Links with other Boards: In 2020/21 the SAB continued to establish effective working relationships between the other key partnership boards that have oversight of work undertaken to support residents of Cheshire East. Over the last year we have worked closely with the three other SABs within the Cheshire area as well as local multi-agency partnerships in Cheshire East such as the Community Safety Partnership, the Safeguarding Children's partnership, the Domestic Abuse Partnership and the Health and Wellbeing Board. The Chairs from the local partnerships have met quarterly throughout the year and the pan Cheshire Business Managers Group also regularly meet, this has resulted in a clearer understanding of respective roles and responsibilities, improve joined up working between partners, reduced duplication, and developed collaborative efforts to improve the resilience of Cheshire East communities, families, and individuals.

DEVELOPMENT DAY - The Board held a successful Development Day for its partners in March 2021, this event was facilitated by Professor Michael Preston-Shoot. The event focused on best practice when conducting a Safeguarding Adults Review. The Board reflected on its current referral processes and the themes from the first national analysis of Safeguarding Adult Reviews (SARs) in England, that was funded by the Care and Health Improvement Programme, supported by the Local Government Association (LGA) and the Association of Directors of Adult Social Services (ADASS). The Board will use their reflections from this day to further develop its referral process for SARs and to identify and shape priorities for its Three Year Strategic Plan.



What is a Safeguarding Adult Review (SAR)?

When an adult who needs care and support either dies or suffers serious harm, and when abuse or neglect is thought to have been a factor, Cheshire East Safeguarding Adults Board (CESAB) may need to review what has happened. This is called a Safeguarding Adults Review. There are two forms of review, a Statutory Safeguarding Adults Review (SAR) and a Discretionary Safeguarding Adults Review (D SAR). A Discretionary SAR takes place when only part of the criteria/conditions for a Statutory SAR have been met but the Safeguarding Adults Board feel there are multi agency learning opportunities. These reviews are to see whether any lessons can be learned about the way organisations worked together to support and protect the person who suffered harm.

Local update:

The Board received three referrals for a SAR over the last year; these were reviewed by our Serious Case Group that is chaired by Cheshire Police. The group concluded that two of these cases did not meet the threshold for a full SAR. However, it recommended that a Discretionary SAR be held (details below). One case did meet the threshold for a full SAR and work on this commenced during the start of 2021, this will be concluded later in the year and shared on the website. It will also be reported fully in next year's annual report

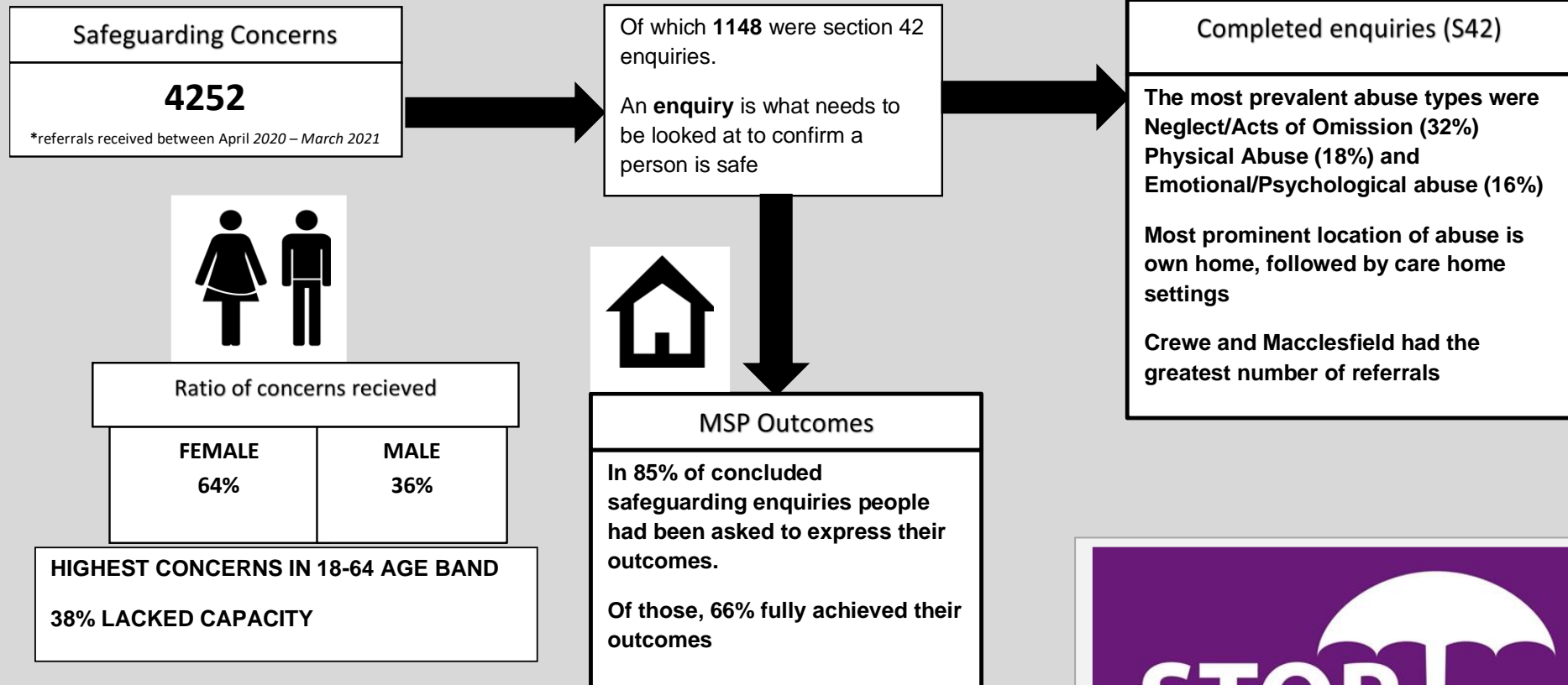
2 Discretionary SARs:

CASE 1 – focused on the mental health of a carers who are also adults at risk. The recommendations following this review were to look at professional meetings in complex cases; how and when they are called. This aided the work on the new Complex Safeguarding policy. It was also recommended that a future SAB meeting to be focussed on carers and the impact on hidden carers. This meeting is highlighted on page 3

CASE 2 – focused on Self-Neglect and when high risk individuals refuse to engage with services especially health recommendations/ medication. Themes discussed included the impact Covid-19 was having on the ability of staff to monitor Self-neglect as closely. The case also highlighted opportunities for joint working with children's services when young people reside in the same home as the adult at risk. Again, recommendations from this Discretionary SAR helped to inform the pathway for the new Multi-agency Complex Safeguarding Policy

Due to the ongoing pressures with the Covid-19 situation, CESAB issued a SAR Statement in April 2020 stating how SAR's will be conducted during the pandemic this included taking steps such as online meetings with slight extensions in timeframes. Full statement can be found on the website.

Performance and activity Information 2020-21



Cheshire East saw an Increase in Safeguarding Concerns in 2020/2021 with an increase of 538 Safeguarding concerns in comparison to 2019/20 data

Data comparisons to the North West England figures for 2020/21 available on request

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Care Concerns 2020-21



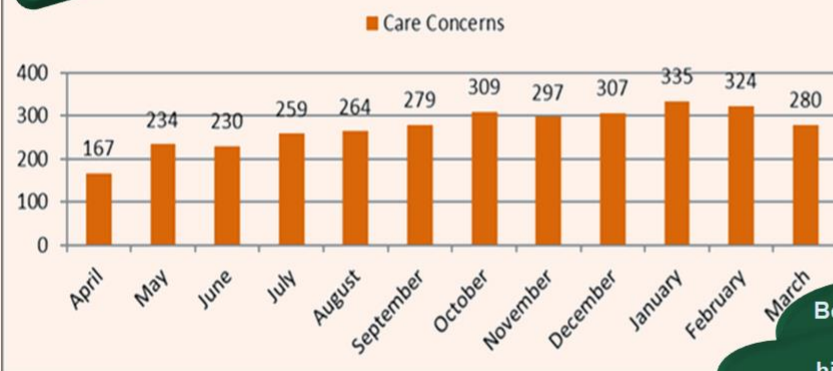
Analysis of a full year of care concern submissions

Care Concerns
2997

Care Concerns received between April 2020 and March 2021

A pilot process commenced in 2018 with three providers

Care Concerns



The pilot was extended in December 2018

Becoming Business as Usual in December 2019

199 providers were using the care concern process as at 31st March

Being able to look in detail at low level concerns has been beneficial in highlighting where small changes can have a larger positive impact on individuals. Such as...

There are 19 areas of concern

Service user on service user incidents are most common

Followed by medication errors

Falls are the third most common area of concern

OT referrals

Changes to support plans

Helping people to remain as independent as possible

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The Herbert Protocol initiative is named after George Herbert, a war veteran, who lived with dementia. George Herbert sadly died whilst 'missing', trying to find his childhood home. It is a national scheme introduced by the police in partnership with other agencies which encourages carers to compile useful information which could be used in the event of a vulnerable person going missing. Carers, family members and friends can complete in advance, a form recording all vital details, such as medication required, mobile numbers, places previously located, a photograph etc. In the event of your family member or friend going missing, the form can be easily handed to the police to reduce the time taken in gathering this information. The Cheshire East Safeguarding Adults Board is encouraging all care providers and families to complete a Herbert Protocol for individuals at risk of going missing. For more details please visit the Cheshire Police website.

Heidi's Story Heidi was 56 when she developed care and support needs following a stroke, which resulted in mobility and communication difficulties. Heidi attends a day centre twice a week to support her husband with his caring role. The Centre staff noted that Heidi's husband was being rough with her at times when supporting her in and out of the car. A Social Worker visited the couple and spoke to both Heidi and her husband. Heidi stated that she wanted to continue to have her husband as her main carer but both parties acknowledged that he sometimes gets frustrated with this caring role. Heidi's husband received a Carer's Assessment and a number of actions have been put in place to support the couple and to ensure the home is calmer/safer environment. Third sector organisations play an important part in ensuring this plan is successful.

CASE EXAMPLES

Lucy's Story Lucy is 78 and lives alone. She has mobility difficulties and some health issues. She told the District Nurse that over the last few months her neighbour had been asking her for money and bits of food, and she was not always paying the money back, plus these requests were becoming more frequent. Lucy consented to the District Nurse notifying her Social Worker about this, she did not want the Police involved as liked the neighbour's company but just wanted her to stop asking to borrow money and food as it was making her stressed and unhappy. A Social Worker visited Lucy and discussed the options available to her, including how to speak with the neighbour herself, arranging for another person to speak with the neighbour on her behalf, or contacting the police for advice. Lucy decided she would talk directly to the neighbour and let the neighbour know that her Social Worker is monitoring the situation. Also, during the enquiry, the Social Worker realised the neighbour was a single mother that was in arrears with her landlord and was struggling to cope. A referral the Cheshire East Consultation Service (ChECS) was made for support for the family.

Wilf's Story Wilf is 68, lives at home alone. His wife passed away a couple of years ago. The couple were known to hoard but since losing his wife Wilf's hoarding behaviours have heightened. Neighbours contacted Environmental Health with concerns that the property may contain vermin. Environmental Health didn't find any evidence of vermin but did refer to Adult Social Care as were concerned about Wilf's wellbeing and safety. Wilf was initially reluctant to engage with Adult Social Care but did agree to the Fire Service visiting the property in order to do a Fire Risk Assessment with him. Following this, Wilf slowly started to engage more with services; he has cleared some space in the property with support from Housing and has received support and advice around his finances. It is important for Wilf to live at home independently and services continue to support him in achieving this.

Our priorities 2021-22: The Board recognises more can be achieved by working together in partnership and has committed to the following areas for the year ahead, based on feedback, learning and analysis of current strengths.

Three Year Strategic Plan: Safeguarding Adults Boards have a statutory duty under the Care Act (2014) to produce and share a three year strategic plan. Our current plan ends at the end of 2021. The Board will work with its partners and the community to plan ahead for the next three years and publish a plan for 2022 – 2025. This plan will detail how we will work in the future to keep people safe.

Training: CESAB are committed to continue to strengthen the Training function of the board. It plans to extend the safeguarding training offer to include such areas as Taxi Drivers Safeguarding Training. The Training Officer will also work closely with the Safer Cheshire East Partnership to look at training in areas such as Scams and online grooming. As Covid restrictions are eased the training offer will look to include face 2 face training again where appropriate. The Training Programme will also ensure the care sector are knowledgeable and prepared for the DoLS replacement scheme, Liberty Protection Safeguards (LPS). In 2019 the Board held a successful Adult Safeguarding Conference; unfortunately, due to Covid 19, the Spring 2020 conference had to be postponed in line with government social distancing advice. CESAB plans to work with Cheshire East Council in planning an online Adult Safeguarding Conference for 2021.

Strengthening Partnerships: We will continue to strengthen our board by establishing closer working links and structures with the Community Safety Partnership, and Cheshire East Children's Safeguarding Partnership ensuring clear oversight of wider contextual safeguarding issues such as Modern Day Slavery, County Lines and Cuckooing/ Home Invasion. The learning from the SARs/DHRs in Cheshire East and Pan Cheshire will be reflected across the partnerships, CESAB have arranged themed meetings focused on Substance misuse and Mental Health for 2021/22 because of this learning. Also, Multi Agency Substance Misuse training has been arranged for 2021/22 as a consequence of the Complex Safeguarding themes and references in local SARs/DHRs. These partnerships will also work together in readiness for the introduction of Integrated Care Partnerships and in preparation for the introduction of Liberty Protection Safeguards.

Website & Social Media: We will improve our online materials, ensuring they are easily accessible and up to date

Nice Guidance: CESAB will review with its partners the recently published NICE guidelines to seek assurance that adults in care homes in Cheshire East are kept safe from abuse and neglect.

The work of our members: All Board partners submitted Single Agency Reports to CESAB highlighting their agency's Safeguarding work over 2020/21 and their future plans/strategic directions. Highlights from this information have been incorporated into this multi-agency report.

What do you do if a bad thing is happening to you or someone else?

Abuse is wrong. Tell someone.

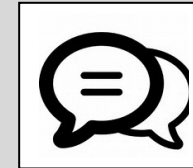
Call Cheshire East Adult Social Care

0300 123 5010 (8.30am - 5pm)

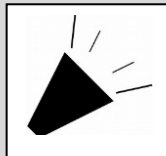
0300 123 5022 (at all other times)



If you are hearing or speech impaired, you can use **Text Relay**



If someone is hurt or it is an **emergency, please **ring 999****



If you are scared, **tell someone you trust who can report it for you.**

Cheshire East Safeguarding Adults Board, First Floor - Macclesfield Town Hall, Market Place, Macclesfield, Cheshire, SK10 1EA.

email: lsab@cheshireeast.gov.uk



www.facebook.com/CheshireEastLSAB



[@CheshireEastSAB](https://twitter.com/CheshireEastSAB)



www.stopadultabuse.org.uk



Working for a brighter future together

BRIEFING REPORT

Adults and Health Committee

Date of Meeting:	18 January 2022
Report Title:	Public Health Annual Report 2020-21
Report of:	Helen Charlesworth-May, Executive Director of Adults, Health and Integration

1. Purpose of the Report

- 1.1. This is the annual report of the Director of Public Health which is produced as part of the statutory responsibilities of the role.

2. Executive Summary

- 2.1. The previous two annual reports have focussed on the topics of people and place respectively. The focus of this report is the topic of integration, but also a look back at the first two waves of the Covid-19 pandemic.
- 2.2. The next annual report will focus on climate change and the potential impact on health and inequalities and what actions Cheshire East is taking to mitigate this.

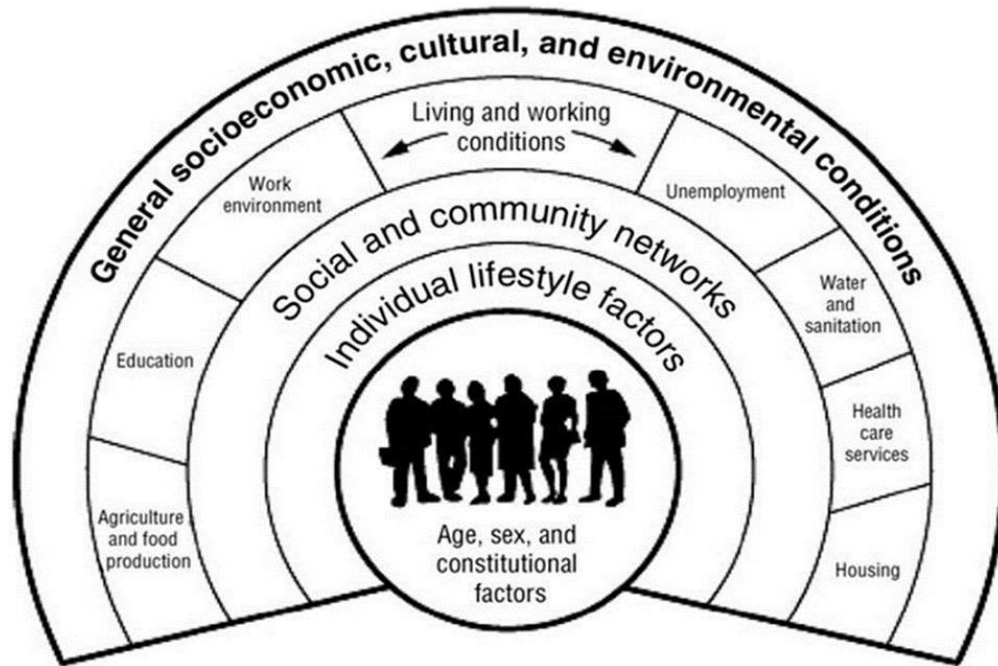
3. Background

- 3.1. The Public Health Annual Report 2020-21 builds on the themes of people and place explored in the last two annual reports by focussing on partnership. This includes the work of the Cheshire East Partnership, the Health and Wellbeing Board (including the Reducing Inequalities Commission) and the Cheshire East Wellbeing Network.
- 3.2. The report provides a snapshot of inequalities in Cheshire East as well as providing evidence and support for partnership working to create healthier lifestyles.
- 3.3. The report looks back at the Covid pandemic and the actions undertaken from March 2020 through to April 2021 highlighting key milestones in the work of the public health team throughout the pandemic.

- 3.4. Finally the report outlines the use of the public health grant and the current membership of the public health team.

4. Briefing Information

- 4.1. Inequalities in health outcomes in England are primarily driven by the structural, social and economic factors experienced by individuals and communities.



- 4.2. The effect on these factors is described through the index of multiple deprivation. In Cheshire East the areas with the highest levels of deprivation are predominantly in central Crewe and Macclesfield. There are also challenges arising from rural inequalities.
- 4.3. Tackling health inequalities is a key goal of not only Cheshire East Council, but all partners within the place and for the Cheshire and Merseyside Integrated Care system.
- 4.4. Only 20% of health outcomes are driven by clinical care, with 40% arising from the socioeconomic conditions, 30% from health behaviours and 10% from the built environment.
- 4.5. The theme of partnership is key to a resilient and fair future for our residents as it will take effective leadership and teamworking with partners to address the challenges that have the largest impacts on health.

5. Implications

5.1. Legal

- 5.1.1. It is a requirement for Directors of Public Health to produce an annual report and the publication of this report will fulfil that obligation.

5.2. Finance

5.2.1. The report itself has no direct financial implications.

5.3. Human Resources

5.3.1. The report itself has no direct HR implications.

Access to Information	
Contact Officer:	Matt Tyrer, Director of Public Health Matt.tyrer@cheshireeast.gov.uk
Appendices:	Appendix 1: Public Health Annual Report 2020-21
Background Papers:	None

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Public Health Annual Report

..... 2020-21

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The Cheshire East Health and Wellbeing Board: 2019-2020



Dr Matt Tyrer, Director of Public Health, Cheshire East

It gives me great pleasure to present my first annual report as Director of Public Health for Cheshire East. The last two annual reports from my predecessor covered the themes of “people” and “place”. This year the theme is “partnership”.

One of the most important partnerships is that between people and place: connecting the people who live, work and study in the area to their environment and communities, adding benefit all round. That is a recurring message throughout this report.

Partnership is integral to the definition of Public Health:

“The science and art of preventing disease, prolonging life and promoting health through organised efforts of society” (Sir Donald Acheson, Chief Medical officer for England, 1988).

This report outlines some of our key partnerships and plans. It covers the main threats to healthy life expectancy and to wellbeing. There is a special section on Covid-19 which has been a major new threat to the health of the public this year. The causes, the consequences and the response to this pandemic threat all relate to the social determinants of health and wellbeing. This pandemic was not just a viral phenomenon – it was a sociological and economic one too. The same can be said of the other threats to health, and this report refers to these too.

The Cheshire East Partnership Five-Year Plan for 2019-2024, reminds us of evidence that 40% of the contribution to health outcomes comes from socioeconomic factors, a

further 30% from health behaviours and 10% from the public environment. Only 20%, albeit a highly important and skilled element, is from health care itself.

An innovation in this year’s report is an account of public health resources. It outlines briefly where the money earmarked for public health went and what it was for. But our even greater resource is our staff and the wide partnerships into which they contribute, so this report shows the public health “family tree”: who we are, what we do and how to contact us.

A report of this nature cannot cover every threat to wellbeing, every initiative undertaken and every result, but there should be something of interest and relevance to anyone who lives in our borough. There is a role in the overall public health effort, summarised in the definition above, for all the people of East Cheshire to connect with their place and, through partnership, make their personal impact on health and wellbeing of all.

I hope you will find the report informative, insightful and inspirational in making your contribution to our collective partnership.

Cheshire East Partnership Five-Year Plan for 2019-2024

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

The Plan has four main areas of focus.

1. Tackling inequalities through an integrated approach to reducing poverty, isolation, housing problems and debt. The next two chapters of this annual report show current inequalities and measures being taken to address them.
2. Prevention of ill-health, early intervention, health improvement and healthy environments. These themes are very much to the fore in the four workstreams of the Integrated Care Partnership (ICP) for Cheshire East, namely: respiratory health, cardiovascular health, mental health and child health.
3. Recognising strengths and helping individuals and communities to help themselves. In the ICP workstreams mentioned above, the emphasis is on health rather than disease, building on the positives rather than just the deficits. Instead of asking “what is the matter with you?”, the question becomes “what matters to you?”. Interactions between individuals and the caring services is more of a partnership relationship than dependency relationship.
4. Sharing planning and decision-making with residents. This is partnership at collective, population level.



The Plan sets out four strategic goals.

1. Develop and deliver a sustainable, integrated health and care system. This goal is now reinforced by the latest NHS White Paper, subtitled: “Integrated and innovative”.
2. Develop a financially balanced system. The emergency response to the Covid19 pandemic, both nationally and locally, has put financial planning on a radical new trajectory, but as the “new normal” settles in, this requirement returns. It is possible to be innovative with the same or even reduced financial resources – it just requires deploying resources in new ways, and perhaps drawing on new resources such as neighbourliness social capital.
3. Build a sustainable workforce.
4. Significantly reduce health inequalities.

The Plan points to four main outcomes.

1. Create a place that supports health and wellbeing. The NHS White Paper on reform recognises and emphasises the importance of place – of planning, built environments, green spaces, and sustainability to health. There is a lot more potential for “social prescribing” in all its forms to build a stronger link between people and their place, with benefits in both directions.
2. Improve the mental health of those living and working in Cheshire East. This outcome was written before the current pandemic but is more important than ever as we enter recovery. There are two especially important new aspects: the mental health of children and young people and the rebuilding of fitness and resilience in older people.
3. Enable more people to live well for longer.
4. Ensure happiness of children and young people – physical and mental wellbeing.

The Cheshire East Health and Wellbeing Board: 2019-2020

The Health and Wellbeing Board is a strategic partnership of the Council, the health commissioners and the providers of health services. The voice of the public is represented by Healthwatch Cheshire East. Health and Wellbeing Boards were established across England in 2013 to be a forum in which leaders from the local health and care system could work together to improve the health and wellbeing of their local population.

The Board is tasked with promoting greater integration and partnership between bodies from the NHS, public health and local government and has a number of aims to:

- bring together the key decision makers across the NHS and local government;
- develop a common understanding of needs and assets (the Joint Strategic Needs Assessment);
- set a clear direction for the commissioning of health care, social care and public health (the Cheshire East Partnership Five Year Plan);
- drive the integration of services across communities;
- improve local democratic accountability;
- tackle inequalities in health.

In 2019-2020 the Board met four times, with the March meeting having to be cancelled because of the COVID-19 outbreak.

At each meeting there were updates on the work of the Cheshire East Place Health and Care Partnership, which is leading on the work to integrate health and care. This ensured that Board members were aware of the progress made and could comment on key issues being raised. In September the Board endorsed the Partnership's 'Five Year Plan' which set out the vision and priorities through to 2024.



With regard to Children and Young People the Board considered the Children and Young People's Plan 2019-2021 and agreed to revised arrangements regarding the Child Death Overview Panel. Progress in relation to the Special Educational Needs and Disability Written Statement of Action was also reported. The new model of locality working for the Children and Families Service, 'Together in Communities' was endorsed and the Local Safeguarding Children Board Annual Report was received.

Other key issues considered included the new All Age Autism Strategy 2020-2023, the proposed merger of the Cheshire Clinical Commissioning Groups and the new Falls Prevention Strategy, all of which were supported. Annual reports were received regarding Influenza, Healthwatch Cheshire East and the Safeguarding Adults Board and the Board received updated reports regarding the Better Care Fund.

A Mental Wellbeing Strategy for Cheshire and Warrington, 'Heading in the Right Direction' was considered and supported and the Cheshire End of Life Partnership presented their strategic priorities for palliative and end of life care.

The Cheshire East Wellbeing Network Group

The Cheshire East Wellbeing Network Group is a networking group set up by Cheshire East Council (CEC) and previously Eastern Cheshire Clinical Commissioning Group. With the recent merger of the 4 CCGs to become one Cheshire Clinical Commissioning Group (CCG), the group has started to expand the footprint of the network to cover the whole of Cheshire.

Cheshire NHS Trust (ECT), Cheshire and Wirral Partnership NHS Foundation Trust (CWP), Everybody Sport and Recreation (ESAR), One You, Healthwatch, Connected Communities, Plus Dane Housing Trust and the Cheshire East Council for Voluntary Services (CVS).

The Network's aim is to align our communications and actions during four quarterly campaigns for maximum impact across the population and the staff of the member organisations. A successful campaign for 2020, using a collaborative approach, was Mental Health Awareness Week. It offered support to other organisations and the sharing of resources, and resulted in reaching a wider target audience and greater community engagement.

NO MORE Suicide Partnership – Working Together to Prevent Suicide. The Cheshire and Merseyside NO MORE Suicide Partnership consists of a wide range of partners, including charity and voluntary sector organisations, people with lived experience, local Councillors, emergency services, mental health trusts, NHS clinical commissioning groups, HMP Prisons & Probation, Highways England, Public Health England and the Cheshire and Merseyside Health and Care Partnership. The Zero Suicide Strategy outlines the priorities which every local authority across Cheshire and Merseyside is working to improve.

Collaboration is used to deliver awareness campaigns which promote positive messages on mental wellbeing and suicide prevention, letting people know it is ok to ask & ok to talk about suicide and that support is available. Training courses have been commissioned to raise awareness and give people the confidence to talk to people when they are in a difficult place.

A Real Time Surveillance system has been implemented in order to support the closest people affected and the Amparo support after suicide service was developed and commissioned to help people bereaved by suicide. The latest development is a Lived Experience Network, where people who have experienced suicidal thoughts or have been affected by suicide, who can support others in a variety of ways. This collaborative approach across Cheshire and Merseyside has resulted in receiving the Suicide-Safer Community designation by Living Works Education Inc.

<https://no-more.co.uk/wp-content/uploads/2021/01/Suicide-Safer-Communities-2017.pdf>



Partnerships between “people” and “place”: health and wellbeing from green spaces

“The art of healing comes from nature, not the physician.”

(Paracelsus, 16th century BCE)

“Action by the NHS is a complement to – not a substitute for – the important role of individuals, communities, government and business in shaping the health of the nation.”

(NHS Long Term Plan, 2018)

What’s the problem?

The local NHS has a huge problem from life-style and environment-related illnesses for which greater access to green spaces would be beneficial in terms of improved health outcomes, reduced health inequalities and reduced demand on services. These illnesses can reduce quality of life in areas such as mental health, impaired mobility and addictive behaviours, or reduce length of life through diseases such as cancer, heart disease and respiratory disease.

The Council’s “people” directorate has similar problems that could be ameliorated by greater access to, and involvement in, green spaces: for example loneliness, antisocial behaviour, acquisition of skills and demands on child and adult social care, and the “place” directorate has a problem of lack of human resources to maintain and regenerate, let alone create, green spaces.

What’s the proposed solution?

In principle this is simple. We need to tap into the large potential human resource that is currently in good health, or seeking better health, that could benefit from “purposeful activity, outdoors, with other people”. We need to direct this human resource towards the need for green spaces: creation, restoration and maintenance of healthy outdoor environments, and spending more time in them. This needs to be done at scale to realise significant and lasting benefits, and release savings for redeployment. We need a wide menu of opportunities, many of them small and very local but collectively reaching all 370,000 people living in Cheshire East. That’s how big the ambition is. It requires imagination and flexibility (and a bit of courage) from all the caring agencies, and then communicating the excitement and benefits to the population at large.

Some of this is already happening through commissioned and voluntary efforts – we now need to act as a catalyst to speed up the reaction. In addition to the untapped potential in social capital mentioned above, we could bid for initiatives as they come up. We might also unlock resources from services like NHS medicines prescribing that could be deployed in new ways. There is an evidence base where this has been tried successfully elsewhere.

Is there an evidence base?

There is a huge evidence base for the health benefits of access to green spaces, ever since civic reformers around the world started building large urban parks and model housing estates. The UK, Ireland and Holland were earliest pioneers of “social prescribing”, where clinicians would refer patients to social interventions in green spaces to achieve health benefits. There is a large and growing database of evidence of effectiveness and cost-effectiveness, including social return on investment, from the National Institute for Health and Clinical Effectiveness (NICE), Public Health England, and around the world. This includes research into the mechanisms by which referral to green spaces works.

The New Economics Forum in Manchester has published evidence on the “5 ways to wellbeing”, which are: be active, be mindful, keep learning, be connected and make a contribution. Much of the evidence comes from mental health and cardiovascular illness, but other body systems benefit too, and not just at individual level but at population level on things like reducing social inequality and boosting economic growth. The added benefit of activities in green spaces is that they bring all of these “ways” together so that they reinforce each other and promote sustained engagement.

The Oxford textbook of nature and public health, edited by Matilda van den Bosch and William Bird, published in 2018, is a standard reference work.

What are the potential benefits and how would they be evaluated?

“Evaluation” is measuring the degree to which a programme meets its stated objectives. It follows that the anticipated benefits in Cheshire East should be clearly stated and then measured (in numerical and narrative form) at intervals.

Here are some areas of benefit to be anticipated and evaluated:

- At personal, individual level. Participants could be invited to rate improvement in all five of the “ways to wellbeing” listed above, or by one of the other wellbeing tools such as “SF36” for which there are huge comparative databases. Other measures are activities of daily living and independence. Biomedical markers such as weight, blood pressure, serum cholesterol, diabetes control, depression score, could be measured by the referring clinician where these were desired outcomes, and validated reductions in smoking, alcohol and illicit drug use. Personal scores could be aggregated to assess overall effectiveness of specific projects. Note that those schemes which draw simultaneously on all five of the “ways to wellbeing”, such a community tree-planting initiative, have an additive benefit and tend to be more sustainable than, say, exercise alone.
- At population level. Examples of measures that have been used elsewhere are markers of antisocial behaviour, crime, addictive behaviours, educational and skills attainment, employment, and membership of leisure facilities, volunteer groups and clubs (such as book clubs, walking groups).
- Impact on services. Examples include reduced visits to the GP (overall, and in those referred to specific schemes), reduced prescribing of medicines (especially antidepressants, antihypertensives, statins and diabetes medicines), reduced hospital attendances or re-attendances, reduced school absences and exclusions, reductions in falls in the home and prolonged independent living for older people.
- Economic outcomes. These could include savings or scope for redeployment of current funds falling to caring services and markers in the wider economy of economic regeneration.
- Environmental outcomes. Depending on the scheme and locality, outcomes might be measures of air and water quality, increased numbers and diversity of plants, insects, birds and mammals, flooding, acreage of green space, new green corridors. Even turning fences into hedges would be a benefit aesthetically and environmentally. For planners, there may be scope for insisting on more green space (eg active green space for gardening, walking, cycling) in all new developments, and water capture to support green areas. Measuring increased footfall in desired open spaces would help.



How would people find their way to green schemes?

- Self-referral is probably the best way to achieve participation and benefits at scale. These would be people in good health or recognising early risk factors (such as smoking, alcohol, overweight, loneliness) who are able to find their own way, or by a friend's recommendation, to one or more green schemes.
- Referrals from schools (or projects within schools). These are a good way of involving young people early and setting healthy life-long interests. There are many examples around the country of schools bringing gardening or other green activities into the curriculum or as an extracurricular club. This can include inter-generational projects with older people or twinning a school with an older people's home – with spin-off benefits for both groups. For older children, especially those with special needs or at risk of exclusion, there are GCSE-equivalent schemes outdoors in regeneration or agriculture. Forest schools at younger ages are another educational model. In individual cases, it might be helpful for pastoral care teachers to be able to refer pupils in need to a specific local project.
- Referrals from GPs, Hospitals and Social Workers. This is a potentially large pool, addressing secondary prevention in the main, where a lifestyle factor is impeding recovery. Some such patients and clients need skilled behavioural interventions first so they are ready and accepting of change. There is a big role for the GP networks and link workers in this, though that model cannot cater for all demand so we need to facilitate access to green schemes to get this route widened up. Potential partners in this are the Cheshire Wildlife Trust, National Trust, Areas of Outstanding Natural Beauty, Royal Horticultural Society, etc. When it comes to rehabilitation after hospital admission, we should aspire to making a social referral part of the plan every time. A relatively new term is that of "pre-hab", ie preparing a patient for a major operation or course of therapy before the event, or to a new chronic progressive illness, so they are in the best state of mental, physical and social resilience to face the treatment and the future.

Where to start?

- Identify some priority "Green Schemes" already planned by Cheshire East, eg in Crewe, and get these off the ground. It would, for example, be helpful to re-instate a few Rangers as we used to have, to lead walks, ensure sensible developments take place, and to give leadership and governance to volunteers.
- A communications strategy and campaign. Develop a wider awareness and publicity of this sea change in approach, and its advantages, to the population and the professional caring agencies. Canvass for ideas for schemes, especially low-cost or no cost ideas.
- Compile a succinct summary of the current evidence base, collect our own evidence as it grows, and share the learning.
- Be clear of intended benefits and how evaluation will be carried out, including economic, environmental, and markers of both personal and population-level wellbeing.
- Work with NHS colleagues in primary and secondary care to see if there are realistic opportunities for redeploying money, staff or buildings to better effect through use of green spaces – in the immediate term, medium term and strategic long term. We should seek advice on how best to engage and enthuse clinicians, social workers and teachers, and also check that these schemes are clinically sound and safe.

The future is bright – the future is green.

A snapshot of health and inequalities

Healthy life expectancy and the link with affluence

Figure 1 and Figure 2 clearly show, for females and for males respectively, that there is a correlation between healthy life expectancy at birth and the Index of Multiple Deprivation (IMD) score in wards in Cheshire East. As the IMD score rises (deprivation gets worse), healthy life expectancy decreases.

The IMD combines information from the seven domains to produce an overall relative measure of deprivation. The domains are combined using the following weights:

- Income Deprivation (22.5%)
- Employment Deprivation (22.5%)
- Education, Skills and Training Deprivation (13.5%)
- Health Deprivation and Disability (13.5%)
- Crime (9.3%)
- Barriers to Housing and Services (9.3%)
- Living Environment Deprivation (9.3%)



Figure 1: Female healthy life expectancy at birth vs index of multiple deprivation

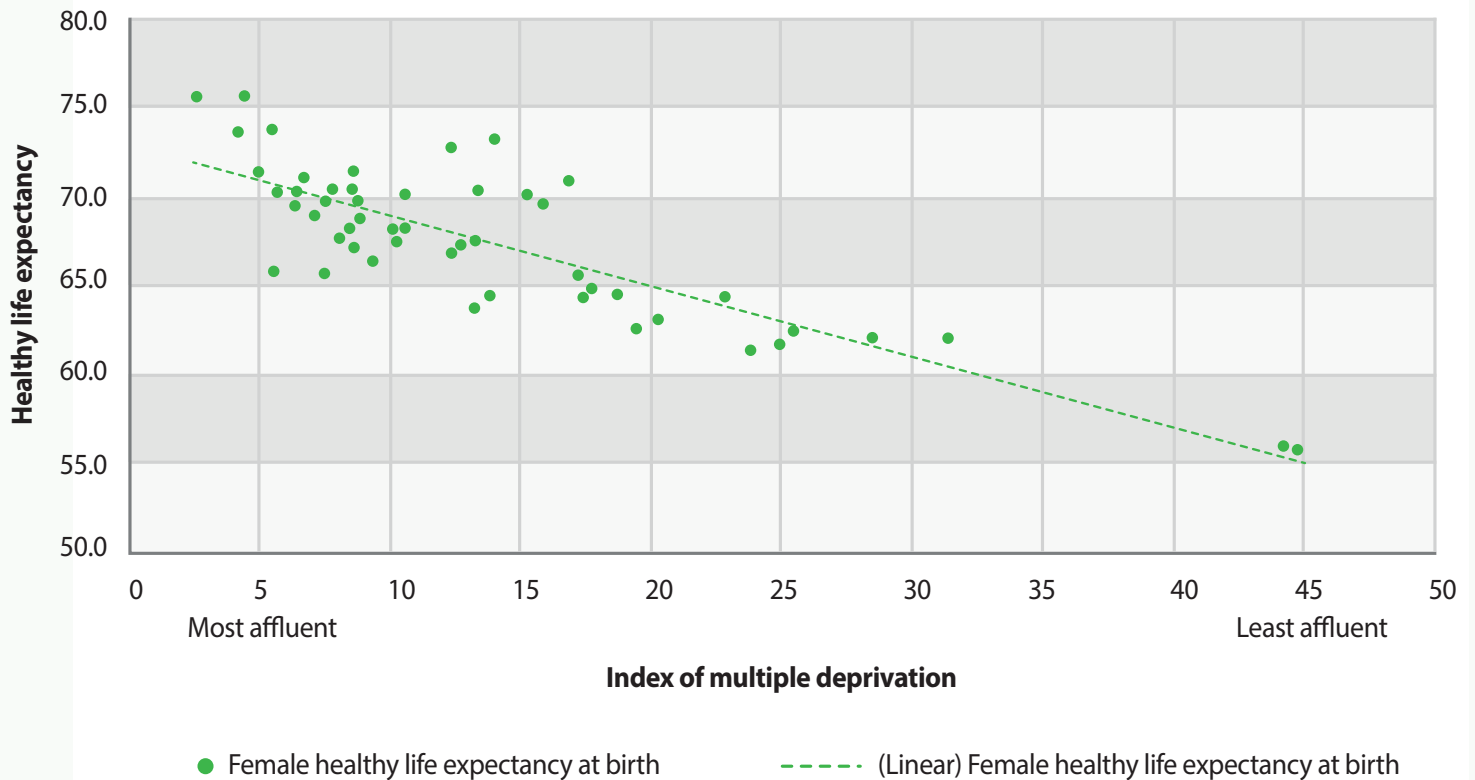
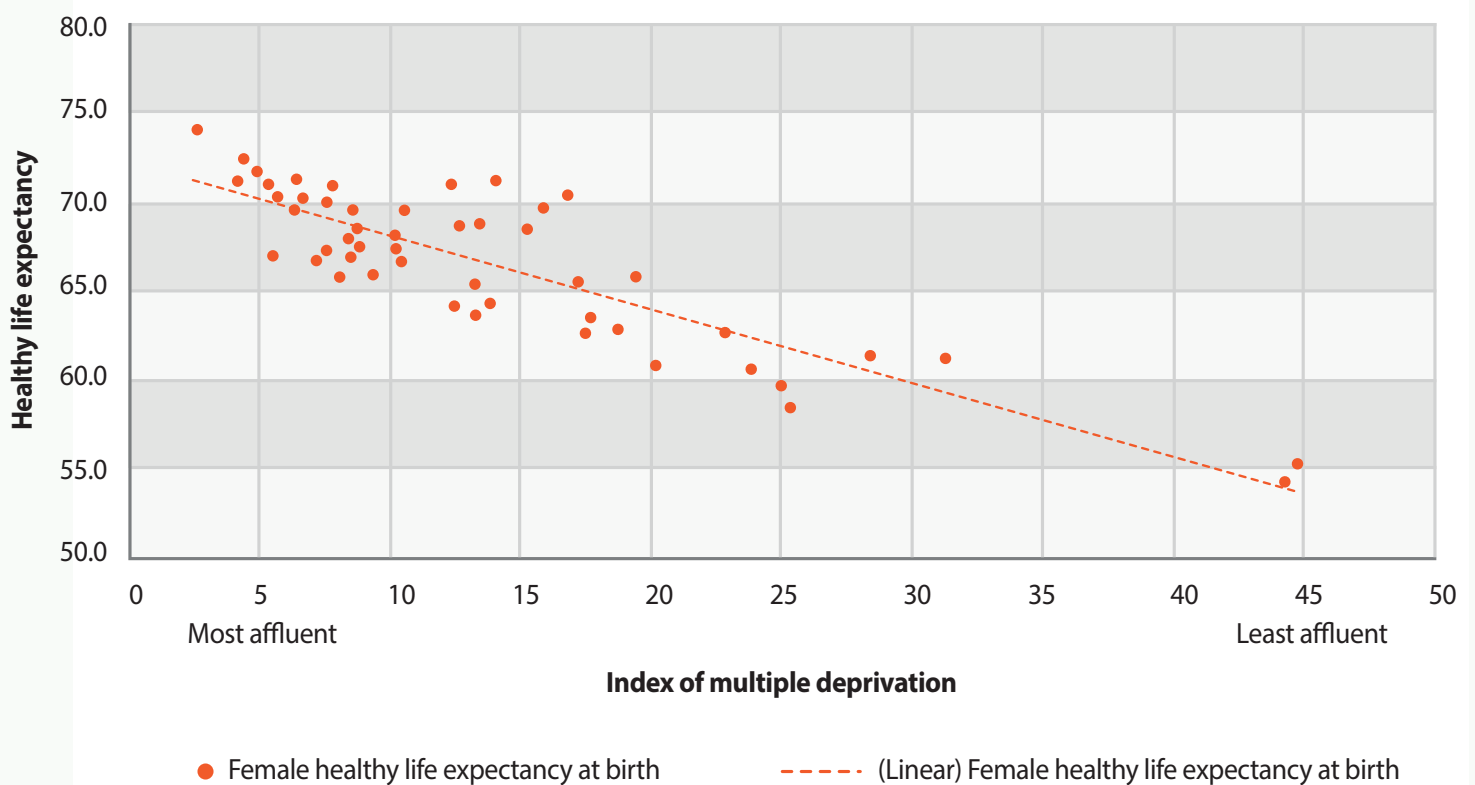


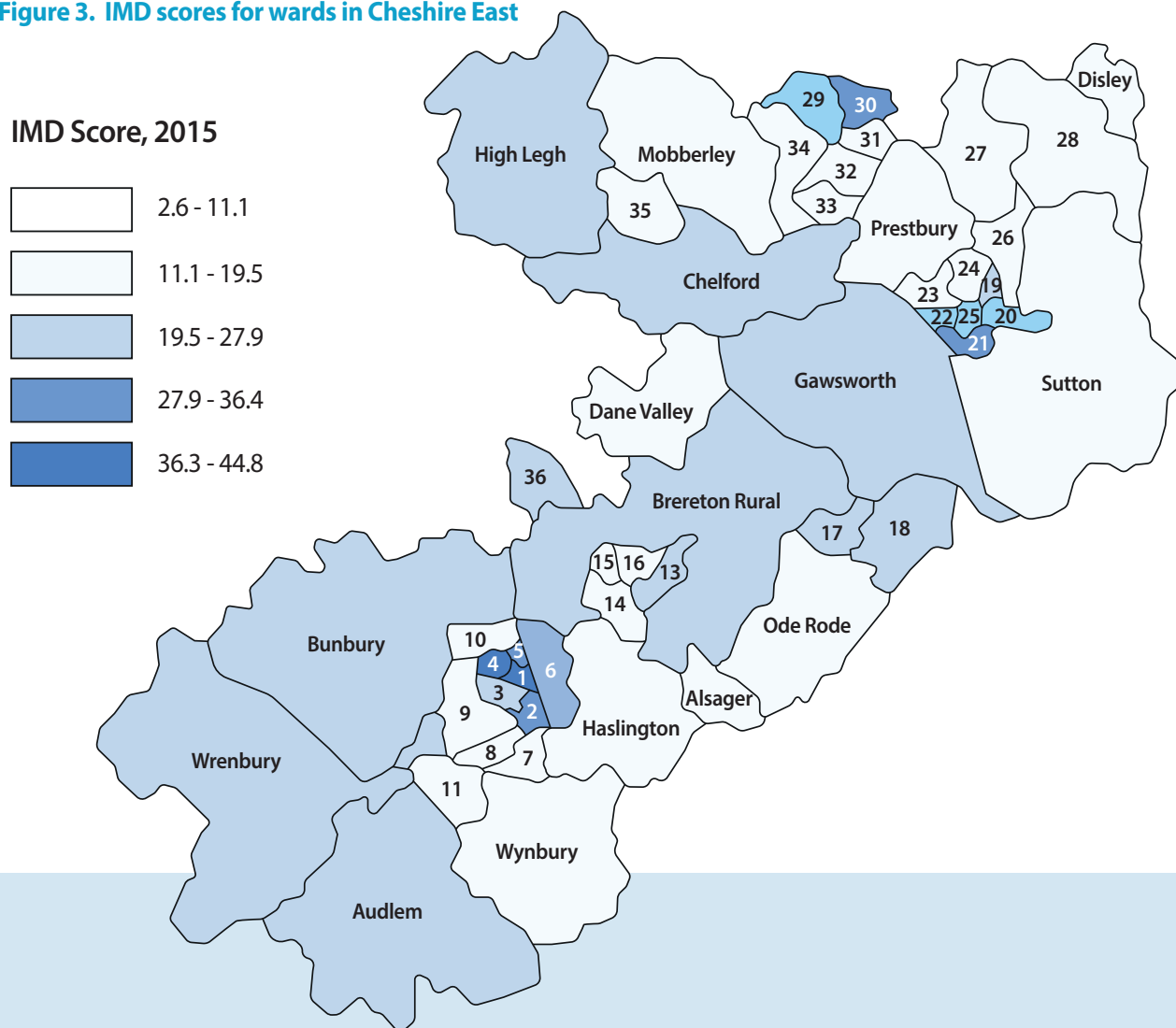
Figure 2: Male healthy life expectancy at birth vs index of multiple deprivation



Respiratory Disease

Figure 3 is a map which shows the IMD score for all wards in Cheshire East. Most of the area has a relatively low score (ie relatively affluent by the norm for England). Scores are higher (ie relative deprivation) in urban areas of Crewe and Macclesfield. The ward of Handforth (30) also has a relatively high score.

Figure 3. IMD scores for wards in Cheshire East

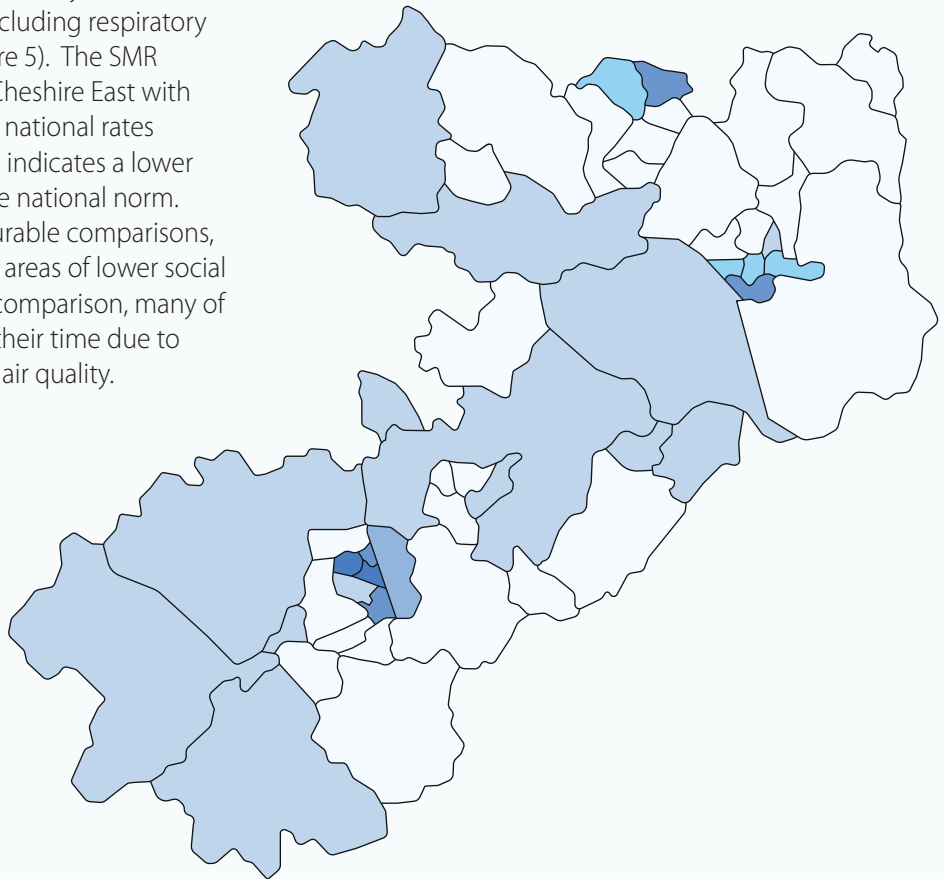
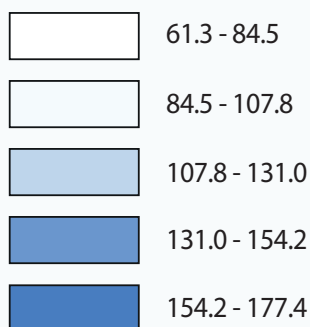


- | | | |
|---------------------------------|---|------------------------------------|
| 1. Crewe Central | 14. Sandbach Ettiley Heath and Wheelock | 26. Bollington |
| 2. Crewe South | 15. Sandbach Elworth | 27. Poynton West and Adlington |
| 3. Crewe West | 16. Sandbach Town | 28. Poynton East and Pott Shrigley |
| 4. Crewe St Barnabas | 17. Congleton West | 29. Wilmslow Lacey Green |
| 5. Crewe North | 18. Congleton East | 30. Handforth |
| 6. Crewe East | 19. Macclesfield Hurdsfield | 31. Wilmslow Dean Row |
| 7. Shavington | 20. Macclesfield East | 32. Wilmslow East |
| 8. Willaston and Rope | 21. Macclesfield South | 33. Aderley Edge |
| 9. Willaston | 22. Macclesfield West and Ivy | 34. Wilmslow West and Chorley |
| 10. Leighton | 23. Broken Cross and Upton | 35. Knutsford |
| 11. Nantwich South and Stapeley | 24. Macclesfield Tytherington | 36. Middlewich |
| 12. Nantwich North and West | 25. Macclesfield Central | |
| 13. Sandbach Heath and East | | |

Figure 4 shows the standardised mortality ratio (SMR) for deaths from respiratory disease (excluding respiratory cancers, which are included in figure 5). The SMR compares the death rates seen in Cheshire East with what would have been expected if national rates applied, so a low score (below 100) indicates a lower (better) mortality outcome than the national norm. Much of Cheshire East enjoys favourable comparisons, but this is markedly not the case in areas of lower social affluence. Despite the favourable comparison, many of these deaths are occurring before their time due to avoidable causes like smoking and air quality.

Figure 4

Deaths from respiratory disease

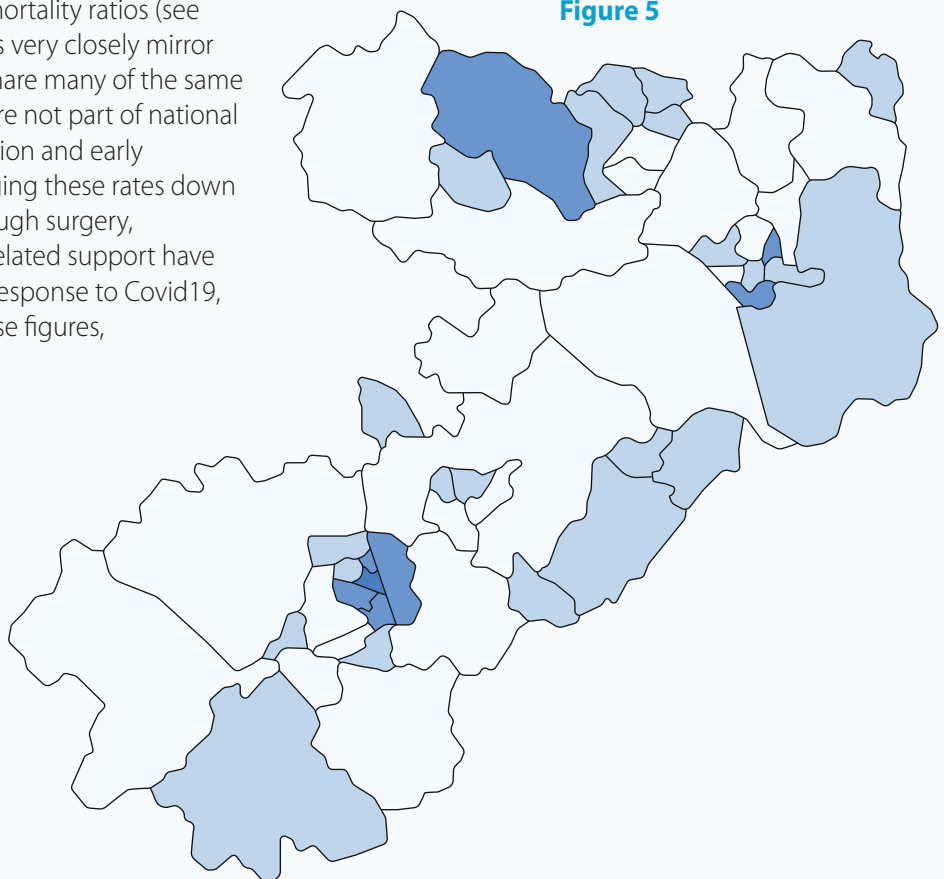
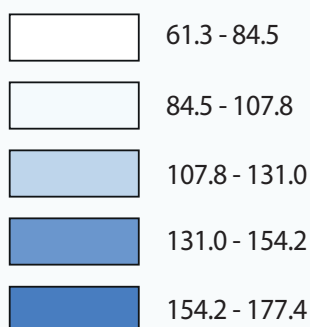


Cancers

Figure 5 shows the standardised mortality ratios (see figure 4 for explanation) for cancers very closely mirror those for respiratory disease and share many of the same underlying causes. Most cancers are not part of national screening programmes, so prevention and early detection are fundamental in bringing these rates down further. Effective intervention through surgery, radiotherapy, chemotherapy and related support have suffered delays due to the urgent response to Covid19, so there is renewed scrutiny of these figures, comparisons and trends.

Figure 5

Deaths from all cancers, all ages 2013 - 2017



Circulatory diseases (chiefly heart attacks and strokes)

Figure 6 shows the standardised mortality ratios (see figure 4 for explanation) for circulatory diseases in the wards of Cheshire East. Once again, they correlate closely with the pattern for respiratory diseases and cancers and point to common causes. Up to date figures for the Covid19 pandemic period are not available when going to press, but indications are that there is already an increase in these rates during the pandemic, for reasons which are under investigation by Public Health England regionally and nationally.

Deaths from circulatory disease

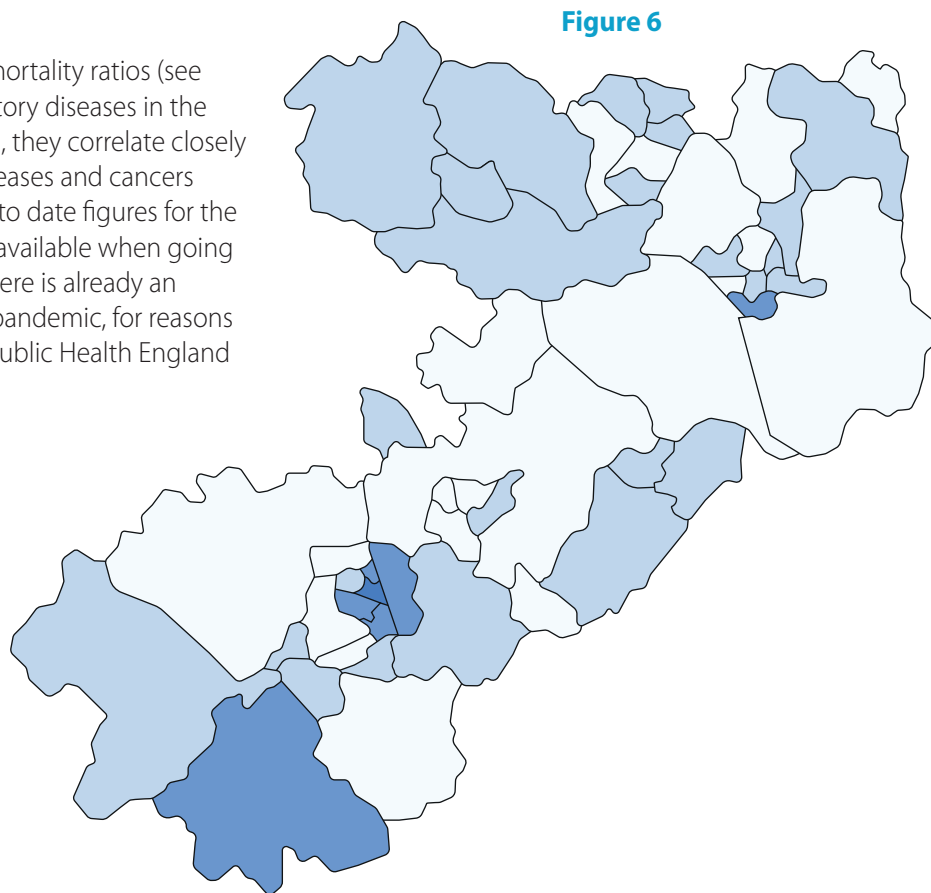
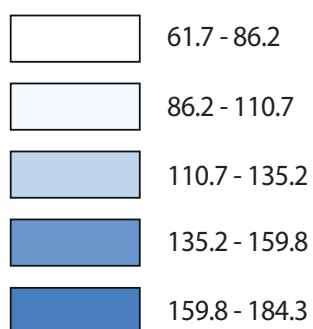


Table 1 shows how Cheshire East compares with the North West Region and with England on a number of key indicators. These examples are illustrative, taken from a much richer source which can be obtained from the references cited.

A more detailed list of indicators at ward level is also available in the "Tartan Rug" spreadsheet.

www.cheshireeast.gov.uk/pdf/jsna/ward-profile-tartan-rug/ward-profile-tartan-rug-nov17-ce-produced-18-08-23.pdf

Affluence (or a lack of it) is a strong determinant of length and quality of life, as are educational attainment and employment, which are listed here. The main diseases that shorten life are listed here, but not those that impair quality of life, such as sensory impairments, mobility problems and mental health struggles. We have relatively weaker data on these, but their importance is increasingly recognised as we look at living longer better. Suicide rates have been a particular focus for this Council, so a figure is included.

Overall, the comparisons with the region and with England are favourable, but we will try to improve further.

Table 1: Indicators of health, wellbeing, and underlying causes: how does Cheshire East compare?

Indicator	Cheshire East	North West	England
Index of Multiple Deprivation (IMD) Score 2015	14.1	28.1	21.8
Educational attainment (5 or more GCSEs): % of all children	60.5	56.3	57.6
Percentage of people aged 16-64 in employment	81.5	74.9	76.2
Estimation of Life Satisfaction	7.7	7.6	7.7
Female Healthy Life Expectancy at Birth, 2016 - 2018	69.8	63.3	63.9
Male Healthy Life Expectancy at Birth, 2016 - 2018	66.5	61.6	63.4
Deaths from respiratory diseases, all ages, standardised mortality ratio & 2013 - 17	94	111.2	100
Deaths from all cancer, all ages, standardised mortality ratio & 2013 - 17	91.2	107.8	100.0
Deaths from circulatory disease, all ages, standardised mortality ratio & 2013 - 17	91.4	108.4	100
Suicide rate (Persons)	10.2	10.6	10.1

Sources:

Public Health England Fingertips - <https://fingertips.phe.org.uk>

Office for National Statistics - <https://www.ons.gov.uk/>

Cheshire East Joint Strategic Needs Assessment - <https://www.cheshireeast.gov.uk/pdf/jsna/ward-profile-tartan-rug/ward-profile-tartan-rug-nov17-ce-produced-18-08-23.pdf>

Local Government Association LG Inform - <https://lginform.local.gov.uk/reports/>

A commentary on health inequalities

Health inequalities have been defined as: **“Avoidable, unfair, systematic differences in health between different groups of people.”**

Inequalities in health cannot be completely eliminated. This is because each of us has a unique genetic endowment, undergoes unique life experiences, makes unique personal choices, and encounters unique contact with services. Not every baby will be born with the same birth weight, grow up in identical housing, earn an identical wage, suffer the same accidents and diseases and die at the same age. So we cannot eliminate health inequality but we can address the causes, diminish the impact and reduce the gaps.

What matters, in the definition here, are the inequalities that are: avoidable, so we must address what is causing them; unfair, so we must press for equal opportunities and provide extra help for those who need it more; and systemic, so we must look at our systems for any built-in inequalities in our assessment of need and access to services where these might be inadvertently perpetuating inequalities.

The “inverse care law” described decades ago by Welsh GP, Dr Julian Tudor Hart, applies in this context: “The availability of good medical care tends to vary inversely with the need for it in the population served.” A contemporary example of this is digital exclusion. During the Covid19 pandemic more GP and related services have gone on-line or over the telephone, as has access to home delivery of food and shopping, access to education and access to work for many adults. Some of the most in need are those without access to the internet, laptop or mobile phone, either because they cannot afford them or because they never learned to use them.

One of the most frequently used measures of underlying inequality is the “Index of Multiple Deprivation”. The components of this index reflect what we know are some of the major causes of inequality in health: income, living environment, housing, crime, employment, education, skills, health and disability. It is notable that the NHS’s direct contribution is to the last two, and the others lie chiefly with local and national government.

All these causes overlap, hence the vital importance of tackling them in partnership. Not included in this index, but also important, are factors such as ethnicity and digital exclusion, so we must factor these in locally.

In understanding health inequalities we need to start with these underlying causes and the inequalities we see. Making healthier choices and avoiding unhealthier ones are not equally easy in all parts of the Borough and in some cases there may be little choice at all. Material (financial) inequality is an obvious example, and lack of money or a job impacts severely on life chances. These are not “hard to reach groups” as such because loan sharks and drug dealers find them easy to reach and exacerbate the problems. Through our local networks of neighbourhoods, voluntary organisations and statutory services we need to make sure no one in material deprivation is left behind.

Other types of deprivation include lack of access to green spaces, positive adult role models, hope, aspiration, education, skills, hobbies or the reason to get up in the morning. Then there are the systemic exclusions: digital exclusion, social isolation, stigma, prejudice, bullying and indeterminate immigration status. Although strongly associated with later inequalities in length and quality of life, these are not necessarily directly causal. Some people overcome adversity and lead full and rewarding lives, but many do not and these are of relevance to public health and partnerships.



The causes of ill health start very early – even in the womb – and in the crucial first year or two of life. Evidence is accumulating about the importance of “adverse childhood experiences” (ACEs). ACEs act through “toxic stress”. If an infant or child experiences an adverse event such as violence, verbal abuse, sexual abuse or neglect, it provokes a normal stress response. But if that stress is unremitting and inescapable, the stress is constant and the body’s response becomes toxic. At this crucial stage of brain and body development, toxic stress and lack of positive inputs, affect the number of nerve connections in the brain and reinforce unhelpful emotional development and behaviours. Brains of children with high ACE scores are physically smaller. The raised level of stress hormones, like cortisol, have an adverse effect on other developing body organs such as heart and lungs, as well as overall growth and height. To add to the problem, a high ACE score also correlates with higher-risk lifestyles like smoking, substance dependency and violence. These risk factors add further damage to the impaired organ development and reveal themselves in higher rates of heart disease, lung disease and cancer.

The prevention of ACEs in the first place involves skilled intervention, especially in the pre-school period with parenting and peer support, but also well into primary school and beyond. It starts with alert and responsive midwifery care in the antenatal period. In families where ACEs have occurred, it is still not too late for some mitigation and secondary prevention. The solutions lie in three main interventions: removing the source of stress, providing a trusted and supportive adult, and teaching coping mechanisms to re-educate the abnormal brain connections. One area of intervention is dealing with challenging behaviour and offending in school-age children. The starting point for remedial therapy is that the child is not wicked but wounded. Training for supporting such children is available at individual professional or parenting level, or at institutional level or even larger scale. Scotland and Wales have declared themselves “ACE-aware” as have several English boroughs.

Having addressed determinants of ill health, the next objective is to secure fairer access to care services of a high quality. There are many barriers to fair access. For some it is a mistaken belief about disease and treatment, for others it might be a lack of awareness or misinformation such as the anti-vaccination conspiracy theories. For some individuals and cultures there are deep stigmas or taboos relating to certain subjects like mental health or gynaecological conditions.

Distance from services, rurality, impaired mobility and lack of transport are other barriers, or there may not be a service at all in some areas.

The final arbiter of success in tackling the root causes of health inequality is to see if indicators of length and quality of life - the outcomes - are showing a narrowing of the gap. This is shown in the previous chapter.

Another significant area for understanding and tackling inequalities is to look at whether public investment in services is “fair”. One way of checking for fairness is to see whether there is anyone not receiving a service who has greater need (ability to benefit) than those who are in receipt of that service. As public bodies, local authorities and NHS need to be efficient not only in the how they commission or deliver services but also in how they allocate resources. The Integrated Care Partnership has taken this on board and is exploring “programme budgeting and marginal analysis” (PBMA) to assess this aspect of fairness. Put simply, PBMA asks where our investment as health and social care partnership goes to in the major programmes, what good it does, how we compare with similar populations elsewhere in England, and how we could invest it better next year. It requires us to look at each step in the journey from prevention through to diagnosis, treatment, continuing care and end of life care, to see whether we have the balance right within each programme and between programmes. Even when there is no new money, we can often redeploy what we have – money, people and buildings, to better effect. And the significance of partnership is that we share our resources as well as our expertise to address shared programme objectives.

Taking on board these considerations, Cheshire East has set up a commission to tackle inequalities. In this it is supported by a North West Regional Inequalities Network which is providing a lot of the evidence and data. Given this report’s theme of “partnership” we should explore all opportunities for reducing inequalities through partnership. This includes closer partnership between the residents of the borough and the environments in which they live and work – their green spaces, the urban landscape, the active transport infrastructure, the work and educational environment and the home environment. There is an inter-dependency to be developed here.

In the Integrated Care Partnership being developed for Cheshire, considerations of “place” need as much attention as “people” because there lie the antecedents - and the answers - causes and cures - to health inequalities.

Covid-19: diary of a pandemic

The defining public health challenge of 2020/21 was the Covid-19 pandemic. This chapter summaries the main challenges, successes and lessons learned to date.



COVID-19

Towards the end of 2019 the international medical community and Public Health England, along with the media in general, were increasingly aware and concerned about a new variant of a virus, apparently originating in China, belonging to the coronavirus disease (Covid) group. It was officially labelled Covid-19. Since it had some characteristics of an earlier outbreak of another coronavirus disease, SARS (Severe Adult Respiratory Syndrome), it prompted particularly close scrutiny. It emerged that it was more infectious than SARS but generally caused less severe infection, especially children and young adults, but with significant exceptions in certain vulnerable and susceptible people. In Cheshire East, the initial public health response was to keep councillors and directors briefed, set up an incident room, put emergency planning on standby, and begin looking at clinical and related response capacity.

March 2020



On 23rd, the Prime Minister announced the first lockdown in England ordering people to stay at home, legally enforced from 26 March.

Covid-19 took longer to reach Cheshire East than more heavily populated and crowded areas like London. Our early period was spent setting up support for vulnerable groups and those self-isolating, and securing personal protective equipment for care staff. Not all the national procurement schemes and related logistical schemes were suited to Cheshire East, so local refinement was needed. The NHS largely catered for its needs through its own channels. Our Council area has more older people than the national average. It also has more care homes (92 registered with the Council) and some of those care homes cater for people coming in from other areas. In line with national policy, the NHS needed to increase hospital bed capacity by accelerated discharge of older people to nursing and care homes.

The provision of guidance to individuals, schools, care homes and businesses was a major focus of the initial phase of the local response. The Council set up public-facing information on numbers of cases and practical advice on control measures in different settings. This was the end of the season of winter coughs and colds, so respiratory symptoms were common and the distinguishing characteristics of Covid-19 (like loss of taste) were only just becoming apparent, as was its severity in certain cases. National guidance was often general at this stage as globally health agencies were learning more about the virus and how it was transmitted, and local needs were often more specific. During this time the Council's public health staff were working closely with Public Health England and similar national agencies,

receiving and supplying information on a daily basis. Keeping "business as usual" going was a challenge for public health services such as substance misuse and sexual health, but other areas of health promotion had to take lower priority during the peak months.

May 2020



On 10th, the Prime Minister announced a conditional plan for lifting lockdown.

The Council promoted a strong line on not coming in to work unless needed, in its own workforce and with other businesses. This is believed to help to reduce the spread of the virus to other areas of the region.

June 2020



On 1st, schools started a phased reopening, and on 15th, non-essential shops re-opened.

This was a very busy time for our advice teams, often related to children at higher risk and how to meet their educational needs as well as keep them safe from infection. There was limited testing capacity nationally.

July 2020



On 4th, local lockdowns were introduced, starting in Leicestershire. On 18th, Local Authorities in England were given additional powers to enforce social distancing.

Our experience in Cheshire was more of clusters of cases in small specific locations rather than generalised spread. The pattern, as expected, related to movements to and from the conurbations on our borders, such as Manchester to the north and Staffordshire to the south.

August 2020

On 3rd, "Eat out to help out" scheme of subsidised meals was launched, with government subsidies to help the catering and hospitality industry.

September 2020

The "rule of six" was introduced on 14th, limiting social gatherings to no more than six people, and on 22nd, further restrictions began including a return to working from home.

Nationally it was becoming increasingly apparent that this pandemic was worsening pre-existing health inequalities. It was spreading faster in groups already at disadvantage, for example crowded households and those made vulnerable by diabetes, overweight and smoking. Those with limited access to the internet were losing out on education, shopping deliveries, information about the pandemic and access to health care. Regional work by PHE was starting to show an above-trend rise in death rates from heart disease and respiratory disease. It was still the case that more people were dying from non-Covid-19 diseases than Covid-19 itself.

October 2020

On 14th, a new three-tier system of restrictions started in England, based on rates of spread of infection.

Two groups were showing particular strain from restrictions. The older age group were losing fitness and resilience by lack of social contact and lack of outdoor physical activity and contact with nature. Younger people were suffering significantly greater mental health and emotional stress. Social media use was increased during lockdown and this was a double-edged problem – maintaining contact but also raising stress and spreading misinformation. Since many track and trace measures were either voluntary or difficult to enforce, and given some high profile breaches of the regulations, some people were simply bypassing the regulations.

November 2020

On 5th, the second national lockdown began to prevent "a medical and moral disaster" for the NHS. New variants of the virus, from within the UK and abroad, were causing concern.

The peak rate of new cases of Covid-19 was over 500 cases per 100,000 population. In general, our experience was of lower rates than the prevailing national or regional average, and that applied to cases, hospital admissions and deaths.

The NHS was learning rapidly how to manage the unusual features of the illness, and survival rates improved.

With the arrival of lateral flow rapid testing and results, Cheshire East became the first in the country to set up a dual testing site (in Crewe) with testing of asymptomatic people in the morning and then lateral flow testing for symptomatic people in the afternoon.

Reaching all the villages and market towns, often with limited public transport, meant we had to create a local solution to testing. This was the "Covid testing dynamic team" or "Swab squad" which was a mobile, domiciliary testing team, including to schools and businesses.

They could also get a Covid test result within 2 hours where hospital admission was being considered, so that appropriate care was delivered with appropriate isolation. Pharmacies became a great ally in the testing of people without symptoms.



December 2020

On 2nd, the national lockdown was lifted but the three-tier system remained in place. On 21st December a fourth tier was introduced, initially in London and the South-East, in response to particularly rapid spread. Over Christmas, for five days, some travel and gathering restrictions were lifted.

January 2021

On 3rd, in response to a surge in cases, England entered a third national lockdown.

Vaccine started arriving in Cheshire East, and roll-out was swift with a very high uptake (over 96% in the over-70's, and 95% in the over 64's and vulnerable groups).

February 2021

On 15th, compulsory hotel quarantine began for travellers from a list of 33 high risk countries. India was not initially one of them but was added later. On 22nd, the Prime Minister announced a "road map" for lifting restrictions.

March 2021

Schools started re-opening on 8th.

April 2021

As we move into another year affected by Covid-19 Cheshire East will continue to respond to a situation that has been changing rapidly since it began. We will continue to deliver measures that protect public as restrictions are eased or lifted. We will be looking ahead to the winter months to ensure that we help our residents to stay well.

There are many outstanding challenges, and these are just a few:

- Maintaining control measures and encouraging vaccine take-up.
- Helping the local economy get back on its feet.
- Helping those, especially older people, to regain lost fitness and resilience, both physical and mental, to overcome fear, and return to active and engaged living
- Helping the NHS to catch up with the backlog of non-emergency and non-Covid diseases.
- Tackling the widened inequalities in health and wellbeing
- Maintaining vigilance for new variants or other threats to health from pandemic disease
- Helping exhausted staff in all sectors to recover, including especially the strain of "moral injury" from seeing potentially avoidable deaths
- Sharing and learning the lessons from this pandemic so that the "new normal" represents progress towards a fairer, safer and healthier society and environment.



Resources for public health

Every year, central government provides each local authority with a public health grant. This funds the core of the public function: its staff, commissioned services and directly-funded services. The deployment of the public health grant is described briefly below to illustrate the nature and scale of that deployment.

Additional funds come from bidding for specific initiatives.

The true public health resource is much wider, if we adopt the definition that public health is: "The science and art of preventing disease, prolonging life and promoting health through organised efforts of society." That covers the entire resource and workforce of the Council and NHS, and many more besides.

Finances – 2020/21 forecast public health budget

(Note: this does not include the emergency Covid-19 response)

Public health commissioned activity (block contracts)

	Cost £'s
Child health 0-19 service	5,560,664
Sexual health	2,526,888
Substance misuse	2,138,248
Alcohol misuse	952,745
Diet, activity and smoking	896,202
Other (eg water fluoridation, collaboratives)	257,191
Total	12,331,938

Public health commissioned activity (activity-based contracts)

	Cost £'s
NHS Health Checks	280,000
Other (eg Pharmacy schemes)	139,590
Total	419,590

Contributions to wider Council public health work

	Cost £'s
Mental Health	881,816
Adults	475,621
Children	420,000
Corporate overheads	251,359
Total	2,028,796

People – our greatest resource

The list below covers the core team in the Directorate of Public Health. This team has undergone a few arrivals and departures in recent months. Here is the current list of who we are, what we do and how to contact us. Partnership is the theme of this report and at the core of how we work. We would like to hear from you.

In order to e-mail any of the following, use:
firstname.secondname@cheshireeast.gov.uk

Core Public Health Team

Matt Tyrer – Director of Public Health

Susie Roberts – Consultant in Public Health

Guy Kilminster – Corporate Manager Health Improvement

Andrew Turner – Consultant in Public Health

Ann Hart – Personal Assistant to Director of Public Health

Paul Cooke – Business and Governance Officer

Grace Walley – Business Officer

Health Improvement

Sheila Woolstencroft – Health Improvement Manager

Kirsty Reid – Public Health Development Officer

Rachael Nicholls – Project Officer

Public Health Business Intelligence

Sara Deakin – Head of Public Health Intelligence

Rhonwen Ashcroft – Public Health Information Analyst

Andrew Moss – Public Health Information Analyst

Jack Chedotal – Public Health Information Analyst

Christopher Lamb – Public Health Information Analyst

Chinwe Ngadi – Public Health Analyst

Georgia Carsberg – Public Health Analyst

Public Health Protection

Emily Kindred – Health Protection Officer

Naomi Wilkinson – Health Protection Officer

Joel Hammond-Gant – Health Protection Officer

Public Health Business Team

Paul Cooke – Business and Governance Officer

Grace Walley – Business Officer

Ann Hart – Personal Assistant to Director of Public Health

Interim Public Health Support

Rod Thomson – Consultant in Public Health

Peter Brambleby – Consultant in Public Health

Clare Walker – Consultant in Public Health

Irfan Ghani – Consultant in Public Health

Siva Chandrasekaran – Public Health Intelligence Lead

Thomas Inns – Public Health Registrar

Conclusions - preparing for a new normal

These are exciting times for public health, both locally and nationally.

There is a new UK Office for Health Improvement and Disparities that will lead national efforts to improve and level up the health of nation with a special emphasis on tackling obesity, promoting physical activity and improving mental health.

In a parallel development, the new UK Health Security Agency will be responsible for planning, preventing and responding to external health threats, and providing intellectual, scientific and operational leadership at national and local level.

Extracts from the NHS White Paper – Integration and innovation: working together to improve health and social care for all (11 February 2021):

“ Our experience of the pandemic underlines the importance of a population health approach: preventing disease, protecting people from threats to health, and supporting individuals and communities to improve their health and resilience... ”

“ The factors which prevent poor health are shaped by many different parts of government, public services and broader health system. So rather than containing health improvement expertise within a single organisation, driving change in the future will mean we need many different organisations to have the capability and responsibility for improving health and preventing ill health... ”

“ Taken together, the proposals will strengthen local public health systems, improve joint working on population health through Integrated Care Systems, reinforce the role of local authorities as champions of health in local communities, strengthen the NHS's public health responsibilities, strengthen the role of the Department of Health and Social Care in health improvement, and drive more joint working across government on prevention... ”

“ Health and Wellbeing Boards will remain in place and will continue to have an important responsibility at place level to bring local partners together, as well as developing the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy. ”

Contact Us

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Working for a brighter future together

Adults and Health Committee

Date of Meeting:	18 January 2022
Report Title:	2021/22 Financial Year Review
Report of:	Alex Thompson, Director of Finance and Customer Services (Section 151 Officer)
Report Reference No:	AH/26/21-22
Ward(s) Affected:	Not Applicable

1. Recommendations

That Adults and Health Committee:

- 1.1. Notes the report of the Finance Sub-Committee ([Agenda for Finance Sub-Committee on Wednesday, 1st December, 2021, 2.00 pm | Cheshire East Council](#)), specifically the recommendations of that committee:
 - 1.1.1. Finance Sub-Committee recommend Service Committees to:
 - 1.1.1.1. note the financial update and forecast outturn relevant to their terms of reference.
 - 1.1.1.2. note that officers will seek to improve outcomes and the financial outturn across all Committees to mitigate the overall forecast overspend of the council.
- 1.2. Notes Appendix 3 and the following sections specific to this Committee:
 - Changes to Revenue budget 2021/22
 - Policy Proposals Update
 - Corporate Grants Register
 - Debt Management
 - Capital Strategy
 - Reserve Strategy

- 1.3. Approves the additional specific grant supplementary revenue estimate over £500,000 and up to £1,000,000 in **Appendix 3, Section 3 Corporate Grants Register, Table 2.**

2. Reasons for Recommendations

- 2.1. Committees are responsible for discharging the council's functions within the Budget and Policy Framework provided by Council. The Budget will be aligned with Committee and Head of Service responsibilities as far as possible.
- 2.2. Budget holders are expected to manage within the budgets provided by full Council. Committee and Sub-Committees are responsible for monitoring financial control and making decisions as required by these rules.

Access to Information	
Contact Officer:	Alex Thompson Director of Finance and Customer Services (Section 151 Officer) alex.thompson@cheshireeast.gov.uk
Appendices:	Finance Sub Committee – 2021/22 Financial Year Review which includes: Covering Report Annex 1: Appendix 3 Adults and Health Committee.
Background Papers:	Medium Term Financial Strategy 2021-25



Working for a brighter future together

Finance Sub-Committee

Date of Meeting:	01 December 2021
Report Title:	2021/22 Financial Year Review
Report of:	Alex Thompson, Director of Finance and Customer Services (Section 151 Officer)
Report Reference No:	To be provided by Democratic Services
Ward(s) Affected:	Not Applicable

1. Executive Summary

- 1.1.** This report outlines how the Council is managing resources to provide value for money services during the 2021/22 financial year. The report highlights financial activity that supports the achievement of outcomes contained within the Corporate Plan.
- 1.2.** The Council operates a financial cycle of planning, monitoring and reporting. This review is part of the monitoring cycle but reflects on the impact of reporting last year's performance and on planning for next year's budget. This report supports the Council priority of being an open and enabling organisation, ensuring that there is transparency in all aspects of council decision making (Source: CEC Corporate Plan Feb 2021).
- 1.3.** Local Authority budgets across the UK are being managed against the backdrop of the Covid-19 pandemic as well as inflation rises and increasing demand for services. The Council's budget has been affected in an unprecedented way due the response required to protect both the health and economic wellbeing of local people and businesses during the Covid-19 Pandemic. However, the statutory duties of the Council must still be delivered within the relevant parameters and the associated inspection frameworks.
- 1.4.** The report sets out the financial performance of the Council with and without the impact of Covid-19. This is helpful due to the separate

approaches to funding the impact of Covid-19 which was not factored into the original 2021/22 Budget.

- 1.5.** The headline findings of the review are:
 - 1.5.1.** Placement costs within Children's Social Care are exceeding budget by £2.8m, which reflects the ongoing pressure articulated in the outturn reporting of the 2020/21 budget.
 - 1.5.2.** Other pressures within Children's Social Services (£1.8m) including costs relating to an increase in the number of children being fostered and an increase in rates paid to foster carers.
 - 1.5.3.** Care Cost budgets remain under pressure and are supported by significant amounts of temporary funding streams in 2021/22 forecasts (net pressure £0.7m).
 - 1.5.4.** Car parking income is forecast to under-achieve the estimates within the current budget by £0.5m (further amounts relating to Covid-19 are included within 1.5.6 below).
 - 1.5.5.** There are vacancies in several service areas, where recruitment is challenging given the prevailing labour market or where activities are delayed due to Covid-19 response work. This is creating underspending of £3.6m overall, most significantly in Care4CE, Prevention, Planning and Corporate Services.
 - 1.5.6.** Covid-19 related expenditure, and losses in income, of £9.8m are not forecast to exceed funding set-aside within the approved budget.
- 1.6.** The position, excluding Covid-19, presents a forecast overspend of £2.2m (0.7% variance to budget).
- 1.7.** There is a further risk linked to the nationally negotiated Local Government pay award which is exceeding forecasts within the Council's Medium Term Financial Strategy and remains uncertain due to the national position of a pay dispute lodged by the Trade Unions. Further analysis is required and the pressure will be managed by use of the Medium Term Financial Strategy reserve if necessary.
- 1.8.** The year-end forecasts that, subject to further changes in demand or mitigating activity may be subject to change. With robust action it is expected that the outturn position will return in line with budget by the end of the year. Any remaining variation to budget at year-end will be managed through the Council's Medium Term Financial Strategy Earmarked Reserve.
- 1.9.** Members should recognise that spending on Children's Social Care Placements, the pay award and losses on car parking income are items that are expected to significantly impact development of the MTFS as they are likely to require recurring increases in budget. Underspending on vacancies is not expected to recur as service levels are returned to meeting existing un-met demand.

- 1.10. Forecast expenditure in the year on the capital programme is £143.7m.
- 1.11. The attached report, **Annex 1**, sets out details of how the Council is performing in 2021/22. It is structured into:
 - 1.11.1. **Section 1 Financial Stability** - provides an update on the Council's overall financial position.
 - 1.11.2. **Appendices** to the annex demonstrate how spending in 2021/22 has been funded, including the service budgets, policy proposals, grants, debt management, capital strategy and reserves by Committee. Updates are provided on the Treasury Management Strategy and Investment Strategy.

2. Recommendations

- 2.1. Finance Sub-Committee is asked to note the contents of the report and each appendix.
- 2.2. Finance Sub-Committee is asked to approve:
 - 2.2.1. supplementary revenue estimates for general purpose grants coded centrally up to and including £1,000,000 in accordance with Financial Procedure Rules as detailed in **Appendix 1, Section 3 Corporate Grants Register, Table 1**.
 - 2.2.2. capital virements up to and including £5,000,000 in accordance with Financial Procedure Rules as detailed in **Appendix 1, Section 5 Capital Strategy, Table 5**.
- 2.3. Recommend to Council to approve:
 - 2.3.1. fully funded supplementary revenue estimates for general purpose grants coded centrally over £1,000,000 in accordance with Financial Procedure Rules as detailed in **Appendix 1, Section 3 Corporate Grants Register, Table 1**.
 - 2.3.2. fully funded supplementary revenue estimates for specific grants coded directly to services over £1,000,000 in accordance with Financial Procedure Rules as detailed in **Appendix 1, Section 3 Corporate Grants Register, Table 2**.
 - 2.3.3. supplementary capital estimates over £1,000,000 in accordance with Financial Procedure Rules as detailed in **Appendix 1, Section 5 Capital Strategy, Table 6**.
- 2.4. Recommend to Service Committees to:
 - 2.4.1. note the financial update and forecast outturn relevant to their terms of reference.
 - 2.4.2. note that officers will seek to improve the financial outturn across all Committees to mitigate the overall forecast overspend of the Council.

- 2.4.3.** approve supplementary revenue estimates for specific grants coded directly to services up to and including £1,000,000 in accordance with Financial Procedure Rules as detailed in **Appendix 2-7, Section 3 Corporate Grants Register, Table 2.**

3. Reasons for Recommendations

- 3.1.** The Finance Sub-Committee has a function to “co-ordinate the management and oversight of the Council’s finances”. This function is facilitated through receiving a regular cycle of published reports as part of the financial cycle or planning, monitoring and reporting.
- 3.2.** The review reflects financial and operational performance and provides the opportunity for members to note, approve or recommend changes in line with the Council’s Financial Procedure Rules.
- 3.3.** The overall process for managing the Council’s resources focus on value for money and good governance and stewardship. Financial changes that become necessary during the year are properly authorised and this report sets out those areas where approvals are now required, and the relevant justification.
- 3.4.** The recommendations continue to highlight compliance with the CIPFA Financial Management Code, whilst also meeting the requirements of the CIPFA Code of Practice for Treasury Management in the Public Services and the Prudential Code for Capital Finance in Local Authorities.

4. Other Options Considered

- 4.1.** Not applicable.

5. Background

- 5.1.** Managing performance is essential to the achievement of outcomes. This is especially important in evidencing the achievement of value for money across an organisation the size of Cheshire East Council. The Council is the third largest in the Northwest of England, responsible for over 500 services, supporting over 386,000 local people. Gross annual spending is over £641m, with a revised net revenue budget for 2021/22 of £311.9m.
- 5.2.** The management structure of the Council is organised into four directorates: Adults, Health and Integration; Children’s Services; Place; and Corporate Services. The Council’s reporting structure provides forecasts of a potential year-end outturn within each directorate during the year, as well as highlighting activity carried out in support of each outcome contained within the Corporate Plan.
- 5.3.** The political structure of the Council is organised into seven Committees, with financial responsibilities aligned to the management structure. Performance against the 2021/22 Budget within each Committee is outlined in Table 1 below.

5.4. Table 1 – Revenue Outturn Forecast by Committee

2021/22 (GROSS Revenue Budget £492.7m)	Revised Budget (NET) £m	Forecast Outturn Including Covid £m	Forecast Covid Expenditure £m	Forecast Outturn Excluding Covid £m	Forecast Over / (Underspend) Excluding Covid £m
Committee					
Adults and Health	119.0	120.8	1.6	119.2	0.2
Children and Families	68.8	74.2	1.1	73.1	4.3
Economy and Growth	21.8	22.4	0.4	22.0	0.2
Environment and Communities	42.3	45.5	3.7	41.8	(0.5)
Highways and Transport	11.2	14.0	2.1	11.9	0.7
Corporate Policy	35.5	35.3	0.9	34.4	(1.1)
Finance Sub	(298.6)	(310.0)	(9.8)	(300.2)	(1.6)
TOTAL	-	2.2	-	2.2	2.2

5.5. The Council set a balanced net revenue budget of £311.1m at its meeting in February 2021. Current forecasts against the revised budget of £311.9m, when excluding the financial impacts from Covid-19, shows a potential net expenditure of £314.1m. This position reflects the increase in demand led pressures in the Children's Services Directorate relating to Children in Care, higher costs relating to care in Commissioning and unachievable income targets in Highways and Infrastructure. These pressures are offset by costs that are lower than budgeted, particularly in the Corporate Services Directorate, for example staff vacancies, lower costs of staff training, increased income due to demand of registrar services following the lifting of restrictions and reduced revenue costs due to delays in some capital projects. Past service employer pension contributions are also lower than budgeted and flexible use of capital receipts will fund some revenue costs associated with the B4B project.

5.6. The potential financial pressure from Covid-19 remains uncertain. Some additional funding from Covid-19 grants and the compensation scheme linked to income losses from Sales, Fees and Charges has continued into 2021/22. Negotiations between Local Government and Central Government continue which means government funding may increase, reducing the local effect on the Council's Medium Term Financial Strategy. Contrary to this position the Council must balance the risk of further increases in expenditure or reductions in income based on further outbreaks of Covid-19 or from the Council's recovery processes.

5.7. General Reserve balances are risk assessed and it is clear that a number of risks, particularly associated with demand led service provision and the pandemic, have materialised, but have been managed through the actions detailed in this report.

6. Consultation and Engagement

6.1. As part of the budget setting process the Pre-Budget Consultation provided an opportunity for interested parties to review and comment on the

Council's Budget proposals. The budget proposals described in the consultation document were Council wide proposals and that consultation was invited on the broad budget proposals. Where the implications of individual proposals were much wider for individuals affected by each proposal, further full and proper consultation was undertaken with people who would potentially be affected by individual budget proposals.

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 within the reports relating to that process. The purpose of this paper is to provide a progress report for 2021/22.
- 7.1.2.** Other implications arising directly from this report relate to the internal processes of approving supplementary estimates and virements referred to above which are governed by the Finance Procedure Rules.
- 7.1.3.** Legal implications that arise when activities funded from the budgets that this report deals with are undertaken, but those implications will be dealt within the individual reports to Members or Officer Decision Records that relate.

7.2. Finance

- 7.2.1.** Reserve levels are agreed, by Council, in February each year and are based on a risk assessment that considers the financial challenges facing the Council. If spending associated with in-year delivery of services, or the response and recovery to Covid-19, is not contained within original forecasts for such activity it may be necessary to vire funds from reserves. This could require the Council to deliver a greater level of future savings to replenish reserve balances and / or revise the level of risks associated with the development of the Reserves Strategy in future.
- 7.2.2.** As part of the process to produce this report, senior officers review expenditure and income across all services to support the development of mitigation plans that will return the outturn to a balanced position at year-end.
- 7.2.3.** Forecasts contained within this review provide important information in the process of developing the Medium Term Financial Strategy. Analysis of under or over spending during the year will identify whether such performance is likely to continue and this enables more robust estimates to be established.
- 7.2.4.** Any overall shortfall in government funding for local activity linked to Covid-19 will add financial pressure to the Council's Medium Term Financial Strategy. In addition, the Medium Term Financial Strategy will need to take account of any longer impacts relating to income, for

example, longer term impact on the Council's income and/or demand on its services.

7.3. Policy

- 7.3.1. This report is a backward look at Council activities and predicts the year-end position.
- 7.3.2. The forecast outturn position, ongoing considerations for future years, and the impact on general reserves will be fed into the assumptions underpinning the 2022 to 2026 Medium Term Financial Strategy.

7.4. Equality

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

7.6. Risk Management

- 7.6.1. Performance and risk management are part of the management processes of the Authority. Risks are captured at Strategic and Operational levels, both in terms of the risk of underperforming and risks to the Council in not delivering its objectives for its residents, businesses, partners and other stakeholders.
- 7.6.2. Risks identified in this report are used to inform the overall financial control risk contained in the Strategic Risk Register; CR3 Financial Resilience. Updates on the scoring and management of strategic risks are provided to the Council's Audit and Governance Committee, and the ongoing challenges to the Council's funding and financial position has been recognised in the Annual Governance Statement.
- 7.6.3. 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 2020/21 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:	Annex 1 – 2021/22 Financial Year Review which includes: Appendix 1 Finance Sub-Committee. Appendix 2 Corporate Policy Committee. Appendix 3 Adults and Health Committee. Appendix 4 Children and Families Committee. Appendix 5 Highways and Transport Committee. Appendix 6 Economy and Growth. Appendix 7 Environment and Communities Committee. Appendix 8 Treasury Management Strategy. Appendix 9 Investment Strategy.
Background Papers:	Medium Term Financial Strategy 2021-25



2021/22 Financial Year Review

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December 2021

This report receives scrutiny and approval from Members of Cheshire East Council. As a public report, the Council welcomes feedback to the information contained here.

Anyone wanting to comment is invited to contact the Council at:

shapingourservices@cheshireeast.gov.uk

Introduction

Cheshire East Council is the third largest Council in the Northwest of England, supporting over 386,000 local people with annual spending of over £641m.

Local government is going through a period of financial challenges, with a combination of the impact of the Coronavirus pandemic, increasing demand for services and rising costs. There is also increasing uncertainty associated with income from business rates and government grants.

Demand for Council services is increasing, with more individuals and families needing support and services than ever before. This reflects an increase in population but also reflects changes in demographics. Excluding the impact of Covid-19 this demand is resulting in revenue pressures of £6.7m, with the most significant impact within the rising complexity of needs in Children's Social Care. Pressures are being temporarily offset by underspends across council services resulting in a forecast outturn of £314.1m against a net revenue budget of £311.9m.

The Council's budget continues to be affected by the pandemic. The Council continues to receive funding related to an array of activities in response to the situation. But current forecasts remain consistent with the Budget, in that the Council is not aiming to use reserves to fund Covid-19 costs in 2021/22.

When the 2021/22 budget was set, in February 2021, it was highlighted that the use of reserves was not sustainable in the medium term. Net spending therefore needs to be contained within the estimates of expenditure that form the budget. This issue, and how Covid-19 affects this is considered as part of the ongoing planning for the Medium Term Financial Strategy. The forecasts at mid-year highlight temporary underspends due to vacant posts and some beneficial underspending on pension costs. Whilst those issues are likely to be temporary in nature, the overspending on

Children's Social Care, pay inflation and car parking will almost certainly affect the medium term finances of the Council. This situation must be addressed as part of the MTFS process for 2022 to 2026.

To support openness and transparency, and provide evidence of strong governance, the report has a main section, to provide background and context, and then nine supporting appendices with detailed information about allocation and management of public money during 2021/22:

Section 1 provides information on the overall financial stability and resilience of the Council. It demonstrates how spending in 2021/22 is being funded, including the positions on overall service budgets, centrally held budgets, council tax and business rates. Further details are contained in the appendices.

- **Appendix 1** Finance Sub-Committee.
- **Appendix 2** Corporate Policy Committee.
- **Appendix 3** Adults and Health Committee.
- **Appendix 4** Children and Families Committee.
- **Appendix 5** Highways and Transport Committee.
- **Appendix 6** Economy and Growth Committee.
- **Appendix 7** Environment and Communities Committee.
- **Appendix 8** shows updates to the Treasury Management Strategy.
- **Appendix 9** shows updates to the Investment Strategy.

Alex Thompson

Director of Finance and Customer Services
(Section 151 Officer)

Note Section 2 Workforce Development Plan has been removed from the Review and will be reported to Corporate Policy Committee as a separate report.

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2021/22 Outturn Forecast - Financial Position

2021/22 (GROSS Revenue Budget £492.7m)	Revised Budget (NET) £m	Forecast Outturn Including Covid £m	Forecast Covid Expenditure £m	Forecast Outturn Excluding Covid £m	Forecast Over / (Underspend) Excluding Covid £m	For further information please see the following sections
SERVICE DIRECTORATES						
Adult, Health and Integration	119.0	120.8	1.6	119.2	0.2	Section 1 - Paragraphs 6-7, 31
Children's Services	68.8	74.2	1.1	73.1	4.3	Section 1 - Paragraphs 8-21, 32
Place	75.3	81.9	6.2	75.7	0.4	Section 1 - Paragraphs 22-25, 33-35
Corporate Services	35.5	35.3	0.9	34.4	(1.1)	Section 1 - Paragraphs 26-30, 36-37
Total Services Net Budget	298.6	312.2	9.8	302.4	3.8	
CENTRAL BUDGETS						
Capital Financing	14.0	14.0	-	14.0	-	Appendix 1 Section 5
Transfer to/(from) Earmarked Reserves	2.2	1.7	(0.5)	2.2	-	Appendix 1 Section 6
Corporate Contributions / Central Budgets	(2.9)	(4.5)	-	(4.5)	(1.6)	Section 1 - Paragraph 38
Total Central Budgets	13.3	11.2	(0.5)	11.7	(1.6)	
TOTAL NET BUDGET	311.9	323.4	9.3	314.1	2.2	
Business Rates Retention Scheme	(49.1)	(49.1)	-	(49.1)	-	Section 1 - Paragraphs 56-60
Specific Grants	(20.0)	(29.3)	(9.3)	(20.0)	-	Appendix 1 Section 3
Council Tax	(242.8)	(242.8)	-	(242.8)	-	Section 1 - Paragraphs 44-55
Sourced from Collection Fund	-	-	-	-	-	
Central Budgets Funding	(311.9)	(321.2)	(9.3)	(311.9)	-	
FUNDING POSITION	-	2.2	-	2.2	2.2	
	Planned Contribution 2021/22 £m			Forecast Variance Outturn £m	Impact on Reserves Outturn £m	
Impact on Reserves	-			(2.2)	(2.2)	
General Reserves Balance	2021/22 Budget				Forecast	
	£m				£m	
Opening Balance April 2021	11.5			Actual	11.5	
2021/22 Impact on Reserves (see above)	-			Forecast	(2.2)	Section 1 - Paragraphs 41-42
Closing Balance March 2022	11.5			Forecast	9.3	

1. Financial Stability

Introduction

1. The Council has a strong track record of sound financial management. Nevertheless, in common with all UK local authorities the Council finds itself in a position where pressures on the revenue budget are intensifying as a result of the Coronavirus pandemic, increased costs, growing demand and reducing Government grant. The Council has continued to receive some funding in response to the pandemic, as there is still a need to protect both the health and economic wellbeing of local people and businesses.
2. Demand and increasing complexity in cases for Children's and Adults' Social Care remains the most significant financial pressure for the Council in the medium term, particularly in Children's services where overspending is occurring compared to budget.
3. **Table 1** provides a service summary of financial performance. The current forecast is that services will be £3.8m over budget in the current year on normal activities. The Financial Narratives provide further details and changes to service net budgets since the Medium Term Financial Strategy are analysed in **Appendix 1**.
4. Further items impacting on the level of the Council's balances are detailed in the paragraphs below on Central Budgets and Funding.

Table 1 - Service Revenue Outturn Forecasts

2021/22	Revised Budget	Forecast Outturn Including Covid	Forecast Covid Expenditure	Forecast Outturn Excluding Covid	Forecast Over / (Underspend) Excluding Covid
(GROSS Revenue Budget £492.7m)	(NET)				
	£m	£m	£m	£m	£m
SERVICE DIRECTORATES					
Adult Social Care - Operations	28.1	27.8	0.4	27.4	(0.7)
Commissioning	90.9	93.0	1.2	91.8	0.9
Public Health	-	-	-	-	-
Adult, Health and Integration	119.0	120.8	1.6	119.2	0.2
Directorate	0.9	0.8	-	0.8	(0.1)
Children's Social Care	43.2	48.4	0.5	47.9	4.7
Prevention & Early Help	8.3	8.0	0.1	7.9	(0.4)
Education & 14-19 Skills	16.4	17.0	0.5	16.5	0.1
Children's Services	68.8	74.2	1.1	73.1	4.3
Directorate	0.9	0.9	-	0.9	-
Environment & Neighbourhood Services	42.3	45.5	3.7	41.8	(0.5)
Growth & Enterprise	20.9	21.5	0.4	21.1	0.2
Highways & Infrastructure	11.2	14.0	2.1	11.9	0.7
Place	75.3	81.9	6.2	75.7	0.4
Directorate	0.4	0.3	-	0.3	(0.1)
Finance & Customer Services	12.0	12.7	0.5	12.2	0.2
Governance & Compliance Services	9.1	8.8	0.4	8.4	(0.7)
Transformation	14.0	13.5	-	13.5	(0.5)
Corporate Services	35.5	35.3	0.9	34.4	(1.1)
TOTAL SERVICES NET BUDGET	298.6	312.2	9.8	302.4	3.8

Note the costs of Covid-19 are reviewed regularly, the figures shown are based on the November Tracker.

Financial Narratives

5. The financial narrative is split into three parts: Non Covid-19 Service performance narrative; Covid-19 Service performance narrative; and Central Budgets and Funding.

Part 1 - Non Covid-19 Service Performance

Adult, Health and Integration

6. The Adult Social Care (Operations and Commissioning) and Public Health budgets remain under continued pressure across the country. The rising cost of Social Care in Cheshire East is driven by two main factors: increasing demand for services and increasing costs of providing them. Demand for Social Care is not driven exclusively by an ageing population, the prevalence of disability among working-age adults has also increased over recent years. In addition to increasing demand, the unit cost of providing care services is also going up, driven mainly by workforce costs and this has been recognised in the 2021/22 budget where growth has been allocated.
7. There are significant risks to the Adults budget linked to many factors. Risks such as the long term impact of Covid-19 on individuals, the risk and impact of the temporary funding streams discontinuing, and the workforce and capacity issues in the Social Care market all have the potential to result in additional and unplanned costs. The financial impact of the new Social Care Reform is also unclear at this early stage, and may have significant implications for the Adults budgets. Changes in legislation around Liberty Protection Safeguards will also bring increased responsibilities, work loads and training to the service, with no clarity around the associated additional burden funding.

Children's Services

8. The budget for the Children and Families Directorate for 2021/22 at mid-year is £68.8m.
9. There are a number of key pressures within the Directorate resulting in a forecast overspend of £4.3m against budget.
10. The position is summarised in the following table:

Table 2 – Children's Services Outturn Forecasts

Review - forecast outturn	Budget	Outturn Variance	Covid Costs	Net of Covid Costs
	£m	£m	£m	£m
Executive Director	0.9	-0.1	-	-0.1
Children's Social Care	43.2	5.2	0.5	4.7
Prevention and Early Help	8.3	-0.3	0.1	-0.4
Education and Skills	16.4	0.6	0.5	0.1
Revised Total	68.8	5.4	1.1	4.3
DSG - in year pressure				15.5
DSG Deficit Balance B/F				10.0
DSG Deficit Balance as at 31 March 2022				25.5

11. Particular issues are set out in the paragraphs below.

Children's Social Care

12. The overspend is forecast at £4.7m. This is mainly as a result of pressure from Agency Placements of £2.8m due to:
 - Additional pressures at outturn 2020/21 that exceeded the growth available in the MTFS (based on earlier forecasts) by £1.7m.

- The high numbers of children in care at 519 at September 2021. This is down from 531 in May 2021 and an average of 535 throughout 2020/21. The reduction is positive but numbers in care remain higher than in previous years.
 - The increase in unit costs for all types of placement due to market inflation. The average cost of an external placement has increased by 14% over the 2020/21 average cost. Within that overall figure, the average cost for a residential placement has increased by 23% since last year.
 - The continuing roll out of the residential services contract and a delay in seeing the full benefit of the new homes through reduced agency placement costs.
 - Offsetting savings by reduced use of the short breaks contract.
 - Analysis of recent years shows that the spend on agency placements has risen by an average of 9% per annum. Therefore, the figures assume a further 4.5% increase in pressure to 31 March 2022.
13. The service is also experiencing pressure from:
- Internal Fostering in terms of an increase in rates paid to foster carers and an increase in the number of children being fostered. This equates to a £0.9m pressure.
 - Staffing pressures of £0.4m which includes a legacy saving target on management and admin staff that cannot be delivered under current demand levels.
 - Use of Early Help and Independence Payments – there has been a significant increase in demand with 500 clients compared to the budgeted level of 300. This has resulted in a forecast pressure of £0.3m.
- The Commissioning Contracts budget pressure continuing at £0.12m
- Prevention and Early Help**
14. The department is forecasting an underspend of £0.4m from holding vacancies.
- Education and Skills**
15. The Department is currently reflecting an overspend of £0.1m excluding Covid-19 costs. The key issues are:
- Transport ~ TSS is currently forecasting a pressure of £0.3m as a result of increased demand for SEND and cared for children transport where the journey is often out of borough so longer and more expensive. There is also an issue with the shortage of drivers resulting in significant price increases.
- After allowing for other transport grants and budgets of £0.2m, the service is forecasting a £0.1m overspend against transport.
- This position is under review as part of the Company's quarter 2 forecasts that take into account the results of the new academic year.
- Significant work is underway relating to the transfer of TSS back into the Local Authority as from 1st April which will allow for greater clarity in terms of financial management.
- Educational Psychologists / SEND Staffing ~ these two areas are broadly balanced forecasts but additional locum staff and SEN staff are urgently needed to maintain

timeliness levels which would result in a pressure over the coming years.

- Other parts of the Education and Skills Service are reporting an underspend of £0.1m
- Catering ~ the service has worked hard to successfully secure an increase in income levels albeit still less than pre Covid-19. In addition, significant cost pressures are being seen due to food costs and delivery issues. At this stage the reduction in income and cost pressures are giving a shortfall of £0.1m.

The service is considering a range of options moving forward including the scope to increase school meal charges to schools

Dedicated Schools Grant (DSG)

16. This is ring-fenced funding received for:
 - schools
 - high needs / special educational needs
 - early years provision
 - a number of central services including statutory costs and certain support functions.
17. The key pressure on DSG relates to the high needs block. For 2021/22 high needs DSG funding is £48.1m representing an increase of £3.6m (8.1%) on 2020/21.
18. The DSG Reserve deficit balance carried forward from 2020/21 is £10m.
19. The forecasts reflect expected overspending on high needs offset by underspending against early years and the central DSG blocks to give an in year pressure of £15.5m. This takes the DSG reserve deficit forecast to £25.5m at 31 March 2022.

20. This is in line with the budget gap as determined the Council's DSG Management Plan that was approved by Cabinet in March 2021 and set out the planned expenditure and income on high needs over the medium term. Specific issues for 2021/22 include pressures on external placements and local provision.
21. The Council is working to deliver the mitigations set out in the DSG Management Plan but demand exceeds the current rate of local expansion. Additional key projects are being developed over the next 6 – 9 months including expansion of Springfield Special School in Crewe and the need for a centrally located special school. The service will be seeking to secure additional capital investment over the medium term.

Place Directorate

Place Directorate

22. Non Covid-19 underspends are forecast of £17,000. These arise from a staffing vacancy and additional income received towards staffing costs, partially offset by a forecast pay rise which was unbudgeted.

Environment & Neighbourhood Services

23. Excluding the impact of Covid-19, an underspend is forecast on Environment and Neighbourhood Services of £0.5m. This is predominantly from staffing savings made up of part year vacancies, maternity leave savings and budgeting for staff not in the pension scheme, offset by a forecast pay rise which was not budgeted.

Growth & Enterprise

24. There is a non Covid-19 pressure of £0.2m for Growth and Enterprise. This is made up of staffing underspends and control of costs within Tatton, Public Rights of Way and

Economic Development offset by income and cost pressures within Assets. Facilities Management have pressures arising due to increased energy costs and business rates but these have been mitigated by a forecast underspend on water and the control of costs such as responsive maintenance within the service. The majority of the pressure is for a forecast pay rise which was not included in the budget.

Highways & Infrastructure

25. Non Covid-19 pressures within Highways and Infrastructure total £0.7m. There is a £0.5m pressure in year because of proposed parking charges not going ahead as planned. Pressures of £170,000 also exist for Transport resulting from unachievable savings targets for Flexi Link advertising and fares and the restructure of the company. A forecast pay rise has also been included in the forecast totalling £78,000, this was not budgeted. These pressures have been partially mitigated by savings within Parking, mainly due to part year staff vacancies.

Corporate Services

26. The £35.4m budget for Corporate Services, which includes the Housing Benefits (HB) Payments Centre, is currently forecast to underspend by £1.2m at year end. There is a £0.3m pressure associated with implementing the Best4Business (B4B) programme. Members will be aware that B4B is the change programme implementing Unit4 ERP, a complex, technical solution designed to administer all HR, Payroll and Finance functions across both Cheshire East and Cheshire West and Chester councils, schools, academies, and council companies. The financial pressures reported in 2021/22 are mainly one-off additional costs of the revised timeline of Go Live 2 (HR and payroll) (November 2021) which cannot be charged to the capital project and which will be mitigated from the revenue budget wherever possible. Most of the pressure (£0.2m) sits in ICT Service Delivery from

loss of income due to staff working on B4B project work. Further pressure of £0.1m in Finance & Customer Services is mainly because of additional implementation staffing costs.

Corporate Directorate

27. The Corporate Services Directorate area includes the cost of the Chief Executive, the Executive Director of Corporate Services and associated budgets. These budgets are forecast to underspend by £0.1m.

Finance & Customer Services

28. Finance and Customer Services, which includes the HB Payments Centre, is forecast to overspend by £0.2m. This is mainly attributable to a £0.4m overspend on the Transactional Service Centre hosted by Cheshire West and Chester, and £0.1m pressures from unbudgeted costs linked to implementing the B4B System, savings in Business Solutions relating to the introduction of B4B that will not be fully achievable until next financial year (£40,000), and the contribution to Corporate Services efficiency savings (£56,000). The overspend is partially offset by a £0.4m underspend in Customer Services as a result of delaying restructures, delaying filling vacancies, and savings on certain non-staff costs.

Transformation

29. Transformation is forecast to underspend by £0.5m, mainly due to a £0.1m underspend on the Director's cost centre, and £0.4m underspend in HR due to in-year staff vacancies, and underspending on central training, and Organisational Development budgets. In addition, the overall ICT budget is forecast to underspend by £0.2m. ICT Strategy is forecast to underspend by £1.0m but is offset by an overspend in ICT Service Delivery of £0.8m. The underspend in strategy has arisen in part from a delay in certain revenue consequences of capital projects hitting the revenue budget for which

revenue growth was included in this year's MTFS and in part from cost falling into the shared service rather than the strategy area where growth had been given. The shared service has worked hard to mitigate the impact of lost revenue however the extent of the loss of income is such that it has been difficult to offset without affecting standard business delivery. Rising in-year contract costs are adding to the pressure. The Shared Services Joint Committee is monitoring the overall budget pressures. There has also been further income lost due to B4B project work not being charged at the standard rate per hour. The overall Transformation Directorate underspend is further offset by the contribution to Corporate Services efficiency savings (£96,000), and £50,000 savings from staff travel being temporarily held in Corporate Services before the actual savings are allocated to individual services.

Governance & Compliance

30. Governance & Compliance is forecast to underspend by £0.7m. Within Governance & Democratic, the underspend of £0.4m is mainly due to increased marriage income in the Registrations Service as a result of surges in demand following the easing of restrictions put in place during the pandemic, Legal Services (£0.2m) due to underspends on staffing budgets, and Audit & Risk is forecasting a £0.3m underspend on staffing costs due to carrying staff vacancies but this is offset by pressures within Insurance due to a fall in school buy-back income, and increased premium costs. These underspends are being partially offset by unbudgeted costs being incurred relating to Standards work, and the contribution to Corporate Services efficiency savings (£45,000).

Part 2 - Covid-19 Service Performance

Adult, Health and Integration

31. Covid-19 for the social care and health system has thrown into turmoil what we normally accept as the status quo. Whilst the human, social and economic cost of Covid-19 has been inexorably high, the pandemic challenged Cheshire East on the way services were delivered meaning reduced costs in some areas as services had to be closed/stopped in line with government guidance, and pressures in other areas where demand has increased. Utilisation of Covid-19 Funding has meant that the services have responded by diverting resources to the most critical services during this challenging year, as well as supporting our NHS Partners.

Children's Services

32. At this stage the key Covid-19 pressures identified relate to:
 - Children's Social Care - £0.5m from the necessary use of unregulated placements at much higher costs rates than elsewhere.
 - Prevention and Early Help - £30,000 from loss of rental income from hire of room space, £0.15m from additional emotional support to young people and enabling the continuation of Duke of Edinburgh courses.
 - Education and Skills - loss of income of £20,000 from fixed penalty notices plus a reduction in school meals income of £0.5m.
 - Capital programme - the Education and Skills service is also experiencing cost increases of 20% on capital schemes in terms of labour and material costs. An element of that is a result of Covid-19.

Place Directorate

Environment & Neighbourhood Services

33. There are covid pressures of £3.7m within Environment and Neighbourhood Services. £1.9m of these relate to Ansa for increased waste tonnage as more people are working from home, cover for sickness and isolation and some unrealisable route and rota optimisation savings. Income pressures of £1.2m also exist for Planning and Building Control, Licensing, Libraries and Markets. There is a £0.4m pressure to ensure service continuity for the Councils leisure centres. Additional costs also exist for the provision of PPE and cleaning materials, increased public funerals, and help to cover backlogs of work within Planning.

Growth & Enterprise

34. Forecast covid pressures of £0.4m exist for Growth & Enterprise. These are mainly due to loss of income at Tatton Park, ticket income in Visitor Economy, rental income within Assets and public path order income in Public Rights of Way. There are also some additional costs for cleaning of temporary accommodation for the Housing service.

Highways & Infrastructure

35. There are covid pressures within Highways and Infrastructure of £2.1m. The majority of this is from the Parking service with lower income received on pay and display car parks and from penalty charge notices. Covid pressures also exist in Highways due to loss of productivity and extra costs of service delivery.

Corporate Services

36. Additional cost pressures within Corporate Services as a result of the Covid-19 pandemic are forecast at £0.9m.

37. The main pressures are within Finance & Customer Services, with the Housing Benefits (HB) payments centre forecasting a £0.3m under-recovery of HB overpayments due to the pandemic, lost court costs income of over £0.1m and the Revenues Service incurring £0.1m additional staff overtime, and additional agency staff costs supporting business as usual in contact centres. Elsewhere, Covid-19 pressures include £0.4m additional staff, travel, and facilities costs, and a reduction in income across services within Governance & Compliance.

Part 3 - Central Budgets and Funding

Table 3 – Central Outturn Forecasts

2021/22	Revised Budget	Forecast Outturn Including Covid	Forecast Covid Expenditure	Forecast Outturn Excluding Covid	Forecast Over / (Underspend) Excluding Covid
(GROSS Revenue Budget £492.7m)	(NET)				
	£m	£m	£m	£m	£m
CENTRAL BUDGETS					
Capital Financing	14.0	14.0	-	14.0	-
Transfer to/(from) Earmarked Reserves	2.2	1.7	(0.5)	2.2	-
Corporate Contributions / Central Budgets	(2.9)	(4.5)	-	(4.5)	(1.6)
Central Budgets	13.3	11.2	(0.5)	11.7	(1.6)
Business Rates Retention Scheme	(49.1)	(49.1)	-	(49.1)	-
Specific Grants	(20.0)	(29.3)	(9.3)	(20.0)	-
Council Tax	(242.8)	-	-	(242.8)	-
Central Budgets Funding	(311.9)	(321.2)	(9.3)	(311.9)	-

38. It is currently forecast that there will be a £1.6m underspend variance to budget on the central budget. This is due to the over recovery of past service employer pension contributions compared to the budget set and flexible use of capital receipts will fund some revenue costs associated with the B4B project. Budgeted transfers of £1.3m to earmarked reserves have taken place in-year as planned. Grants relating to business rates have been received centrally in-year that are additional to budget which will be transferred to reserves for future use.
39. Specific grants include the unring-fenced Local Authority Support grant and an estimate for the Compensation scheme

linked to income losses from Sales, Fees and Charges which are currently funding the costs associated with Covid-19. The Covid-19 reserve, which holds the unused grant from 2020/21, will also fund this expenditure.

40. Details of grants received and reserves can be found within the individual Service Committee Appendices.

Outturn Impact

41. The impact of the projected service outturn position is to maintain balances as reported above (**paragraph 3**). With the central budget items detailed above (**paragraph 38**), the financial impact could result in a decrease in balances of £2.2m. Any deficit in non Covid-19 related expenditure / income remaining at the end of the year will be drawn down from the Medium Term Financial Strategy Earmarked Reserve which is used to smooth the effects of variations in spending / income in any specific year.
42. The Council will continue to manage and review the financial forecasts in response to emerging guidance and the local response to the pandemic and how this affects the Council's revenue budget.

Collecting Local Taxes for Local Expenditure

43. Cheshire East Council collects Council Tax and Non Domestic Rates for use locally and nationally.

Council Tax

44. Council tax is set locally and retained for spending locally. Council tax was set for 2021/22 at £1,579.03 for a Band D property. This is applied to the taxbase.

45. The taxbase for Cheshire East reflects the equivalent number of domestic properties in Band D that the Council is able to collect council tax from (after adjustments for relevant discounts, exemptions and an element of non-collection). The taxbase for 2021/22 was agreed at 153,796.10 which, when multiplied by the Band D charge, means that the expected income for the year is £242.8m.

46. In addition to this, Cheshire East Council collects council tax on behalf of the Cheshire Police and Crime Commissioner, the Cheshire Fire Authority and Parish Councils. **Table 4** shows these amounts separately, giving a total budgeted collectable amount of £299.0m.

47. This figure is based on the assumption that the Council will collect at least 99% of the amount billed. The Council will always pursue 100% collection, however to allow for non-collection the actual amount billed will therefore be more than the budget.

48. This figure may also vary during the year to take account of changes to Council Tax Support payments, the granting of discounts and exemptions, and changes in numbers and value of properties. The amount billed to date is £303.1m.

Table 4 – Cheshire East Council collects Council Tax on behalf of other precepting authorities

	£m
Cheshire East Council	242.8
Cheshire Police and Crime Commissioner	34.7
Cheshire Fire Authority	12.4
Town and Parish Councils	9.1
Total	299.0

49. **Table 5** shows collection rates within three years, and demonstrates that 99% collection is on target to be achieved within this period.

Table 5 – Over 99% of Council Tax is collected within three years

Financial Year	CEC Cumulative			
	2017/18	2018/19	2019/20	2020/21
	%	%	%	%
After 1 year	98.3	98.2	97.9	97.4
After 2 years	99.1	99.0	98.8	**
After 3 years	99.3	99.2	**	**

**data not yet available

50. The council tax in-year collection rate for the period up to the end of September 2021 is 56.3%. This is an increase of 0.7%

on the previous year and shows positive signs of reverting to pre Covid-19 levels. Caution should be exercised however in view of the imminent end to furlough arrangements and the impact that may have on residents' ability to pay.

51. Council tax support payments were budgeted at £18.0m for 2021/22 and at the end of September the total council tax support awarded was £17.6m.
52. The Council Tax Support scheme remains the same for 2021/22, other than the uprating of the income bands in line with the Consumer Price Index in September 2020. The scheme was confirmed by full Council in December 2020.
53. A review of the Council Tax Support scheme for 2022/23 is underway and will be finalised later this year.
54. Council tax discounts awarded are £26.8m which is a slight increase on the same period in 2020/21. This is mainly due to an increase in single person discounts following the postponement of the discount review during Covid-19.
55. Council tax exemptions awarded is £6.6m which is an increase on the same period in 2020/21. This has been impacted by the postponement of exemption reviews during Covid-19.

Non-Domestic Rates (NDR)

56. NDR is collected from businesses in Cheshire East based on commercial rateable property values and a nationally set multiplier. The multiplier changes annually in line with inflation and takes account of the costs of small business rate relief.
57. The small business multiplier applied to businesses which qualify for the small business relief was set 49.9p in 2021/22.

The non-domestic multiplier was set at 51.2p in the pound for 2021/22.

58. During 2020/21 Cheshire East Council was in a pooling arrangement with the Greater Manchester (GM) Authorities (also included Cheshire West and Chester) to maximise business rate retention locally and support the economic regeneration of Greater Manchester and Cheshire Councils. Pool members were entitled to retain the levy charge on growth that would normally be paid over to Central Government. Cheshire East retained 50% of this levy charge locally before paying the remaining half over to the pool. The pooling arrangement has ceased for 2021/22 due to the continued uncertainty around business rates levels and the possibility of LA's falling below the safety net threshold as the pandemic continues.

59. **Table 6** demonstrates how collection continues to improve even after year end. The table shows how over 99% of non-domestic rates are collected within three years.

Table 6 – Over 99% of Business Rates are collected within three years

Financial Year	CEC Cumulative			
	2017/18	2018/19	2019/20	2020/21
	%	%	%	%
After 1 year	97.7	98.5	98.2	92.4
After 2 years	99.2	99.4	98.4	**
After 3 years	99.8	99.4	**	**

**data not yet available

60. The business rates in-year collection rate for the period up to the end of September 2021 is 48.25%. Although this is a reduction on previous years it does not stand comparison due to the introduction of the Extended Retail Discount scheme which has impacted the annual debit part way through the year. Additionally, normal processes to recover unpaid business rates will only commence during the second half of this year as Government grant schemes come to an end.

Appendices to 2021/22 Financial Year Review

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Appendix 3

Adults and Health Committee

1. Changes to Revenue Budget 2021/22 since Medium Term Financial Strategy

	MTFS Net Budget £000	Additional Grant Funding £000	Restructuring & Realignments £000	Revised Net Budget £000
Adults and Health				
Adult Social Care Operations	27,965	-	(132)	27,833
Commissioning	91,079	43	28	91,150
Public Health	-	-	-	-
	119,044	43	(104)	118,983

Note additional grant funding is the expenditure budget relating to general purpose grants in section 3, table 4 of this appendix. Specific grants income and expenditure budgets held in the service area (section 3, tables 2 and 3) do not appear as they net to nil.

2. Policy Proposal Update

Budget Policy Proposal	2021/22 £000	2022/23 £000	2023/24 £000	2024/25 £000	In Year Update
[67] Electronic Call Monitoring Reclamation	-245	-30			Not achieved impacted by Covid- on tracker
[57] Investment in Adult Social Care	4,000	4,000	4,000	4,000	Growth in line with demand

Budget Policy Proposal	2021/22 £000	2022/23 £000	2023/24 £000	2024/25 £000	In Year Update
[82] Fixed Penalty Income target	118				Growth implemented
[59] Extra Care Housing – Catering / Restaurant Provision	300				Growth implemented
[58] Growth for Care Fees in Adult Social Care	2,441				Fee increase implemented
[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		Not achieved- Covid Impact- on tracker
[12] Reduce Base budget assigned to Community Grants	-50	-100			Achieved
[55] Pathfinder Cheshire East - Cheshire Community Action	-100				Achieved in full
[73] Learning Disabilities Future Service Development and Review	-750	-1,000	-1,250		Partially achieved
[8] Direct Payments	-1,000				Partially achieved- on track - £672k
[63] Day Opportunities Redesign, Strategy and Savings	-30	-70	-150		Year 21/22 & 22/23 achieved in full
[68] Cheshire Care Record	-138				Achieved in full

Budget Policy Proposal	2021/22 £000	2022/23 £000	2023/24 £000	2024/25 £000	In Year Update
[48] Productivity and Efficiency in Adult Social Care		-500	-500		Not on track
[56] Mental Health Floating Support	-120				Achieved in full
[64] Mental Health Services Review	-500	-500			Demand into the service is growing impacting on ability to undertake sect. 117 reviews, we are negotiating with health colleagues.
[9] Continuing Healthcare Reviews	-500	-1,000	-500		There is a large health backlog on CHC which will impact on saving target.
[35] Contract savings in the People Directorate	-500				Partially achieved – on track to achieve in full
[52] Increased Usage of Digital Technology	-125				Achieved
[65] Review agreements linked to intermediate care beds	-268				Achieved
[36] Client Income in the People Directorate	-100				Achieved in full
[60] Investment in Advocacy Service	112				Growth implemented

3. Corporate Grants Register

Table 1 – Corporate Grants Register

Grants 2021/22	Original Budget	Revised Forecast	Change from Original Budget	Treatment of Grant
	2021/22 £000	2021/22 £000	2021/22 £000	Notes 2 - 5
ADULTS and HEALTH				
Specific Use (Held within Services)	29,360	38,284	8,924	
General Purpose (Held Corporately)				
Social Care Support Grant	7,979	7,979	(0)	
Independent Living Fund	818	861	43	SRE
Local Reform & Community Voices, Social Care in Prisons and War Pension Scheme Disregard	340	340	0	
TOTAL ADULTS and HEALTH	38,497	47,463	8,966	

Notes

- 1 The Dedicated Schools Grant, Pupil Premium Grant, Sixth Form Grant and Other School Specific Grant from the Education Funding Agency (EFA) figures are based on actual anticipated allocations. Changes are for in-year increases/decreases to allocations by the DfE and conversions to academy status.
- 2 SRE - Supplementary Revenue Estimate requested by relevant service.
- 3 ODR - Officer Decision Record to approve immediate budget change to relevant service.
- 4 Reserves - transfer to reserves at year end.
- 5 Balances - amount will be included as a variance to budget.

- 3.1 Cheshire East Council receives two main types of Government grants; specific use grants and general purpose grants. Specific use grants are held within the relevant service with a corresponding expenditure budget. Whereas general purpose grants are held in central budgets with a corresponding expenditure budget within the allocated service area.
- 3.2 The increase in specific grants relates mainly to new Covid-19 related grants. Requests for the allocation of the additional

specific grants received are detailed in **Table 2**. Previously approved additional specific grants are detailed in **Table 3**.

- 3.3 Spending in relation to specific use grants must be in line with the purpose for which it is provided.
- 3.4 **Table 4** shows general purpose grants that have previously been approved. **Table 5** shows general purpose grant approvals resulting from urgent decisions.

Table 2 – Supplementary Revenue Estimate Requests for Allocation of Additional Grant Funding (Specific Use)

Committee	Type of Grant	£000	Details
Adults and Health	Covid-19 Emergency Assistance Grant for Food & Essential Supplies	626	This grant is for local authorities in England to use to support people who are struggling to afford food and other essentials due to Covid-19.
Total Specific Purpose Allocation for Committee Approval		626	
Total Specific Purpose Allocations		626	

Table 3 - Summary of Grants already Approved (Specific Use)

Committee	Type of Grant	£000	Details
Adults & Health (July report)	Public Health Grant	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.
Adults and Health (July report)	Covid-19 Contain Outbreak Management Fund	2,196	The Council has the opportunity to accept the one-off Contain Outbreak Management Fund (COMF) from the Department of Health and Social Care, in the sum of £2,195,537.91, the purpose of which being to cover funding requirements for the Test Trace Contain Enable Programme for the 2021/22 financial year. The funding has been made available to provide support to local authorities in England, towards expenditure lawfully incurred, or to be incurred, in relation to the mitigation against and management of local outbreaks of Covid-19. Acceptance of the grant will allow Cheshire East to continue its Test Trace Contain Enable Programme for the full 2021/22 financial year, providing protection and support for local residents against Coronavirus.
Adults and Health (ODRs)	Covid-19 Community Testing	271	Funding for Community Testing in response to the Covid-19 outbreak.
Specific Purpose allocations already Approved		2,639	

Table 4 - Summary of Grant Expenditure already Approved from Central Budget General Purpose Grants

Committee	Type of Grant	£000	Details
Adults and Health (Outturn report)	Independent Living Fund	43	<p>Following the closure of the Independent Living Fund (ILF) in June 2015, the government agreed to continue funding pre-existing ILF arrangements until the end of 2019 to 2020, through the former ILF recipient grant. Government have confirmed that that the former ILF recipient grant will continue to be paid to local authorities in 2021 to 2022.</p> <p>The total value of the grant in 2021 to 2022 will be maintained and this additional funding allocation is to cover the cost of the payments made to clients for the ILF, increasing it to the level of the actual 2021/22 grant, which is £42,776 higher than originally forecast in the Medium Term Financial Strategy.</p>
General Purpose Allocations already Approved		43	

Table 5 - Urgent decisions made following Member consultation (Specific Purpose)

Date	Summary of Decision	Decision on behalf of	Members, MO/S151 consulted/ content?	Status
22.04.2021	Covid-19 Infection Control Fund & Rapid Testing Grant Apr 21 to Jun 21. A supplementary revenue estimate for the 2021/22 financial year of £3,028,690 be approved; this to be funded from the Infection Control and Rapid Testing Fund allocation for Cheshire East Council as set out in DoHCS guidance published on 29 March 2021.	Council	Yes	Decision made and Members notified
09.07.2021	Covid-19 Infection Control Fund & Rapid Testing Grant Jul 21 to Sep 21. A supplementary revenue estimate for the 2021/22 financial year of £2,256,923 be approved; this to be funded from the Infection Control and Rapid Testing Fund allocation for Cheshire East Council as set out in DoHCS guidance published on 29 March 2021.	Council	Yes	Decision made and Members notified
15.06.2021	PHE Adult weight management services grant, £123,054. Accepting the grant allows the capacity of the Council's commissioned weight management service to One You Cheshire East to be increased. This will enable a greater number of individuals to benefit from this service thus reducing the population health impact of excess weight.	Council	Yes	Decision made and Members notified

Date	Summary of Decision	Decision on behalf of	Members, MO/S151 consulted/ content?	Status
15.06.2021	PHE SMS (CGL contract) enhance the current drug treatment, crime and harm reduction services, £251,000. The government announced in February 2021 an additional £80 million to fund drug treatment in 2021/22 for a 12-month period to tackle crime, drug use and associated harm. The funding will be made available through the Section 31 grant provisions of the Local Government Act 2003.	Council	Yes	Decision made and Members notified

4. Debt Management

	Outstanding Debt £000	Over 6 months old £000
Adults and Health Committee		
Adults, Public Health and Communities	8,084	5,123

5. Capital Strategy

Adults & Health

CAPITAL

CAPITAL PROGRAMME 2021/22- 2024/25													
Scheme Description	Total Approved Budget	Prior Years	Forecast Expenditure				Total Forecast Budget 2021/25	Forecast Funding					Total Funding
			Forecast Budget 2021/22	Forecast Budget 2022/23	Forecast Budget 2023/24	Forecast Budget 2024/25		Grants	External Contributions	Revenue Contributions	Capital Receipts	Prudential Borrowing	
Committed Schemes							0						0
Adults Services													
Electronic Call Monitoring System	389	0	389	0	0	0	389			389			389
People Planner System	94	28	66	0	0	0	66	66					66
Replacement Care4CE Devices	93	63	30	0	0	0	30	30					30
Total Adults Services Schemes	576	91	485	0	0	0	485	96	0	389	0	0	485

6. Reserves Strategy

Name of Reserve	Opening Balance 1st April 2021 £000	Forecast Movement in Reserves 2021/22 £000	Forecast Closing Balance 31st March 2022 £000	Notes
Adult, Health and Integration (Adults and Health Committee):				
Directorate				
Adults Directorate	1,020	0	1,020	To support a number of widespread projects within the Adults, Health and Integration Directorate
Adult Social Care Operations				
DOL's Assessments	600	(300)	300	Reserve required due to delays in closure and will run across two years up to 2022/23.
Commissioning				
PFI Equalisation - Extra Care Housing	2,618	97	2,715	Surplus grant set aside to meet future payments on existing PFI contract which commenced in January 2009.
NHB Community Grants Staffing	132	0	132	To support administrative staffing costs in relation to Central Government's New Homes Bonus guidance for community projects
Public Health				
Public Health	2,118	422	2,540	Ring-fenced underspend to be invested in areas to improve performance against key targets. Including the creation of an innovation fund to support partners to deliver initiatives that tackle key health issues. Anticipated that the carry forward ringfenced grant will be spent across 2022/23 and 2023/24.
TOTAL	6,488	219	6,707	

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Working for a brighter future together

Adults and Health Committee

Date of Meeting:	18 January 2022
Report Title:	Medium Term Financial Strategy 2022/23 – 2025/26
Report of:	Alex Thompson, Director of Finance and Customer Services (Section 151 Officer)
Report Reference No:	AH/25/21-22
Ward(s) Affected:	Not Applicable

1. Purpose of Report

- 1.1. The purpose of this report is to capture the Committee members' response to consultation on the Medium-Term Financial Strategy 2022 to 2026.

2. Executive Summary

- 2.1. The Council's Medium-Term Financial Strategy sets out the financial implications of the Council's Corporate Plan and how spending plans can be funded over the next four years. The Council is required by law to approve a balanced budget, where gross expenditure is matched by gross income and appropriate use of reserves, on an annual basis.
- 2.2. The consultation document includes proposals to update the current MTFS that was approved by Council in February 2021.
- 2.3. The current MTFS was balanced over the four-year period 2021 to 2025 and assumed that spending linked to the pandemic would be matched by government funding. The proposals recognised the risk of ongoing reductions in Government Grants as well as growth in demand, particularly within Adult and Children's and Waste services. Additional impacts were included for inflation such as staff pay and spending on utilities. Mitigation for increasing costs included savings, and additional income from some user charges. Mitigation also included increases in

Council Tax of 4.99% for 2021/22 and a further annual increase of 1.99% from 2022/23.

- 2.4. The MTFS 2022 to 2026 consultation reflects financial pressures identified in the In-Year Review of Finance. The consultation also recognises high-level implications of the 2021 Central Government Spending Review.
- 2.5. This report sets out the activities to date and current estimated timescales and assumptions. All Committees are being asked to provide feedback in relation to their financial responsibilities as identified within the Constitution and linked to the budget alignment approved by the Finance Sub-Committee in July 2021.
- 2.6. Responses to the consultation will be reported to the Corporate Policy Committee to support that Committee in making recommendations to Council on changes to the current financial strategy. The Chief Finance Officer will report on the robustness of estimates and the adequacy of reserves in relation to the final proposals.

3. Recommendations

That Adults and Health Committee:

- 3.1. Review the MTFS 2022 to 2026 Consultation Document (**Appendix 1**) and provide feedback to the Corporate Policy Committee on the proposals relevant to the responsibilities of the Committee as outlined in the Constitution, which are:
 - 13) Investment in Adult Social Care (page 16)
 - 14) Care fee uplifts (page 16)
- 3.2. Notes those proposals that are rolling forward from the MTFS 2021-25 relevant to the committee (as part of **Appendix 1** (Appendix A)).
 - 9) Continuing Healthcare Reviews (page 33)
 - 12) Reduce Base budget assigned to Community Grants (page 33)
 - 48) Productivity and Efficiency in Adult Social Care (page 34)
 - 61) Direction of travel for the Communities Team (page 35)
 - 63) Day Opportunities, Redesign, Strategy and Savings (page 35)
 - 64) Mental Health Services Review (page 35)
 - 67) Electronic Call Monitoring Reclamation (page 35)
 - 73) Learning Disabilities Future Service Development and Review (page 35)
- 3.3. Notes the impact of the local government financial settlement as provided at **Appendix 2** on the MTFS Consultation Document.

- 3.4. Comments on any other element of the MTFS Consultation Document related to the responsibilities of the Committee (including WOC Business Plans, and Reserves levels).
- 3.5. Notes that the minutes of this meeting will form the consultation response of the Committee for the consideration by the Corporate Policy Committee.

4. Reasons for Recommendations

- 4.1. The Council is required to consult on the proposals within the annual budget. This is required in general terms with businesses but may also require consultation with service users on specific proposals, although where proposals relate to universal services the requirements can be covered through a single consultation document on the overall budget.
- 4.2. The Council must set a balanced budget for each financial year based on robust estimates and supported by adequate reserves. This requirement is significantly supported by meaningful consultation as this improves the assurance that proposals will be delivered within manageable levels of risk.
- 4.3. Establishing key dates for the consultation process manages expectations for stakeholders.
- 4.4. The financial parameters within the MTFS have been reviewed and options for proposals that could be included in a revised MTFS have been put forward.
- 4.5. **Appendix 1** contains the Budget Engagement document including the survey questions that have been used during the consultation period (closed 4 January 2022).

5. Other Options Considered

- 5.1. Delay the publication of budget proposals until after the local government finance settlement had been confirmed, which is usually late December, and adopt the minimum level of engagement. This was not desirable because it is not transparent and does not give enough time to consider future budget changes by stakeholders.

6. Background

- 6.1. Proposals to vary the current budget have been set out as part of the Budget Engagement document that was launched on 24 November 2021. These are continuing to be developed in line with the priorities included

within the Corporate Plan and refined as further funding announcements are confirmed.

- 6.2. Proposals will recognise growth and savings requirements to ensure the published MTFS is both robust and transparent and supports members in making informed decisions.
- 6.3. On 27 October, the Chancellor announced the spending review 2021 that will cover the next 3 years (2022/23 to 2024/25). Details of the actual funding allocations for each local authority were not announced until the provisional settlement on 16 December 2021. At the time of publishing the Budget Consultation in November it had been confirmed that broadly there is due to be an extra £1.6bn for local authorities in each of the next three years. This funding will help the council in managing the increasing costs of complex care, stabilisation of the care market and rising inflation as well as including funding to manage cyber threats.
- 6.4. Planning for the MTFS is an ongoing process, and the council has, in most years, followed a path of establishing the parameters for the planning process, then proposing variations to achieve a sustainable strategy and then consulting on the proposals. The launch of the consultation process has taken place in November/December in recent years and for the 2022-26 MTFS, the consultation launched on 24 November 2021 and ran until 4 January 2022.
- 6.5. The Provisional Settlement announced on 16 December has varied the assumptions contained in the Budget Engagement document. **Appendix 2** sets out the changes announced and the impact on the estimated funding envelope.
- 6.6. Corporate Policy Committee and each Service committee will provide feedback on their individual proposals and then Corporate Policy Committee will make the final recommendation to full Council at the February meeting.

7. Consultation and Engagement

- 7.1. The budget consultation involves engagement with local people and organisations to ensure that we seek feedback from all stakeholders:
 - 7.1.1. With regards to the Budget consultation, the 6-week public consultation period ran from 24 November 2021 to 4 January 2022. During this time, residents, members and stakeholders were able to provide their views in a number of ways.

- 7.1.2. A dedicated engagement hub provided access for all stakeholders to get information about the proposals being consulted upon within the Budget consultation and encouraged the submission of comments, views and suggestions. The Council's social media accounts promoted the dedicated website.
- 7.1.3. The Council's Digital Influence Panel, Councillors, Town and Parish Councils, Public Service partner agencies, voluntary, community and faith sector stakeholders and Trade Unions have also been invited to give their views. The Council also sought to engage with representative groups for young people, disabled people and older people in the community.
- 7.1.4. The feedback is being collated and analysed and used to enable transparent decision making.

8. Implications

8.1. Legal

- 8.1.1. The Medium-Term Financial Strategy is a part of the council's Budget and Policy Framework and as such requires approval by Council.
- 8.1.2. The council should have robust processes so that it can meet statutory requirements and fulfil its fiduciary duty.
- 8.1.3. Any legal implications arising from this report will be addressed through the budget setting process.

8.2. Finance

- 8.2.1. The current Medium-Term Financial Strategy estimates a balanced budget over the next four years.
- 8.2.2. The Budget Engagement document sets out the estimated revised position, based on up-to-date information and forecasts, and maintains that balanced four-year position.
- 8.2.3. Changes as a result of the provisional settlement are set out in Appendix 2.

8.3. Policy

- 8.3.1. The Corporate Plan sets out the vision, values, aims and priorities for Cheshire East. It is a sister document to the MTFS.

8.4. Equality

- 8.4.1. An Equality Impact Assessment will be completed to support the MTFS, setting out the implications and mitigation.

8.5. Human Resources

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

8.6. Risk Management

- 8.6.1. There are significant risks associated with the financial consequences of the pandemic, recovery and COVID-scarring. These are set out in more detail in the Strategic Risk Register.

8.7. Rural Communities

- 8.7.1. The Corporate Plan, along with the 'Green' aim and supporting priorities will have direct and indirect implications for our rural communities across Cheshire East. These impacts will be considered and reported through individual work programmes as they are developed.

8.8. Children & Young People/Cared for Children

- 8.8.1. The Corporate Plan, along with the 'Fair' aim and supporting priorities will have direct and indirect implications for our children and young people across Cheshire East. These impacts will be considered and reported through individual work programmes as they are developed.

8.9. Public Health

- 8.9.1. The Corporate Plan, along with the 'Fair' aim and supporting priorities will have direct and indirect implications for public health which will be considered individually and in line with the actions required. These impacts will be considered and reported through individual work programmes as they are developed.

8.10. Climate Change

- 8.10.1. The Corporate Plan has a very strong environmental thread throughout with a specific aim for the Council to be 'Greener'.
- 8.10.2. A number of priorities and activities are underway which will support the council's commitment of being carbon neutral by 2025, including the delivery of an Environmental Strategy and a Carbon Action Plan.

Access to Information	
Contact Officer:	Alex Thompson Director of Finance and Customer Services (Section 151 Officer) alex.thompson@cheshireeast.gov.uk
Appendices:	Appendix 1 – Budget Engagement Document Appendix 2 – Provisional Settlement
Background Papers:	Medium Term Financial Strategy 2021-25 2021/22 In-Year Review of Finance

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Cheshire East Council

Budget Engagement 2022 - 26



Your **views** matter



Purpose of our Budget Engagement

The Council must set a balanced budget each year, meaning we cannot spend more than our income. To help improve value for money we need to seek the views of residents and businesses about priorities for the year ahead. Your views and feedback as local people, businesses, organisations, councillors and staff are very important and will help us to understand the impact of any changes required to achieve a financially balanced position.

We are responsible for managing annual expenditure of around **£700million**. After taking account of all the income we receive for specific purposes, such as conditional grants for schools, we have an annual net revenue budget of approximately **£300million**. This must be funded from the local taxes paid by households and businesses, and some general government grants, and will cover the day-to-day running costs of our vital services. The net budget equates to approximately **£16** per week for every resident living in the borough.

As well as providing day-to-day services to support children and adults who need our help, or emptying the

bins and managing the highways, the Council also manages a range of capital projects. These projects include building new schools, new roads, information and digital technology and regenerating our town centres. The total value of projects being managed over the next four years alone, is almost **£400million**.

This document outlines the key financial issues that we need to tackle, including those that relate to the ongoing pandemic. It also includes our proposed response to these financial challenges and our plans for spending next year. Your views will be captured and will help inform councillors in making the decisions regarding the council's budget.

Giving your feedback



This PDF document is for information only – to let us know what you think about this budget engagement document please use one of the methods below. Please submit your feedback by 4th January 2022:



- Complete a paper survey, available at all Cheshire East libraries, and return it to Research and Consultation, Cheshire East Council, Westfields, Middlewich Road, Sandbach, CW11 1HZ
- Email RandC@cheshireeast.gov.uk
- Write to Research and Consultation, Cheshire East Council, Westfields, Middlewich Road, Sandbach, CW11 1HZ
- Tweet [@CheshireEast](https://twitter.com/CheshireEast) #CECBudget

- Comment on our budget consultation comments board at www.cheshireeast.gov.uk/BudgetEngagement

For any queries about this engagement, for example if you would like to receive this questionnaire in an alternative format, or submit your response in a different way, please call Customer Services 0300 123 5500 or email our Research and Consultation Team RandC@cheshireeast.gov.uk

Your confidentiality is assured

Any personal information you supply will remain strictly confidential and will be used in line with the Data Protection Act 2018.

To find out more about how we use your information see our privacy policy at www.cheshireeast.gov.uk/Privacy



Content

This budget engagement document covers the below topics :

1 | Our corporate priorities

2 | Spending within resources

3 | Spending on our priorities for next year

4 | Summary position for 2022/23

5 | Open investment and savings proposals

6 | Fairer investment and savings proposals

7 | Greener investment and savings proposals

8 | Central budgets and funding activity

9 | Final budget consultation comments

1 | Our corporate priorities

Our corporate plan sets out the vision and priorities over the next four years. Our vision is for a more **Open**, **Fair** and **Green** Cheshire East.

Our Vision

An Open, Fairer,
Greener Cheshire East

Open

Fair

Green

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

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

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

- The vision is ambitious, long-term and includes actions that will help us towards achieving our priorities.

- Our ability to achieve them all will depend on the resources we have at our disposal. This means that our corporate plan and the budget are intrinsically linked.

- The plan also relies on the council demonstrating a set of values that support success.

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 services

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
- Be a carbon neutral council by 2025
- A transport network that is safe and promotes active travel
- Thriving urban and rural economies with opportunities for all

Our Values

We are
flexible

We
innovate

We take
responsibility

We deliver
the **service**
that customers
need

We use
**effective
teamwork**

2 | Spending within resources

Cheshire East Council gets income from council tax, business rates, government grants and local fees and charges.

Since 1st April 2019 the council has not received any central government general-purpose revenue support grant (it was worth £55.9million to us in 2013/14). To maintain spending on vital services the council has therefore had to increase council tax and fees and charges.

We receive more money when new houses are built, and new residents begin to pay council tax. However, increasing population, and a population that is living longer with new needs, does increase overall costs of services. It is a difficult challenge to manage increases in demand as well as unavoidable costs such as inflation on the things we use and the wages we pay.

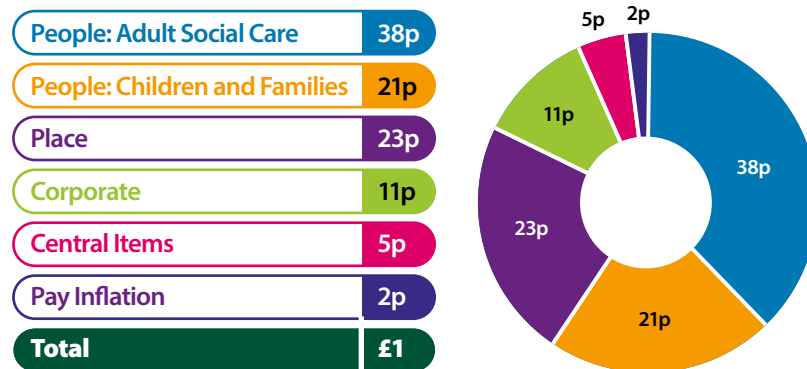
Almost 40% of the budget is spent on supporting older people in care homes or in the community, people with a physical or learning disability or mental ill health. About 20% is spent protecting our most vulnerable young people who need to come into the care of the local authority or ensuring our children with SEND (Special Educational Needs and Disability) are supported to live full and active lives.

The council's finances are audited, with reports to central government and independent external auditors that provide an opinion on the quality of the council's arrangements. Services are also inspected by external bodies such as OFSTED, CQC and the Local Government Ombudsman. If there ever is a risk that a council is not going to achieve a balanced budget in-year or in the future, it must take immediate action.

When the council agreed its budget in February 2021, it was balanced for a four year period. This consultation again sets out a balanced position, but with several potential changes within that reflecting improved estimates and emerging information on costs and financial pressures.

How is £1 of your Council Tax spent?

In February 2021, Cheshire East Council agreed it would spend each £1 of its budget for the year April 2021 to March 2022 in the following areas:



2 | Spending within resources cont'd

Within budget so far

The good news is that this year, the council is again living within its means. The Financial Review 2021/22 is balanced to within 0.7% of the revised budget that was agreed for the year. In-year spending on Children's Services reflects the most significant ongoing financial pressure. This challenge was identified at the end of last year and is a significant factor in the changes to the financial plans looking ahead. Mitigating action across all services will continue during the final quarter of the year to try and achieve an overall balanced position without having to rely on reserves.

COVID-19 continues to have a local impact, with council spending (or lost income) of £10m in excess of what would normally be expected. Government grants and good financial control locally means the council is currently forecasting that the impact of COVID-19 should not reduce council reserves. Longer term effects of COVID-19 are still a factor in public sector finances and the council continues to work with government and our partners to support local people and businesses in an appropriate affordable way.

Council Tax and funding allocations

Since setting the financial strategy in February 2021 the council has experienced ongoing increases in the costs of caring for children, and although the budget was increased for 2021/22 it has not been sufficient. The council is also having to manage increasing costs from a nationally negotiated pay award and local decisions not to increase income targets in car

parking. There is further significant financial pressure on some care providers partly due to changes brought about by COVID-19 and increases to minimum wages. There continues to be ongoing growth in costs for adult social care and waste services due to an increasing population. These financial pressures are addressed within this consultation document through efficiencies and increasing income from council tax and government grants.

On 27th October, the Chancellor announced the Spending Review 2021 that will cover the next 3 years (2022/23 to 2024/25). Details of the actual funding allocations for each local authority will not be announced until the provisional settlement in December 2021 but broadly there is due to be an extra £1.6bn for local authorities in each of the next three years. This funding will help the council in managing the increasing costs of complex care, stabilisation of the care market and rising inflation as well as including funding to manage cyber threats.

Council tax thresholds will remain at similar levels to recent years, with the threshold for "core" council tax increases remaining at 1.99%. There is also an expectation from central government that some demand growth in adult social care will be funded by a further annual precept of 1%.

Final confirmation of the threshold limits will be in the provisional settlement in December but for the purpose of presenting these budget estimates we have **increased council tax in each year by 2.99%** in order to manage ongoing demand for services.

Government have also made announcements about the Social Care Levy, funded from increasing national insurance contributions. The levy will support the NHS and help keep down the overall care costs for individuals. At this stage the full financial implications on the council are not known. This consultation therefore assumes that any new income from the new levy will be matched by expenditure. We have therefore taken the approach of not including it within this consultation. As more information is shared, we will be able to publicise the impact on local people and organisations.

Use of Reserves

It is essential to balance resources against forecast spending levels, as the council continues to have relatively low levels of reserves. Reserves cannot therefore be used to regularly manage the risk of potential reductions in income or unachievable savings proposals. Therefore, the proposals contained within this document aim to address all key areas of risk and cover the planned and estimated increases in spending to keep up with demand. Reliance on reserves is kept to a minimum to manage in-year variations and specific spending.

3 | Spending on our priorities for next year (Summary)

We will continue to invest in our priorities, support our most vulnerable residents and meet the needs of a growing population. Detailed proposals to change the 2022/23 budget are included in Section 5. Proposals previously consulted on are also included at [Appendix A](#). The total of all these budget changes result in a net change to each Directorate as follows:

Service Area (+£ Net increase)	Spending Priorities
+£2.9m in 2022/23 for Children's Services (Services include Social Care for Children, Education and Prevention services)	Despite significant financial challenges, we plan to invest in children's services. There will be increases in spending to meet the needs of the growing numbers of children in care, care leavers, education (including more school places) and early help. Social Care spending is proposed to increase by £4m, which is mitigated by lower travel costs and removing one-off transformation funding provided in 2021/22. There will also be investment in SEND services.
+£0.3m in 2022/23 for Adult Services (Services include Social Care for Adults, Public Health and Communities)	We plan to increase spending by £4m to meet the needs of the growing numbers of older people who often have complex care needs and younger adults who are living with very complex needs. However, we aim to transform care services where possible to mitigate some of the growing cost pressures and drive efficiencies in every aspect of the service to provide best value for money.
+£0.6m in 2022/23 for Place Services (Services include Highways, Waste, Environmental Management, Economic Development, Planning and Leisure)	As more houses are being built, we need to ensure we can increase the level of services such as waste collection to meet this demand. The financial strategy previously included additional potential income from car parking, but local decisions not to proceed with this approach mean income must be made up in other ways. These requirements will be offset by service reviews and efficiencies elsewhere within the Directorate.
+£0.4m in 2022/23 for Corporate Services (Services include Legal and Democratic Services, ICT, Finance, HR and Customer Services)	We continue to invest in modern technology and efficient ways of working. We have completely changed how we work since the pandemic and all staff who can work from home continue to do so for the majority of the time. This will help us to reduce our premises and mileage costs to allow us to invest in other parts of our support services.
+ Additional Budgets (Across all services to manage items such as pay inflation and the ongoing costs of the capital programme)	Pay inflation is set to increase the budget by £5.5m in 2022/23 as we also need to catch up from the unbudgeted, likely, nationally agreed pay increase from 2021/22. The costs of the capital programme which reflect the Council's requirement to borrow money to fund significant infrastructure schemes will also increase by £4m for next year.

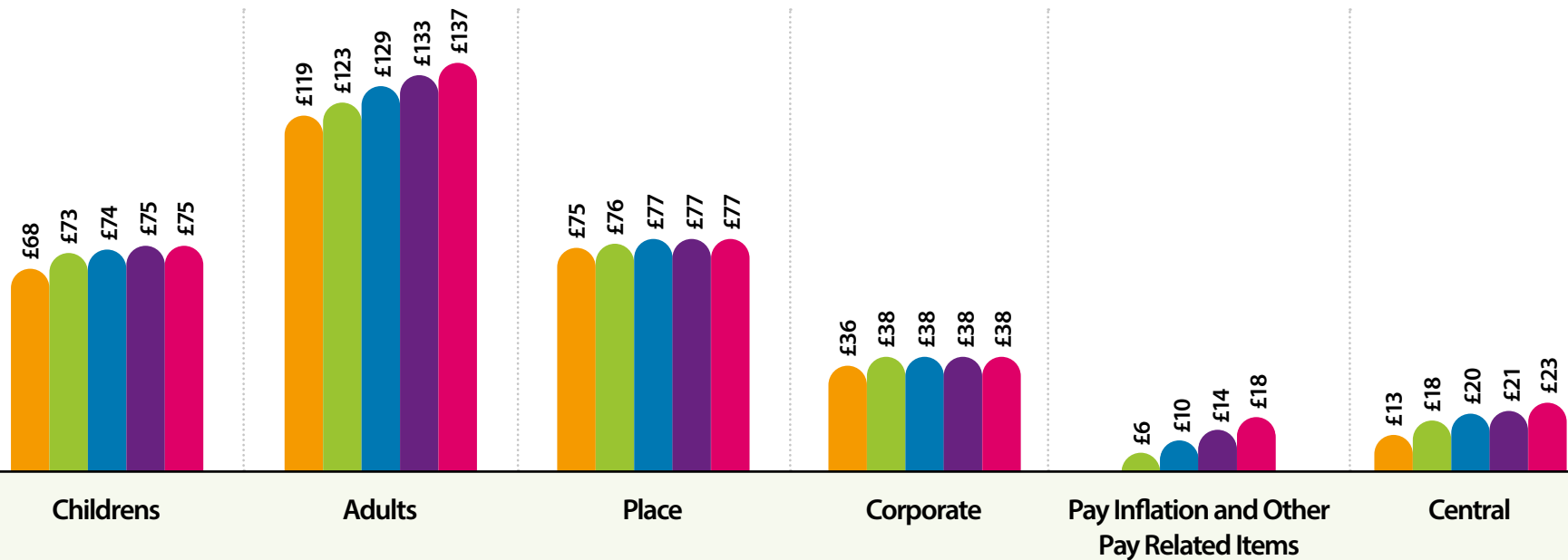
3 | Spending on our priorities for next year (Summary) cont'd

Revenue Budget (for day-to-day spending)

MTFS Budgets, by service area (£million)

This chart shows the proposed budget for each year up to 2025/26 for each of the directorates at Cheshire East, plus the planned budget increases required for pay inflation and central services.

There is planned increased investment overall in all areas over the medium term. The increase in budgets is growing at a faster rate in our people based services for Children and Adults.



● 2021/22 ● 2022/23 ● 2023/24 ● 2024/25 ● 2025/26

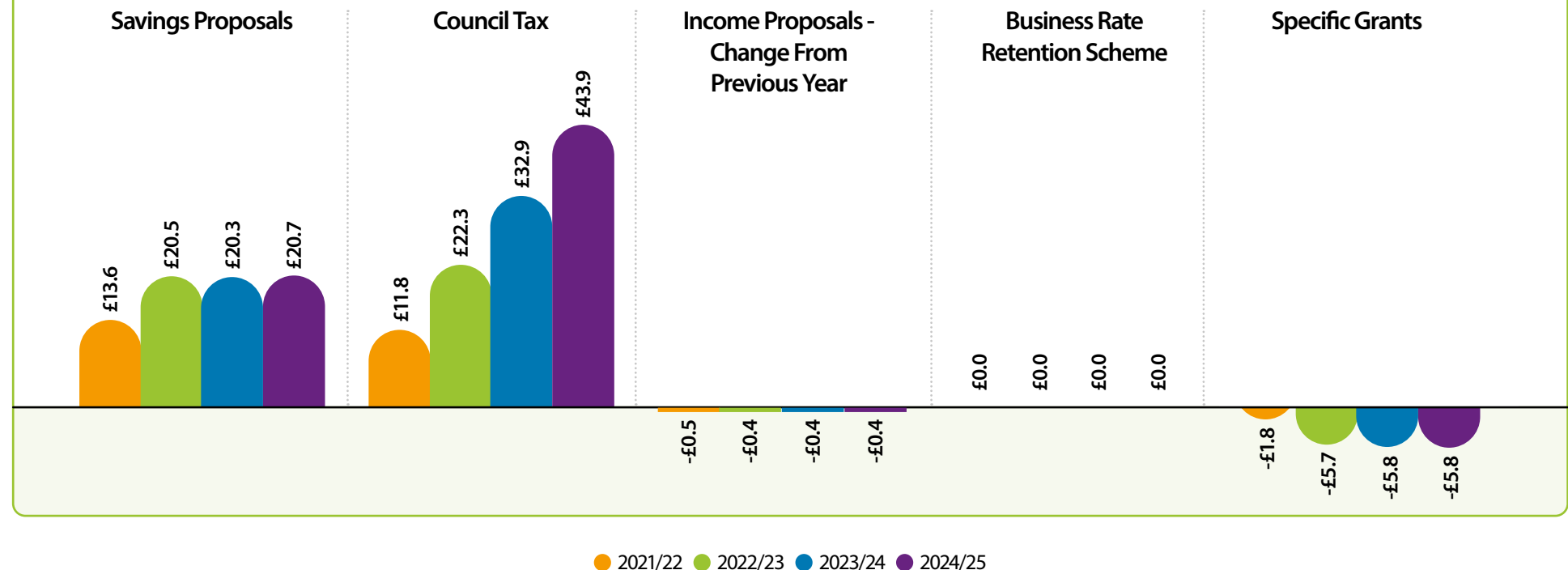
3 | Spending on our priorities for next year (Summary) cont'd

Funding, income and savings

Funding, income and savings proposals - cumulative change (£million)

This chart shows the change in funding, income and savings proposals over the medium term. Council tax is steadily increasing while business rates are forecast to plateau due to the uncertainties around the future of the Business Rates Retention Scheme. Specific grants available to support the general revenue budget continue to decline over the

medium term (although this remains a prudent estimate until firm allocations are released in December 2021). Some proposed car parking charge increases are no longer being implemented as planned (as shown by the negative income stream compared to current budget levels).



3 | Spending on our priorities for next year (Summary) cont'd

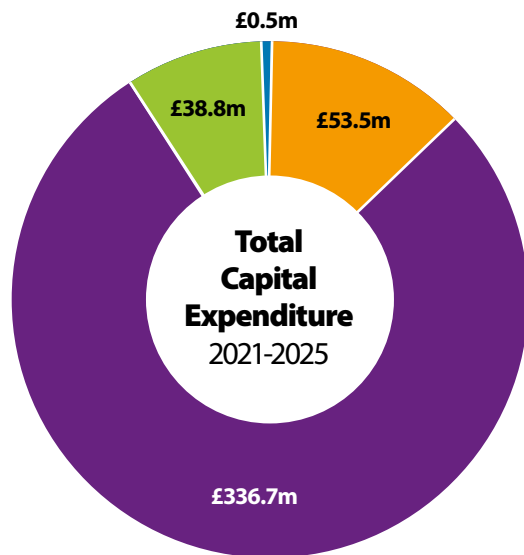
Capital Budget (for spending on projects)

These charts show the 2021-2025 Capital Programme expenditure for the council as well as how the programme is to be funded.

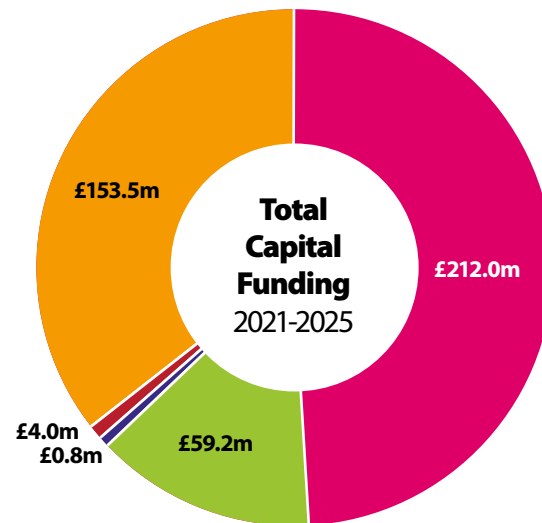
The Place Directorate, which is responsible for Highways and Regeneration projects, is responsible for almost 80% of the programme overall.

Over 60% of the programme is to be funded from external resources, such as government grants and contributions from developers.

Borrowing is mainly funded from the council's net budget.

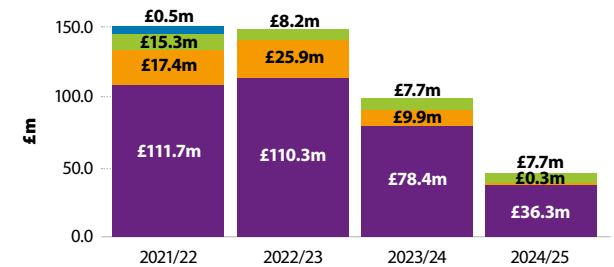


● Adults, Health and Integration
 ● Children's Services
 ● Place
 ● Corporate



● Government Grants
 ● Prudential Borrowing
 ● Revenue Contributions
 ● External Contributions
 ● Capital Receipts

Capital Expenditure
2021/22 to 2024/25



● Adults, Health and Integration
 ● Children's Services
 ● Place
 ● Corporate

4 | Summary position for 2022/23

We are consulting on our plans to increase spending each year across the range of council priorities.
To fund the increasing cost of services the council expects to increase council tax in line with government inflation targets.

Estimated Net Budget				
	2022/23 £m	2023/24 £m	2024/25 £m	2025/26 £m
Service Budgets	298.5	309.1	315.5	324.6
Proposed changes as follows:				
Open	+2.2	+2.2	+4.2	+4.1
Fair	+6.6	+3.7	+4.5	+4.4
Green	+1.8	+0.5	+0.4	-
Total Service Budgets	309.1	315.5	324.6	333.1
Total Central Budgets (Net of Reserves)	12.1	12.1	13.7	16.1
TOTAL Service + Central Budgets	321.2	327.6	338.3	349.2
Funded by				
Council Tax	-254.7	-265.1	-275.8	-286.7
Business Rate Retention Scheme	-49.1	-49.1	-49.1	-49.1
Revenue Support Grant	-	-	-	-
Specific Unringfenced Grants	-17.4	-13.4	-13.4	-13.4
TOTAL Funded by	-321.2	-327.6	-338.3	-349.2
Balanced Position	-	-	-	-



Your views matter

For options on how to complete this survey, including digitally or in paper format, please see 'Giving your feedback' on page 2.

To what extent do you agree or disagree that the council spends money wisely?

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

5 | Open Investment and Savings Proposals

New or revised investment proposals

The following table presents the 'Open' investment proposals that are new or revised within this year's budget setting process – you can comment on any of these proposals in the following survey. Investments are areas where the council is proposing to increase spending.

Please note within the following tables positive numbers represent a budget growth, while negative numbers represent a budget saving.

	Open – Investment	2022/23 £m	2023/24 £m	2024/25 £m	2025/26 £m
Listen. Learn	1) Improving Digital Customer Experience [New for 2022/23 Budget] This proposal directly supports the implementation of the agreed Customer Experience Strategy which will improve customer responsiveness and delivery.	0.110	-	-	-
	2) Pay inflation [Change to item 3 in 2021/22 Budget] This proposal includes incremental increases for eligible staff and nationally negotiated pay awards. Average increases are forecast at c.2.5%. This may not apply evenly across pay bands due to implications of the Living Wage. The proposals recognise the additional delayed impact of the 2021/22 pay negotiations that also affect the 2022/23 budget.	5.536	3.873	3.964	4.062
Financial Sustainability	3) National Insurance increase at 1.25% for social care funding [New for 2022/23 Budget] The planned introduction of a national Social Care Levy will increase national insurance contributions for all employers. As the council is part of the public sector, government will provide compensation for such payments. Although not confirmed these costs are currently mitigated in full through increased grant.	0.913	-	-	-
	4) Improved Debt Recovery and correcting budgeted court costs income targets to reflect actual levels [Change to item 16 in 2021/22 Budget] Improving debt collection will reduce income from court costs, which are already forecasting a budget shortfall. This is positive in many respects, although it does reflect an income deficit. The council will continue to innovate with debt collection improvements that recognise the circumstances of those in debt.	0.337	0.013	-0.024	-

5 | Open Investment and Savings Proposals cont'd

	Open – Investment	2022/23 £m	2023/24 £m	2024/25 £m	2025/26 £m
Commercial Opportunities	5) Transactional Service Centre additional funding [New for 2022/23 Budget] Transactional Service is a shared service with Cheshire West and Chester. The TSC Team budget is again unbalanced due to a loss of income (primarily from schools opting out), additional costs of the new Unit4 governance and support team, and inflation costs to the base budgets.	0.238	-	-	-
	6) Vendor Management Phase 3 [New for 2022/23 Budget] Continuing improvements to the council procurement and contract management process have seen the rollout and adoption of a new system. The system, Atamis, is a cloud-based contract lifecycle management (CLM) solution across Cheshire East Council, by the Corporate Procurement Team.	0.175	-0.089	0.071	-
	7) Unified IT Communications [Change to item 44 in 2021/22 Budget] Additional funding required to modernise the communication systems including telephony and video conferencing, to further enable the Flexible and Mobile Working (FMW) strategy by enabling corporate calling from most devices in most locations and improve video calling between corporate locations.	0.110	0.009	0.017	-
Workforce	8) IT Security and Compliance [New for 2022/23 Budget] Cyber threats are increasing in both quantity and sophistication, with sources ranging from individuals, professional groups, and international actors. Additional investment would be needed from CEC to ensure the council continues to have an appropriate security and compliance posture, capability, and capacity across our ICT platforms.	0.097	0.006	0.006	-
	9) IT Procurements and Application Lifecycle Management [Change to items 45, 46, 47 in the 2021/22 Budget] Additional funding would be needed for the council's key line of ICT business systems from initial procurement, to implementation, maintenance and decommissioning. The benefits of robust Application Lifecycle Management (ALM) will be modern business systems that are secure, supportable and compliant.	0.075	0.075	0.078	-
	10) Information Assurance and Data Management Phase 3 [New for 2022/23 Budget] The Information Assurance and Data Management (IADM) programme phase 3, will deliver key projects that will underpin the safeguarding of information and enhance its use.	0.040	-	-	-
	Open – Investment	7.631	3.887	4.112	4.062

5 | Open Investment and Savings Proposals cont'd



Your views matter

For options on how to complete this survey, including digitally or in paper format, please see 'Giving your feedback' on page 2.

Do you support or oppose each of the new or revised investments under **Open?**

Investments are areas where the council is proposing to increase spending. Please tick one box only in each row:

	Support	Oppose	No opinion / Don't know
1 Improving Digital Customer Experience	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2 Pay inflation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 National Insurance increase at 1.25% for social care funding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4 Improved Debt Recovery and correcting budgeted court costs income targets to reflect actual levels	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5 Transactional Service Centre additional funding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6 Vendor Management Phase 3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7 Unified IT Communications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8 IT Security and Compliance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9 IT Procurements and Application Lifecycle Management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10 Information Assurance and Data Management Phase 3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you wish to comment on any of the new or revised investments under **Open** please do so below – Please clearly state which investment you are commenting on. Please write in below:

5 | Open Investment and Savings Proposals cont'd

New or revised savings proposals

The following table presents the 'Open' savings proposals that are new or revised within this year's budget setting process – you can comment on any of these proposals in the following survey. Savings are areas where the council is proposing to decrease spending.

	Open – Savings	2022/23 £m	2023/24 £m	2024/25 £m	2025/26 £m
Financial Sustainability	11) Removal of temporary implementation budget and investment to run the new Financial System [Change to Item 5 in the 2021/22 Budget] Implementation costs for the council core financial system can now be removed from the ongoing revenue budget. Inflation costs of the new system need to be reflected to ensure estimates are robust in respect of the whole life costs of the system.	-0.453	0.006	0.006	0.006
Workforce	12) Staff Travel and related savings [Change to item 14 in the 2021/22 Budget] Staff travel savings will be derived from changes to working practices since COVID-19, some of which will continue in the future. A review of other terms and conditions will be undertaken to ensure that the council is aligned with other Local Authorities in its application of terms and conditions.	-0.525	-	-	-
	Open – Total savings	-0.978	0.006	0.006	0.006
	Open – Net budget change	6.653	3.893	4.118	4.068

5 | Open Investment and Savings Proposals cont'd



Your views matter

For options on how to complete this survey, including digitally or in paper format, please see 'Giving your feedback' on page 2.

Do you support or oppose each of the new or revised savings under Open?

Savings are areas where the council is proposing to decrease spending. Please tick one box only in each row

11 | Removal of temporary implementation budget and investment to run the new Financial System

Support

Oppose

No opinion / Don't know



12 | Staff Travel and related savings



If you wish to comment on any of the new or revised savings under **Open** please do so below – Please clearly state which savings you are commenting on. Please write in below:

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Previously agreed proposals

The following table presents the '**Open**' investment and savings proposals agreed during last years' budget setting process that have not changed since then. Detail on these can be found in the [MTFS 2021-25](#).

	Open – Previously approved MTFS proposals – February 2021	2022/23 £m	2023/24 £m	2024/25 £m	2025/26 £m
	See Appendix A (for further details see MTFS 2021-25)	-4.394	-1.656	0.076	-

6 | Fair Investment and Savings Proposals

New or revised investment proposals

The following table presents the 'Fair' investment proposals that are new or revised within this year's budget setting process – you can comment on any of these proposals in the following survey. Investments are areas where the council is proposing to increase spending.

Please note that within the following tables positive numbers represent a budget growth, whilst negative numbers represent a budget saving.

	Fair – Investment	2022/23 £m	2023/24 £m	2024/25 £m	2025/26 £m
Reduce Reliance	13) Investment in Adult Social Care [Change to item 57 in the 2021/22 Budget] The Adult Social Care (Operations and Commissioning) and Public Health budgets remain under continued pressure across the country. The rising cost of social care in Cheshire East is driven by two main factors: increasing demand for services and the increasing costs of providing them. Unit costs are driven mainly by workforce costs and reflect current difficulties with the recruitment of staff. Demand for social care is related directly to the number of people who need personal care or support to help them live their lives.	4.000	3.500	4.000	4.000
	14) Care fee uplifts [New for 2022/23 Budget] Cheshire East Council has a duty under the Care Act 2014 to “promote the efficient and effective operation of a market in services for meeting care and support needs.” In delivering this obligation, councils must ensure the sustainability of the market and that there are sufficient high-quality services available to meet the care and support needs of adults in the area. This business case proposes a fee uplift for delivering care at home.	-	2.000	-	-
Safeguard Children	15) Investment in Cared for Children and Care Leavers and other pressures [Change to items 75, 77 in the 2021/22 Budget] Cheshire East Council has corporate parenting responsibility for over 500 cared for children and young people. The COVID-19 pandemic has increased demand and complexity across the spectrum of need. The pandemic has also impacted upon our ability to recruit new foster carers at the pace that we require and fully mobilise our block residential contract, resulting in a financial pressure. The impact of the pandemic remains visible nationally in relation to demand for statutory services and sufficiency challenges. Figures are under review and may be revised following further analysis of demand and pressures.	4.000	0.400	0.400	0.400

6 | Fair Investment and Savings Proposals cont'd

	Fair – Investment	2022/23 £m	2023/24 £m	2024/25 £m	2025/26 £m
Safeguard Children	16) Increase capacity to support Statutory SEND service [New for 2022/23 Budget] Additional SEND service capacity required due to the growth in the number of children with Education Health and Care Plans (EHCP) and the need to comply with statutory timescales for annual reviews, ensure co-production and improve communications with families. Figures are under review and may be revised following further analysis of demand and pressures.	0.400	0.200	0.120	-
	17) Revenue costs for Crewe Youth Zone [New for 2022/23 Budget] Growth for running costs of Crewe Youth Zone for three years (to be funded through restructure of Early Help Budget).	-	-	-	0.400
	18) Safeguarding Children – legacy staffing pressure [New for 2022/23 Budget] In previous years children's social care has increased its frontline capacity due to increased demand and particularly in relation to the need for agency placement. The service continues to experience high demand and is not in a position to offset legacy savings. This has been exacerbated by the impact of the pandemic where complexity across the spectrum of need has increased and frontline capacity is essential.	0.390	-	-	-
	19) Growth in Children & Families Commissioning Contracts [New for 2022/23 Budget] Growth to correct a legacy pressure in the Children and Families commissioning budget.	0.180	-	-	-
	20) Increase capacity to support Statutory Education Psychology Service [New for 2022/23 Budget] Growth in the number of children with Education Health and Care Plans requires additional Educational Psychology capacity to carry out statutory work. Figures are under review and may be revised following further analysis of demand and pressures.	0.125	0.063	-	-
	Fair – Total investment	9.095	6.163	4.520	4.800

6 | Fair Investment and Savings Proposals cont'd



Your views matter

For options on how to complete this survey, including digitally or in paper format, please see 'Giving your feedback' on page 2.

Do you support or oppose each of the new or revised investments under Fair?

Investments are areas where the council is proposing to increase spending. Please tick one box only in each row.

	Support	Oppose	No opinion / Don't know
13 Investment in Adult Social Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14 Care fee uplifts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15 Investment in Cared for Children and Care Leavers and other pressures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16 Increase capacity to support Statutory SEND service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17 Revenue costs for Crewe Youth Zone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18 Safeguarding Children – legacy staffing pressure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19 Growth in Children & Families Commissioning Contracts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20 Increase capacity to support Statutory Education Psychology Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you wish to comment on any of the new or revised investments under **Fair** please do so below – Please clearly state which investment you are commenting on: Please write in below:

6 | Fair Investment and Savings Proposals cont'd

New or revised savings proposals

The following table presents the 'Fair' savings proposals that are new or revised within this year's budget setting process – you can comment on any of these proposals in the following survey. Savings are areas where the council is proposing to decrease spending.

Fair – Savings		2022/23 £m	2023/24 £m	2024/25 £m	2025/26 £m
Safeguard Children	21) A redesign of Early Help Services into a Locality model [Change to items 10, 11, 50, 72 in 2021/22 Budget] We will redesign Early Help Services to a Locality Model. This will support us to achieve better outcomes for children as it will enable services to be strongly connected to communities which will support strong joint partnership working and information sharing. The redesign will result in a reduction in the budget for Early Help Services, but this will be offset by funding from external grants, including the Supporting Families Grant.	-0.424	-	-	-
	22) Restructure Early Help Budget to fund Crewe Youth Zone [New for 2022/23 Budget] Restructure of Early Help Budget to fund Crewe Youth Zone for three years.	-	-	-	-0.400
Fair – Total savings		-0.424	-	-	-0.400
Fair – Net budget change		8.671	6.163	4.520	4.400

6 | Fair Investment and Savings Proposals cont'd



Your views matter

For options on how to complete this survey, including digitally or in paper format, please see 'Giving your feedback' on page 2.

Do you support or oppose each of the new or revised savings under Fair?

Savings are areas where the council is proposing to decrease spending. Please tick one box only in each row.

	Support	Oppose	No opinion / Don't know
21 A redesign of Early Help Services into a Locality model	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22 Restructure Early Help Budget to fund Crewe Youth Zone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you wish to comment on any of the new or revised savings under Fair please do so below – Please clearly state which savings you are commenting on: Please write in below:

Previously agreed proposals

The following table presents the 'Fair' investment and savings proposals agreed during last years' budget setting process that have not changed since then. Details on these can be found in the [MTFS 2021-25](#).

	Fair – Previously approved MTFS proposals	2022/23 £m	2023/24 £m	2024/25 £m	2025/26 £m
	See Appendix A (for further details see MTFS 2021-25)	-2.100	-2.450	-	-

7 | Green Investment and Savings Proposals

New or revised investment proposals

The following table presents the 'Green' investment proposals that are new or revised within this year's budget setting process – you can comment on any of these proposals in the following survey. Investments are areas where the council is proposing to increase spending.

Please note that within the following tables positive numbers represent a budget growth, whilst negative numbers represent a budget saving.

	Green – Investment	2022/23 £m	2023/24 £m	2024/25 £m	2025/26 £m
Transport	23) Parking service – postponement of review of charges [Change to item 88 in 2021/22 Budget] This business case updates a prior year's proposal to align parking operational arrangements with corporate priority outcomes through changes to the borough's car parking provision. Following a decision at the Highways Committee in September 2021, these proposals will not be taken forward at this time.	0.504	-	-	-
	24) Local Supported Buses [Change to item 89 in 2021/22 Budget] The planned efficiency savings are no longer considered to be achievable at this time following market testing of options and taking into account the bus sectors prolonged recovery from the pandemic.	0.008	-0.012	-	-
	25) School Transport [Change to item NEW in 2021/22 Budget] Review of current school transport budget requirements as a result of an increase in eligible children, in particular those with SEND, and rising costs of school transport provision. Figures are under review and may be revised following further analysis of demand and pressures.	0.150	-0.050	-0.150	-
	Green – Total investment	0.662	-0.062	-0.150	-

7 | Green Investment and Savings Proposals cont'd



Your views matter

For options on how to complete this survey, including digitally or in paper format, please see 'Giving your feedback' on page 2.

Do you support or oppose each of the new or revised investments under **Green?**

Investments are areas where the council is proposing to increase spending. Please tick one box only in each row.

23 | Parking service – postponement of review of charges

Support

Oppose

No opinion / Don't know

☐
☐
☐

24 | Local Supported Buses

☐
☐
☐

25 | School Transport

☐
☐
☐

If you wish to comment on any of the new or revised investments under **Green** please do so below – Please clearly state which investment you are commenting on: Please write in below:

7 | Green Investment and Savings Proposals cont'd

New or revised savings proposals

There are no new or revised Green savings proposals being put forward this year.

Previously agreed proposals

The following table presents the 'Green' investment and savings proposals agreed during last years' budget setting process that have not changed since then. Detail on these can be found in the [MTFS 2021-25](#).

	Green – Previously approved MTFS proposals	2022/23 £m	2023/24 £m	2024/25 £m	2025/26 £m
	See Appendix A (for further details see MTFS 2021-25)	1.158	0.524	0.536	-

7 | Green Investment and Savings Proposals cont'd

As part of our Environment Strategy, the council has committed to its operations becoming carbon neutral by 2025 and to influencing carbon reduction across the borough.



We are also proposing that as part of our Medium-Term Financial Strategy (MTFS), we assess the estimated 'net carbon impact' of all new saving and investment proposals that are put forward, to understand how they will contribute to carbon reduction, or the extent of any work we will need to do to compensate for any additional carbon.



Your views matter

For options on how to complete this survey, including digitally or in paper format, please see 'Giving your feedback' on page 2.

Generally speaking, do you support or oppose the introduction of “net carbon impact” assessments for all new saving and investment proposals that are put forward?

Please tick one box only

Support

Oppose

No opinion / Don't know



If you wish to you can comment on the introduction of “net carbon neutral” assessments for proposals below – this could include comments on anything you would like to see the council do to help combat climate change and reduce emissions. Please write in below:

8 | Central budgets and funding activity

To ensure openness and transparency the council identifies the use of reserves and other impacts of the council's balance sheet. It considers how these affect the overall requirement to raise council tax to fund local services in a sustainable way.

General reserves were increased by £1.2million at the end of 2020/21 which was achieved ahead of planned targeted increases as a result of a more favourable outturn in April 2021. This takes the level of general reserves to £11.5million to reflect the increasing size of the budget and the associated risks from managing demand led services. However, at the same time, built up reserves from COVID-19 Grants, capital spending and the collection fund will be used to manage the impact of COVID-19 and ongoing costs of borrowing to fund infrastructure costs.

Costs of capital financing will still increase significantly over the medium term though (costing £21million over four years).

The previous strategy for year-on-year increases to contributions to the pensions fund has created a more sustainable position and contributions do not need to continue increasing which will continue to save money over the MTFS (saving £4million over four years).

Council tax provides the most significant funding source for local services and cumulative increase over the MTFS as a result of increased homes and proposed 2.99% annual increases, which will be significant (providing £110million over four years).

Overall, unringfenced grant funding continues to reduce over the medium term despite Spending Review announcements that local government is due to receive an extra £4.8billion over the next three years. There is widespread uncertainty around the allocation methods and the future of the New Homes Bonus Grant and business rates, so at this stage the council is not factoring-in these additional grants.

If the government settlement provides additional funding compared to the forecasts in this document it will help the council improve funding for local priorities and create additional flexibility to respond to the consultation responses.

Investment proposals

The following table presents the 'central budgets and funding activity' investment proposals that are within this year's budget setting process – you can comment on any of these proposals in the following survey. Investments are areas where the council is proposing to increase spending.

Please note within the following tables positive numbers represent a budget growth or reduction in funding, whilst negative numbers represent a budget saving or increased income.

8 | Central budgets and funding activity cont'd

Central budgets and funding activity – Investment / reduction in income		2022/23 £m	2023/24 £m	2024/25 £m	2025/26 £m
Financial Sustainability	26) Minimum Revenue Provision (MRP) Councils are required to charge a minimum amount to their revenue account each year, to finance the cost of capital expenditure. This ensures that the revenue costs of repaying debt are spread over the life of the asset. The budget for MRP is included in the capital financing budget along with interest charges, offset by income received on investments. MRP will rise significantly over the period of the MTFS due to the number of major schemes in the capital programme that are to be funded by borrowing. These include: Highways Improvements; Crewe and Macclesfield Town Centre regeneration schemes; Congleton Leisure Centre; Poynton Relief Road and investment in the council's assets and ICT infrastructure.	4.000	1.000	1.000	-
	27) Changes to unringfenced specific grant estimates Unringfenced grant funding estimates continue to reduce over the medium term despite Spending Review announcements that local government is due to receive an extra £4.8billion over the next three years. Prudent estimates have been factored in at this stage due to uncertainties around allocation methods and the future of the New Homes Bonus Grant.	1.755	3.969	0.046	-
	Central budgets and funding activity – Total investment / reduction in income	5.755	4.969	1.046	-



Your views matter

For options on how to complete this survey, including digitally or in paper format, please see 'Giving your feedback' on page 2.

Do you support or oppose each of the new or revised investments under 'central budgets and funding activity'?

Investments are areas where the council is proposing to increase spending. Please tick one box only in each row

Support

Oppose

No opinion / Don't know

26 | Minimum Revenue Provision



27 | Change to unringfenced specific grants estimates



If you wish to comment on any of the new or revised investments under 'central budgets and funding activity' please do so below – Please clearly state which investment you are commenting on: Please write in below

8 | Central budgets and funding activity cont'd

Savings proposals

The following table presents the central budgets and funding activity savings proposals that are within this year's budget setting process – you can comment on any of these proposals in the following survey. Savings are areas where the council is proposing to decrease spending.

Central budgets and funding activity – Investment / reduction in income		2022/23 £m	2023/24 £m	2024/25 £m	2025/26 £m
Financial Sustainability	28) Council tax Each new home brings additional council tax revenue as well as a New Homes Bonus and Community Infrastructure Levy (if applicable). But homes also create additional costs, such as education, waste collection and highways. The council ensures that any subsidy from its general funding sources is carefully examined to achieve maximum value to ensure council tax increases for residents are kept to an overall minimum.	-4.527	-2.807	-2.728	-2.639
	Percentage increases in the base council tax charge brings in additional income to help fund demand growth in vital service areas but has to be considered against the impact on Cheshire East residents (1.99%). Extra adult social care precepts are ringfenced specifically to fund demand led growth in this area (1.00%).	-7.306	-7.622	-7.952	-8.293
	29) Business Rates Retention Scheme New commercial developments can result in additional income being retained to fund local services as well as benefiting local economic wellbeing. This supports the Council's approach to invest in economic growth through unlocking development land and supporting inward investment. Since the baseline funding level for business rates retention was set back in 2013/14, there have been many policy changes around reliefs for different business types. With each policy change, all local authorities are compensated for their share of business rates foregone. Up to and including 2018/19, these compensation grants have been set aside to help smooth changes in business rates that can arise when businesses are revalued or move out of the area. From 2019/20, some of the compensation grants being received are being used to fund the revenue budget. There are no changes forecast to the budget over the medium term due to uncertainties around the future of the Business Rates Retention Scheme.	-	-	-	-

8 | Central budgets and funding activity cont'd

Savings proposals

The following table presents the central budgets and funding activity savings proposals that are within this year's budget setting process – you can comment on any of these proposals in the following survey. Savings are areas where the council is proposing to decrease spending.

Central budgets and funding activity – Investment / reduction in income		2022/23 £m	2023/24 £m	2024/25 £m	2025/26 £m
Financial Sustainability	30) Central Pension adjustment For 2020/21 and 2021/22, the past service deficit element of the draw from service budgets is clawing back more than is required to be paid over to the Pensions Service. This is due to the fact the service pension oncost rate was calculated then the rate required by Pensions was reduced. This will result in three years' worth of over recoupment from service budgets from 2020/21 to 2022/23 (if budgets remain at current levels). This is creating a surplus in the central pension budget which is available to support the wider revenue budget.	-2.500	2.100	-	-
	31) Bad Debt Provision – change in provision Outstanding debt is reviewed on a quarterly basis and the bad debt provision is adjusted to reflect the current position. The provision generally increases during the year and this proposal provides an annual budget for a low level of increase to the provision during the year. There is also a plan to reduce adult social care debt by £800,000 by 2023/24.	0.200	-0.800	0.600	-
	32) Use of Earmarked Reserves Some of the proposals within this budget will be funded from specific earmarked reserves set aside to cover planned expenditure, or conversely, money is being put aside to cover future planned projects. Over the medium term, money that has been set aside to cover COVID-19 related shortfalls is being released to help smooth the transition back to normal activity levels. The council continues to have relatively low levels of reserves therefore they cannot be used to regularly manage the risk of potential reductions in income or unachievable savings proposals. Reliance on reserves is kept to a minimum.	-2.270	-2.252	-0.066	2.465
Central budgets and funding activity – Total savings / increases income		-16.403	-11.381	-10.146	-8.467

8 | Central budgets and funding activity cont'd



Your views matter

For options on how to complete this survey, including digitally or in paper format, please see 'Giving your feedback' on page 2.

Do you support or oppose each of the new or revised savings under 'central budgets and funding activity'?

Savings are areas where the council is proposing to decrease spending. Please tick one box only in each row.

	Support	Oppose	No opinion / Don't know
28 Council tax	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29 Business rates	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30 Central Pension adjustment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31 Bad Debt Provision – change in provision	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32 Use of Earmarked Reserves	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you wish to comment on any of the new or revised savings under 'central budgets and funding activity' please do so below – Please clearly state which saving you are commenting on: Please write in below

9 | Final budget engagement comments

For options on how to complete this survey, including digitally or in paper format, please see 'Giving your feedback' on page 2.

If you would like to comment on any other aspect of this budget engagement, please write in below:



Your views matter

On a scale of 0 to 10 how do you rate this budget engagement overall, where 0 is "not good at all", and 10 is "very good"? Please tick one box only:

- ☐ 1 Not good at all

☐ 2

☐ 3

☐ 4

☐ 5 Average

☐ 6

☐ 7

☐ 8

☐ 9

☐ 10 Very Good

How could we improve the way we conduct budget engagements? Please write in below

This image shows a full page of primary-ruled paper. It features a solid green vertical line on the left side, creating a margin. The rest of the page is filled with horizontal dashed lines for writing. There are no other markings or text on the page.

10 | About you



For options on how to complete this survey, including digitally or in paper format, please see 'Giving your feedback' on page 2.

It would help us to check that we are providing services fairly if you would answer the questions below.

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

Which of the following best describes how you are you responding to this consultation.

(Please write in the space below):

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

If you are responding on behalf of a group, organisation, club, business, Town / Parish Council, or a Ward please state the name and postcode below if you wish to (you do not need to complete the rest of the 'About you' section).

(Please write in the space below):

What is your home postcode?

We ask this so we can be sure we have obtained a range of views from across the borough.

(Please write in the space below):

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

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

What age group do you belong to?

Please tick one box only:

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

10 | About you cont'd



Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?

This includes problems related to old age.

Please tick one box only:

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

What is your ethnic origin?

Please tick one box only

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

Which of the following best describes your religious belief / faith?

Please tick one box only:

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

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

Please tick one box only:

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

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The following proposals were consulted on in developing the 2021/22 budget. Most are not proposed for amendment in 2022/23, but where changes are being proposed they are marked as 'Revised' and are included in the tables in the main part of this document. Please note the reference number in the tables below refers to last year's budget reference numbers.

Ref No	Detailed list of proposed budget changes – service budgets - Open	2022/23 £m	2023/24 £m	2024/25 £m
[NEW]	CSC Transformation and OFSTED Response	-1.500	-	-
3	Pay inflationary increase	Revised [see proposal number 2]		
5	Core Financial System	Revised [see proposal number 11]		
6	Mitigation of reduction in the Dedicated Schools Grant (Corporate Services)	0.042	0.033	0.027
7	Mitigation of the year-on-year reduction in the Dedicated Schools Grant (ICT)	0.065	0.089	0.109
9	Continuing Healthcare Reviews	-1.000	-0.500	-
10	Prevention and Early Help Service – Reduction in the cost of Prevention Services	Revised [see proposal number 21]		
11	Reduce the numbers of Business Support Staff in line with the repurposing of Children and Family Centres	Revised [see proposal number 21]		
12	Reduce Base budget assigned to Community Grants	-0.100	-	-
13	Efficiency savings and Restructures within Corporate Services	-0.350	-	-
14	Review Staff Terms and Conditions	Revised [see proposal number 12]		
15	Shared services review	-	-0.200	-
16	Improved Debt Recovery and correcting budgeted court costs income targets to reflect actual levels	Revised [see proposal number 4]		
21	Review of corporate subscriptions	-0.015	-	-
24	Improving customer experience – Highways correspondence	Removed		
25	Transfer of Congleton Visitor Information Centre	-0.020	-0.010	-0.020
26	Regulatory Services and Environmental Health ICT procurement	-0.009	-	-
27	CCTV migration to wireless networks	-0.085	-	-

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Ref No	Detailed list of proposed budget changes – service budgets - Open	2022/23 £m	2023/24 £m	2024/25 £m
29	Orbitas income and management fee	0.021	-	-
31	Everybody Sport and Recreation Annual Management Fee	-0.042	-0.041	-0.040
34	Brighter Futures Together Programme Customer Experience	-0.133	-0.081	-
37	Establish an Education Psychologist traded service to enable a proactive early support and intervention offer	-0.025	-0.075	-
38	Establish a traded service for non-statutory elements of Attendance Service	-0.035	-0.035	-
39	Review of governance of ASDVs and seeking increased opportunities for savings/ commercial opportunities	-0.225	-0.100	-
42	Strategic Leisure Review	-0.250	-	-
43	Infrastructure Investment Programme	0.127	0.224	-
44	Unified Communications	Revised [see proposal number 7]		
45	People Directorate - ICT Procurements	Revised [see proposal number 9]		
46	Place Directorate - ICT Procurements	Revised [see proposal number 9]		
47	Corporate Directorate - ICT Procurements	Revised [see proposal number 9]		
48	Productivity and Efficiency in Adult Social Care	-0.500	-0.500	-
49	Estates Transformation - Office Accommodation	-0.100	-0.460	-
50	Prevention and Early Help Service – Locality working and changes to the management structure of the Family Service	Revised [see proposal number 21]		
51	Neighbourhood Estate Review	-0.260	-	-
Total service budget change (February 2021)		-4.394	-1.656	0.076

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Ref No	Detailed list of proposed budget changes – service budgets - Fair	2022/23 £m	2023/24 £m	2024/25 £m
57	Investment in Adult Social Care	Revised [see proposal number 13]		
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	-0.500	-0.750	-
63	Day Opportunities, Redesign, Strategy and Savings	-0.070	-0.150	-
64	Mental Health Services Review	-0.500	-	-
67	Electronic Call Monitoring Reclamation	-0.030	-	-
72	Move to Integrated Early Help Locality Service model	Revised [see proposal number 21]		
73	Learning Disabilities Future Service Development and Review	-1.000	-1.250	-
75	Reduction in cost of external placements for cared for children	Replaced [see proposal number 15]		
76	Development and Partnerships Service	-	-0.300	-
77	Investment in Cared for Children and Care Leavers	Revised [see proposal number 15]		
Total service budget change (February 2021)		-2.100	-2.450	0.000

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Fair

Green

Ref No	Detailed list of proposed budget changes – service budgets - Green	2022/23 £m	2023/24 £m	2024/25 £m
80	Tatton Park	-0.006	-0.028	-0.046
81	Asset / Service Transfer	-0.030	-0.020	-
84	Waste Contract Inflation and Tonnage Growth	0.644	0.657	0.613
85	Environment Strategy and Carbon Neutrality	0.020	-0.081	-
86	Tree Risk Management	0.500	-	-
87	Carbon Reduction - Replacement of existing illuminated signs and bollards with LED units	0.030	-0.004	-0.031
88	Parking Strategy	Replaced [see proposal number 23]		
89	Local Supported Buses	Replaced [see proposal number 24]		
[NEW]	Review of Children and Families Transport Policies and delivery arrangements	Replaced [see proposal number 25]		
	Total service budget change (February 2021)	1.158	0.524	0.536

Appendix 2

Provisional Settlement: Impact on Pre-Budget Consultation

Overview

The Cheshire East Council Pre-Budget Consultation was launched prior to the Provisional Local Government Settlement, as has been the case in previous years. This means the impact of the settlement must also feature in the overall feedback received during the consultation period. This supports the development of the final MTFS presented to Council in February each year.

The announcement in Parliament, on 16th December, provided an indicative settlement for a three-year period, but only provided detailed, authority level, figures for a single-year. The settlement has therefore been analysed to identify the impact on the figures contained in the consultation document for 2022/23 only. Beyond that there is significant risk in forecasting the local impact of further planned reviews related to Fairer Funding, Business Rate Retention, Social Care Levy and Levelling Up.

Links to the spending review information are provided below:

- <https://questions-statements.parliament.uk/written-statements/detail/2021-12-16/hcws510>
- <https://www.gov.uk/government/collections/provisional-local-government-finance-settlement-england-2022-to-2023>

Nationally Core Spending Power (CSP) will increase by 6.9% in cash terms in 2022/23. This is approximately 4% in real terms, although inflation assumptions have increased. Council tax increases make up the bulk of increases in Spending Power, and Government assumes within the CSP figures that local authorities will apply the maximum council tax increases, and that taxbases will continue to grow. This assumption is consistent with the Council's consultation document which included 1.99% Council Tax increases annually with a further 1% each year as an Adult Social Care Precept. This contributes to a Cheshire East Council CSP increase of 6.07%.

The settlement provides increased government grants and a rollover of some existing grants that exceed the forecasts within the consultation document. Virtual briefings given in December 2021 alerted members to this likely positive outcome. It is unfortunate that the single-year nature of the settlement creates limited scope for sustainable change in the MTFS.

Local government received £1.5bn in additional funding overall, and around 40% of this funding increase has been identified as related to social care. This includes inflationary increases in Improved Better Care Fund, and additional Adult Social Care Support Grant. The balance is allocated through a new Services Grant. The Council consultation already provided for large increases in spending on both Children and Adult Social Care in the medium term to reflect forecast demand. The consultation did allow for limited additional grant income from the settlement, although this was partially offset by pending increases in National Insurance Contributions.

Table 1 (below) identifies the specific items included in the settlement and highlights where this varies to the Cheshire East Council consultation material.

In developing the final MTFS proposals for Council approval the additional grant income must be considered alongside emerging financial pressure related to the following issues:

- Large increases in utility costs and other, inflation related, expenditure
- Longer term impact of inflation, and costs of borrowing, to support the Capital programme
- Rising transport costs, particularly related to home to school transport
- Potential requirement to locally resolve deficits in Dedicated Schools Grant reserves
- Medium term COVID 'scarring'
- Overall reductions in future grants related to the pending review of the structures of local government funding.

The final item above is a risk emerging from current structures that reward local growth, such as New Homes Bonus and Business Rate Retention being reviewed against options that could focus on deprivation for example. This risk may have a material impact as Cheshire East Council already has a high tax base, below average deprivation levels and top-up to remove negative Revenue Support Grant allocations.

Table 1: The potential impact of the Announcements is mainly positive for the 2022/23 financial year

Area	Announcement (National position)	Budget Consultation Position CEC	Provisional Settlement Position CEC	Potential Impact in 2022/23 CEC
Council Tax				
Council tax.	DLUHC assumes every authority will increase Band D council tax by the maximum allowed (1.99% base and 1% ASC). In its CSP figures, DLUHC has assumed that the taxbase will increase in 2022/23 for each authority in line with their average taxbase increase between 2017/18 and 2021/22. This approach reflects actual recent changes in taxbase, which has rebounded quickly from the pandemic.	£254.7m	£254.7m	No Impact
Business Rates				
Baseline Funding Level (BFL)	BFL will be frozen in 2022/23 because the business rate multiplier will be frozen. A business rates baseline reset seems likely from 2023/24. Damping or transitional support should help to soften losses in funding.	£49.1m	£49.1m	No Impact
		(including: Cheshire East baseline of £42.5m + local growth in base since 2013/14 + use of S31 compensation grants for reliefs granted since the start of the Business Rates retention scheme)		
Compensation for under-indexing the multiplier	Compensation has been calculated based on the Consumer Price Index (CPI), which was 3.1% in September 2021. The final settlement will use Retail Price Index (RPI) – which in September 2021 was much higher, at 4.9%.	No estimate calculated	+£3.5m	Increases Collection Fund Reserve

Area	Announcement (National position)	Budget Consultation Position CEC	Provisional Settlement Position CEC	Potential Impact in 2022/23 CEC
£1.5bn COVID-19 Additional Relief Fund (CARF)	Allocations to authorities are based on rateable values adjusted for the impact of the pandemic. The effect of the pandemic has been expressed in terms of Gross Value Added (GVA). Only the rateable values for premises that are eligible for support are included within the methodology. Billing authorities will make discretionary relief awards to businesses based on a discretionary schemes.	No estimate calculated	+£8.9m	Increases support to local business rate payers
Grants				
Revenue Support Grant (RSG)	Inflation has been applied to RSG (£72m, 0.5%). This uplift is limited for authorities with “negative RSG”	Nil	£0.007m	+£0.007m
New Homes Bonus	A further year has been added, in addition to the legacy payment for Year 8. Overall cost of New Homes Bonus will be £554m, £68m less than in 2021/22. There will be no returned surplus in 2022/23, with the £346m surplus used to fund other grants within CSP.	£3.920m	£6.614m	+£2.694m
Lower Tier Services Grant	This grant was introduced in 2021/22 and is continued into 2022/23. The minimum cash guarantee element has been recalculated (cost reduces from £25m to £20m). Overall grant remains the same (£111m).	Nil	£0.353m	+£0.353m
Social care support grant	£636m will be added to the existing £1.710bn grants.	£7.979m	£11.341m	+£3.363m
Services Grant	This is a new one-off grant (£822m) that is distributed to every authority using the 2013/14 Spending Funding Assessment. It is equivalent to a 5.5% increase in SFA. The settlement papers make very clear that this is a one-off grant. It is likely to be replaced by the more radical changes to funding distribution that are promised for 2023/24.	£2.000m (estimated additional grant from Spending review)	£2.932m	+£0.932m* (*note two items below)
NI increase and NLW	Funding for increases in National Insurance Contributions, the National Living Wage, and pay awards is included within the settlement package, and effectively funded through the various grant increases. There will be no further funding for these pressures.	£0.814m	Nil	-£0.814m (to be funded from Services Grant)
Supporting Families (£40m) and Cyber Security (£12m)	These are new grants announced in SR21 but no allocations have been announced in the settlement.	Included within the £2.000m above	TBC	TBC (likely to be funded from Services Grant)
Rural Services Deliver Grant	No change in funding, not received by CEC	Nil	Nil	No Impact

Area	Announcement (National position)	Budget Consultation Position CEC	Provisional Settlement Position CEC	Potential Impact in 2022/23 CEC
Improved Better Care Fund (IBCF)	Inflation will be added to existing IBCF (£63m to £2.077bn). Spending must be agreed with NHS.	£8.500m	£8.706	+£0.206m
Funding for adult social care reforms	<p>Local authorities will incur additional costs from the reform proposals in two ways:</p> <ul style="list-style-type: none"> • Changes in the “cap” and capital limits • Market equalisation <p>There will be tax increases to fund the additional cost of these reforms. National Insurance Contributions (NICs) will be increased by 1.25% in April 2022. Of the additional tax income, £5.4bn will be allocated to social care, of which £3.6bn will be used to fund the cost of these social care reforms.</p> <p>An initial allocation (£162m) from the £3.6bn has been distributed through the settlement. The grant is focussed on market sustainability and Fair Cost of care, and the relatively small amounts reflect the assumption that costs will initially be relatively low in 2022/23.</p>	No estimate calculated as funding comes with new burdens	£0.979m	+£0.979m* (* impact of new burdens TBC)
Negative RSG	There will continue to be no adjustment for “negative RSG” (i.e. “negative RSG” continues to be funded for those authorities whose BFL is higher than their underlying SFA).	No impact included	Nil	No Impact
School Grants – CEC	<p>The standard update for October 2021 pupils and final figures has resulted in +£4.6m from the July 2021 position.</p> <p>There is also additional schools funding of £7.3m (intended to cover early years, post 16 AND 5 – 16 year olds). This is a provisional figure and will be confirmed in spring 2022. Allocations will be outside of the standard formula and on a per child basis. This brings additional complexity to the allocations.</p> <p>It is expected that the extra funding will be rolled into baselines.</p>	£250.1m	£262.0m	+£11.9m* (*Ringfence for DSG, and potential additional complexity burdens)
High Needs Grant CEC	The basic allocation has increased by £0.7m over July 2021 figures. There is also additional high needs funding of £1.8m (CEC share of £325m). As above this will be paid separately and it is assumed this extra funding will be made permanent.	£48.1m	£50.6m	+£1.5m* (*set against significant high needs funding shortfall)
DSG – Early Years and Central Block etc	<p>The Central block figure has increased by £20,000 to £2.5m compared to July 2021.</p> <p>Early years has been announced at £23.3m (no previous estimate released. 2021/22 figure is £23.2m). Some of the £7.3m extra for schools will also be paid to early years providers at £24 per pupil. That is not factored in here.</p>	£25.7m	£25.8m	+£0.01m

Area	Announcement (National position)	Budget Consultation Position CEC	Provisional Settlement Position CEC	Potential Impact in 2022/23 CEC
	Rates for pupil premium and the continuation of the extended rights for home to school travel grant have also been announced.			
Public Health	The settlement includes no information about the national total, or individual council allocations, of the public health grant for 2022/23	£16.929m	TBC	TBC* (* Ringfence remains on this budget)
Other				
Town and Parish Council precept levels	Ministers have not set a maximum precept increase and decided to defer setting any referendum principles for town and parish councils.			No impact
Consultation Period	There will be a four-week consultation period to 13 January 2022: https://www.gov.uk/government/consultations/provisional-local-government-finance-settlement-2022-to-2023-consultation			

Alex Thompson

Director of Finance and Customer Services

Cheshire East Council

January 2022

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Working for a brighter future together

Adults and Health Committee

Date of Meeting:	18 January 2022
Report Title:	Recommissioning of the Statutory Advocacy Service
Report of:	Helen Charlesworth-May, Executive Director of Adults, Health and Integration
Report Reference No:	AH/37/21-22
Ward(s) Affected:	All wards

1. Purpose of the Report

- 1.1.** A report was previously submitted to the Adults and Health Committee in September 2021 that provided information on the recommissioning process for Statutory Advocacy. Further detail was requested by the committee; this report provides a comprehensive overview of the current and future service model in response to that request. The report also requests delegated authority to enter into a partnership agreement to deliver the service and to award the contract.

2. Executive Summary

- 2.1.** Local authorities have a statutory requirement to provide advocacy services, to enable an individual (usually a person who is vulnerable, isolated, or disempowered) to be supported to understand and participate in decision making which affects them.
- 2.2.** These advocacy services currently include:
- Independent Mental Capacity Advocacy (IMCA) including Deprivation of Liberty Safeguards (DoLS);
 - Paid Relevant Persons Representative (RPR) role under DoLS;
 - Independent Mental Health Advocacy (IMHA); and
 - Care Act Advocacy and Continuing Health Care Advocacy (CHC).
- 2.3.** This report provides a detailed overview of the service delivery model for joint recommissioning of the Statutory Advocacy Service with Cheshire

West and Chester Council. This incorporates changes brought about by new Liberty Protection Safeguards legislation.

- 2.4. Liberty Protection Safeguards has a wider scope than current Deprivation of Liberty Safeguards (DoLS) and will apply to the following settings: care homes, NHS hospitals, education facilities, independent hospitals and a person's own home. It also includes young people aged 16 to 17 years of age.
- 2.5. A report was previously submitted to the Adults and Health Committee in September 2021 that provided information on the recommissioning process for Statutory Advocacy. Further detail was requested by committee; this report provides a comprehensive overview of the current and future service model in response to that request.
- 2.6. The Statutory Advocacy Service contributes to the following priorities in the Council's Corporate Plan:
 - An open and enabling organisation
 - A council which empowers and cares about people.

3. Recommendations

That the Adults and Health Committee:

- 3.1. Note the new Statutory Advocacy Service model.
- 3.2. Delegate authority to the Executive Director of Adults, Health and Integration to:
 - Enter into the partnership agreement with Cheshire West and Chester Council and Cheshire Clinical Commissioning Group (or any body that in due course may succeed to the functions of the CCG) (subject to that body's formal agreement) for the delivery of a Statutory Advocacy Service in Cheshire East and Cheshire West and Chester Council footprint.
 - Award the contract - Agree to enter a contracting arrangement with Cheshire West and Chester Council following the procurement of the Statutory Advocacy Service with the successful provider of such services.

4. Reasons for Recommendations

- 4.1. Awarding a new advocacy contract to a provider will ensure that Cheshire East Council continues to meet its statutory requirements to provide appropriate advocacy locally. Moreover, the new service will take account of new Liberty Protection Safeguards legislation.
- 4.2. The commission will align to the priorities outlined in the council's Corporate Plan 2021-2025 of delivering: 'An open and enabling organisation' and a 'Council which empowers and cares about people'.

- 4.3. Commissioning the service jointly with Cheshire West and Chester (and potentially Health) will ensure advocacy provision is equitable across a Cheshire-wide footprint and will offer a simpler model for stakeholders, as well as economies of scale.
- 4.4. The new model for the service is informed by extensive engagement work to ensure that it takes account of the needs of users and other relevant organisations such as Cheshire Clinical Commissioning Group and the Acute Trusts.

5. Other Options Considered

- 5.1. There are no alternatives to recommissioning the service because local authorities have a statutory requirement to provide an independent advocacy service. Not agreeing to the contract award will mean that the current contract lapses without a new service being in place to support people.
- 5.2. Consideration was given to Cheshire East Council commissioning the service separately, but it would mean existing benefits would be lost such as reduced costs and simpler referral pathways for partners.
- 5.3. If the partnership agreement is not agreed and signed by all partners then a joint commission would not take place. This would therefore remove economies of scale and would mean a new model would have to be imposed when the current service delivery model has successfully delivered for a number of years.

6. Background

- 6.1. This report provides an overview of the key details of the current and future statutory advocacy service, as requested by Adult and Health Committee Members on 27 September 2021.
- 6.2. The role of an advocate in health and social care is to support a vulnerable or disadvantaged person to have their rights upheld in a health or social care context.
- 6.3. The contract for the current advocacy service has been in place since June 2016 with Age UK Cheshire. This is a jointly commissioned service between Cheshire West and Chester Council (as lead commissioner) and Cheshire East Council. This is due to cease on 31 August 2022. A new service needs to be in place from 1 September 2022.

Current Service Delivery Model

- 6.4. The current service is delivered on behalf of Cheshire East Council and Cheshire West and Chester Council and hosted by Age UK Cheshire with subcontracting arrangements in place with Disability Positive. This is an activity-based contract in which a fee is agreed upfront for the first 10,000

hours of delivery per partner, followed by which the council pays an hourly rate for hours used.

- 6.5. The Statutory Advocacy Service works to help people to say what they want, meet their rights, and represent their views.
- 6.6. There are various types of advocacy provided by the service. These include:
- Independent Mental Capacity Advocacy (IMCA) including Deprivation of Liberty Safeguards (DoLS) [to be replaced];
 - Paid Relevant Persons Representative (RPR) role under DoLS;
 - Independent Mental Health Advocacy (IMHA);
 - Care Act Advocacy
 - Continuing Healthcare (CHC),

A table that illustrates each type of advocacy intervention and a description is attached as Appendix 1.

- 6.7. The table below details advocacy activity for Cheshire East Council for the contracting period (12 months) 1 June 2020 to 31 May 2021.

Table 1 – Advocacy type / number of hours

Independent Mental Capacity Advocacy (IMCA)	Court of Protection including litigation Friend	Relevant Paid Representative (RPR)	Independent Mental Health Advocacy (IMHA)	Care Act	Total hours
2,584	321	4,025	973	1,694	9,597

- 6.8. Of additional note is that there are individuals who may require advocacy support who reside outside of the local area. For example, this may be due to the individual being detained under the Mental Health Act 1983.

Table 2 – out of area advocacy

Advocacy type	Number of hours
IMCA	46
RPR	548
IMHA	1
Care Act	87
Schedule 3a/1.2	27
Litigation Friend	2
Total	711

- 6.9. The current contracting arrangements are such that any staff training undertaken by either Age UK Cheshire or Disability Positive is charged to

each local authority and paid at the advocacy hourly rate. For the contract period 1 June 2020 to 31 May 2021 this equated to a total of 461 hours.

- 6.10.** The Statutory Advocacy Service provides support to those individuals with eligible advocacy support needs, the service will signpost and link with the Carers' Hub ensuring alignment for family members if additional support is required.

The Recommission

- 6.11.** In order to prepare for recommissioning advocacy, a core project board has been set up involving key stakeholders from Adult and Children's Social Care, health, special educational needs and/or disabilities (SEND), finance, legal and procurement (links will also be made with strategic housing and Shared Lives). Additionally, two sub-groups have been formed with a focus on mental health/learning disability and Care Act advocacy to ensure that key stakeholders are able to share their views, experiences to inform the recommission
- 6.12.** This is complemented by the Liberty Protection Safeguards Implementation Steering Group, chaired by the Head of Adult Safeguarding. This group focuses on operational practice and meets on a monthly basis, with representation from Adult Safeguarding, Adult and Children's Social Care, NHS Cheshire Clinical Commissioning Group, East Cheshire NHS Trust, Mid-Cheshire Hospital Trust, Cheshire and Wirral Partnership Trust, and Adult Commissioning and Contracting Officers. This will be a key critical friend in the development of the new service.
- 6.13.** A comprehensive review has been undertaken to explore major aspects of service delivery. These include: the effectiveness of the current service model, options for the new service including payment method, the approach in other areas and how value for money can be achieved. Most importantly, it is also considering how the new statutory Liberty Protection Safeguards legislation and the Code of Practice should be taken account of in the new commission.
- 6.14.** Engagement has been vital in informing this review. This has been undertaken jointly by Cheshire East Council and Cheshire West and Chester Council with a wide range of stakeholders (please refer to section 7).

Deprivation of Liberty Safeguards

- 6.15.** The future service delivery model will include all the statutory advocacy components as detailed above (please refer to 6.6). However, some modifications have been made due to Liberty Protection Safeguard legislation. This has been informed by current government guidance.

However, some flexibility has been planned for in the contract given that the final legislation and related code of practice has yet to be published.

- 6.16.** Liberty Protection Safeguards (LPS) will replace the Deprivation of Liberty Safeguards. These will now apply to 16 year olds and upwards (rather than those aged 18 and older). LPS will have to be authorised in advance by a 'responsible body', such as a hospital manager, Clinical Commissioning Group, and in the case of deprivations taking place in a care home or the community: the local authority.
- 6.17.** The legislation will also mean that advocacy needs will have to be identified sooner. As such, they will start from the beginning of the process where it is first identified that someone may be deprived of their liberty and will continue until the authorisation comes to an end.
- 6.18.** Individuals will be entitled to an 'Appropriate Person' to support them through the process to help them understand why and what is happening, and to help them be involved as much as possible. There may be a significant number of individuals who are unfriended (have no relatives), are estranged (relationship has broken down) and/or there may be safeguarding concerns regarding family members, in all these cases the Appropriate Person would be an advocate. As per Deprivation of Liberty Safeguards, if the person is objecting to their care and accommodation, they may require an advocate to help support them appeal using the court process.
- 6.19.** For a deprivation of liberty to be authorised, it needs to be clear that the person:
- Lacks the capacity to consent to care arrangements
 - The person has a mental disorder
 - Arrangements are necessary to prevent harm and are proportionate to the likelihood and seriousness of that harm.
- 6.20.** A fuller summary of the eight key changes resulting from Liberty Protection Safeguards is included in Appendix 2.
- 6.21.** The Liberty Protection Safeguards Code of Practice was expected to be published for public consultation during spring 2021 (this follows a delay due to the pandemic), however as at 5 December 2021 this has not yet happened. A letter was sent from the Chief Executive and the Director of Adult Social Care at the request of the committee to question why a new timescale has not been published.
- 6.22.** Anecdotally, the Local Government Association (LGA) and Association of Directors of Adult Social Services (ADASS) have also written to the Government for clarification as to when the Code of Practice is to be published.

- 6.23.** Liberty Protection Safeguards and Deprivation of Liberty Safeguards will run parallel (for the local authority) for the first 12 months of implementation.

Impact on Activity

- 6.24.** It is expected that implementation of Liberty Protection Safeguards will result in an overall increase in demand for statutory advocacy support across all elements of advocacy activity. This is based on a government impact assessment which is predicting at least a 25% increase. This will be due to the impact of a number factors, including extending the age range to include those individuals aged 16 to 17 years; expansion of locations and settings to which Liberty Protection Safeguards will apply; and the inclusion of two new responsible bodies (specifically the Clinical Commissioning Group and the Hospital Trust) in addition to the local authority.
- 6.25.** Additionally, we know that there is a high percentage of people receiving care in Cheshire East who are funding the care themselves (approximately 60%) and as such are not known to the local authority. It is not yet clear as to how many of these may require an authorisation under Liberty Protection Safeguards and who may also require an advocate.
- 6.26.** It is recognised that there is an ageing population, with people living for longer with multiple comorbidities, as such demand for the Statutory Advocacy Service is likely to increase. It is essential that people are supported to understand and retain information, and are able to communicate their views, wishes and feelings. The Projecting Older People Population Information (POPPI) system projects an increase across all the age ranges from 65 years and over in Cheshire East over the next 20 years. For example, there is a projected 27% increase in population growth for those aged 75-79 years and 17% population growth for those people aged 85-89 years by 2025. Therefore, further work will be undertaken in relation to future projections and associated grown bids for the service. Please see projected population table in Appendix 3.

Other Service Changes

- 6.27.** There are also some further changes that will be made to service provision informed by contract management, engagement with a range of stakeholders and required as part of the new partnership approach.
- 6.28.** There will be improved and refreshed promotion and awareness of the statutory advocacy service for professionals. This will ensure appropriateness of referral and transition from one advocacy provision to another. For example, an Independent Mental Health Advocate (IMHA) supports patients under the Mental Health Act 1983, whereas an

Independent Mental Capacity Advocate (IMCA) is specially trained to support people under the Mental Capacity Act 2005.

- 6.29.** A new performance management framework will capture the activity levels (referrals, usage, outcomes) incurred by the appropriate funding partner. Additionally, a new outcome measure will be introduced allowing us to understand the proportion of individuals who indicated that their general wellbeing has increased, decreased or stayed the same as a result of the advocacy intervention.
- 6.30.** A delegated portal will be introduced to support the council to collect online contributions from external professionals for assessments and plans. Through this portal, social workers can direct forms (or parts of forms) to external professionals from the LiquidLogic case management system. This will allow them to make their contributions to the information and provide an audit trail of their work.

Partnership Agreement

- 6.31.** An agreement was reached with Cheshire West and Chester Council that Cheshire East Council would act as lead for this recommission and would be contract holder. This agreement needs to be formalised by way of a legally binding partnership agreement.
- 6.32.** The partnership agreement sets out provisions for rights and responsibilities, for example, financial, contract/performance management, dispute resolutions. All parties will sign this prior to contract award, enabling the local authorities to work together more effectively and to manage risks.
- 6.33.** At the time of writing, Cheshire Clinical Commissioning Group have a recognised need for Continuing Healthcare Advocacy to be in place and are interested in this being delivered under this contract. However, they have not gained final approval for this to take place. As such, the agreement may also need to incorporate Health in the future.
- 6.34.** Under the Government's Health and Care Bill currently progressing through Parliament, the existing NHS Clinical Commissioning Groups (CCG) are set to be abolished and all CCG functions, assets and liabilities will transfer to their local 'Integrated Care Board' part of the 'Integrated Care System'. Therefore, any future partnership arrangements as referred to in paragraph 3.2 will need to take account of these legislative changes.
- 6.35.** During October 2021, Cheshire West and Chester Council formally approved the joint re-procurement of the Statutory Advocacy service. This approval also incorporated signing a partnership agreement.

7. Consultation and Engagement

- 7.1. It is vital that the design of the new advocacy service is informed by engagement work with service users and professionals. This work was led by Cheshire East Council and took place from August to November 2021.
- 7.2. It should be noted that due to the very nature and personal circumstances of the service users who use the advocacy service, a relatively low response rate was anticipated. For example, some service users lack capacity, for instance due to enduring mental health issues or a learning disability.
- 7.3. A suite of engagement material was developed to undertake this work. This included a provider market engagement questionnaire, professionals' questionnaire and service user questionnaire (including in easy read format). The questionnaires were designed to include closed and open questions. Service user questionnaires were sent to previous users of the service with a stamped address envelope included. Drop-in meetings were also offered. Reminders were also sent to further encourage response.
- 7.4. In addition to this, the engagement was publicised on both local authority websites as well as those of Age UK Cheshire, Disability Positive and Healthwatch Cheshire. Members of the Advocacy project group (including NHS Cheshire Clinical Commissioning Group, Cheshire and Wirral Partnership Foundation Trust (CWP), Mid Cheshire Hospital (MCHT), East Cheshire Trust) were also requested to publicise this further, as were the relevant partnership boards e.g. learning disabilities, mental health etc.
- 7.5. Findings are detailed below in respect of provider market engagement, professional and service user engagement.
- 7.6. The provider market engagement exercise was undertaken to gain insight and views from providers (including their level of interest in the proposed procurement exercise). This opportunity was advertised via The Chest procurement portal. Providers were asked to complete a questionnaire but could also request a meeting with representatives from both local authorities and procurement on a one-to-one basis.
- 7.7. Eight responses were received to this, with seven providers opting to meet with representatives on a one-to-one basis. All providers stated that they had responded to the unprecedented challenges faced during the pandemic and had adapted their services to incorporate the use of digital technology (whilst acknowledging that for some service users it was not appropriate). Providers shared details of their current delivery models including in relation to volunteers and links with hospitals.

7.8. A total of 17 professionals returned a completed questionnaire. All respondents indicated that they had accessed and made referrals to the service. The number of referrals made to the service are ranked in highest percentage order as follows:

- Care Act (85.71%)
- Independent Mental Capacity Advocacy (IMHA) 78.57%
- Paid Relevant Persons Representative (RPR) 50%
- Independent Mental Health Advocacy 35.7%
- Continuing Healthcare 7.14%

7.9. These professionals stated that there was a need to ensure:

- Promotion and awareness
- That the eligibility criteria for accessing the service and promotional material were shared
- Improvements in use of digital technology for referrals and information exchanges between the service provider and referrer.

7.10. The number of services users contacted via post and response rates are detailed below for each local authority:

- Cheshire East Council – 251 service users of which 36 responses received
- Cheshire West and Chester Council 270 service users of which 15 responses were received.

7.11. Early analysis indicates that:

- Most respondents stated that they had received help filling out the questionnaire
- Respondents knew about the role of an advocate
- Respondents felt more information should be made available about the service including how to access it. It was felt this was particularly important in hospital setting and GP surgeries.

8. Implications

8.1. Legal

8.1.1. Under Section 67 of the Care Act 2014, the local authority has a statutory duty to provide independent (statutory) advocacy for individuals who have substantial difficulty in participating in their assessment and/or in the preparation of their care and support plan or where there is an absence of “appropriate individual” to support them. This applies to individuals who are 16 years old, where applicable for Independent Mental Health Advocacy (IMHA), Independent Mental Capacity Advocacy (IMCA), Care

Act Advocacy, whilst Deprivation of Liberty (DoLS) advocacy is for adults aged 18 years and over.

- 8.1.2.** The Liberty Protection Safeguards will replace Deprivation of Liberty under the Mental Capacity (Amendment) Act 2019 with the expectation that full implementation will take place in April 2022. The government has announced that some provisions covering new roles and training will come into force ahead of this date, and that a twelve week consultation on the draft regulations and Code of Practice for Liberty Protection Safeguards will be undertaken. However, it should be noted that the Code of Practice was due in the spring of 2021, as of 5 December 2021 this has not been published.
- 8.1.3.** The use of existing Deprivation of Liberty Safeguards/Court of Protection processes will commence from the implementation date of Liberty Protections Safeguards. Any deprivation of liberty arrangements already in place from this date will continue to apply until they are reviewed. A deprivation of liberty under Deprivation of Liberty Safeguards arrangements must be reviewed within 12 months, all existing Deprivation of Liberty Safeguards authorisations should cease or transition to Liberty Protection Safeguards within the first 12 month period. Therefore, to note that during the first year of implementation, these will run parallel.
- 8.1.4.** The recommissioning of this service will need to be compliant with the Public Contracts Regulations 2015 and the council's Contract Procedure Rules. Ongoing support from Procurement and Legal will be required throughout the recommissioning process.

8.2. Finance

- 8.2.1.** The Cheshire East Council base budget for the statutory advocacy service in Adults has been increased via a growth bid approved by the Medium Term Financial Strategy (MTFS) for the financial year 2021 onwards, to address ongoing financial cost pressures as a result on increasing demand for the service. The annual budget from 2021/22 will be £300k p.a. and sits within the People's Commissioning Team Plan.
- 8.2.2.** As part of the recommissioning process, cost modelling in terms of service delivery model, affordability, efficiency, and value for money will be an essential core component and will need to ensure that the future cost of the service for Cheshire East Council is within the MTFS budgeted value. There will be a robust audit trail to support the recommended delivery model with agreement with financial representatives. The

recommissioned service will ensure that the current Deprivation of Liberty Safeguards, future Liberty Protection Safeguards, and dual running period advocacy needs will be able to be met by the new contract.

- 8.2.3.** An initial cost modelling exercise has been undertaken by both local authorities which has provided an estimate by way of potential funding requirements for each partner. For example, this estimate was based on a 25% increase due to impact of implementation of LPS, and the percentage of referrals (based on current actual) which could be attributed to health partners.
- 8.2.4.** As this contract will be activity based the below figures are the estimates only based on the assumptions stated. Actual activity and the percentage of which are a Health responsibility may differ, and the actual hourly rate will not be known until the contract has been awarded. The below table is the estimates for Cheshire East Council costs only.

	CEC
current estimated yearly hours - in area	10,000
current estimated yearly hours - out of area	710
Total including likely increase from LPS = + 25%	13,388
Health element	32%
Council Hours - 68%	9,104
estimated hourly rate	£ 35.00
CEC cost including 25% LPS estimated increase	£ 318,623
CEC cost excluding 25% LPS estimated increase	£ 238,967

- 8.2.5.** Work will be ongoing to quantify the financial implication of Liberty Protection Safeguards for the council including the impacts for advocacy. It is currently anticipated that additional costs linked to the implementation of the new Liberty Protection Safeguards legislation will be met from additional funding provided by central government, as this is a new burden for local authorities.
- 8.2.6.** Ongoing conversations are taking place with NHS Cheshire Clinical Commissioning Group seeking support for those patients who require advocacy provision from a health perspective, such as for example, Continuing Healthcare, or mental health provision. There is further opportunity to explore how the statutory advocacy provision can support health to allow them to

meet them to meet their statutory responsibilities with the implementation of Liberty Protection Safeguards.

8.3. Policy

- 8.3.1.** The provision of a Statutory Advocacy Service in Cheshire East will ensure that Cheshire East Council is meeting its statutory obligation. Therefore, residents will have a voice and be supported independently to enable them to access appropriate statutory advocacy provision to meet their needs.

8.4. Equality

- 8.4.1.** An Equality Impact Assessment has been completed for this recommissioning.

8.5. Human Resources

- 8.5.1.** It is not anticipated that additional staff resources will be needed for the recommissioning of advocacy services.

8.6. Risk Management

- 8.6.1.** A risk log is being maintained by the project board throughout the recommissioning work. Escalation will take place to Commissioning, Adult Social Care and Children's management teams where appropriate.
- 8.6.2.** There have been national delays to the implementation of the Liberty Protection Safeguards. This has resulted in the implementation date moving from October 2020 to April 2022. If final guidance is published in advance of procurement taking place, then the service specification will take this into account. However, if this is not the case, flexibility will be written into the contract to ensure that future service provision can take account of any changes.

8.7. Rural Communities

- 8.7.1.** All areas across Cheshire East will benefit from the statutory advocacy service delivered in the Borough. This will include an advocate travelling to meet with a service user wherever they are placed in the Borough or holding this discussion via the telephone.

8.8. Children and Young People/Cared for Children

- 8.8.1.** It is noted that young people aged 16 to 17 years of age will feature within the revised Liberty Protection Safeguard legislation. Once the statutory code of practice is published further consideration and work will be undertaken to meet these requirements.

8.9. Public Health

- 8.9.1.** Advocacy can support the mental health and wellbeing of an individual by ensuring that decisions are made in their best interest.

8.10. Climate Change

- 8.10.1.** The council has committed to becoming carbon neutral by 2025 and to encourage all businesses, residents, and organisations in Cheshire East to reduce their carbon footprint. Reflective learning from how services have been delivered during the current pandemic and features which have reduced the carbon footprint will be incorporated into the recommissioned service.
- 8.10.2.** The procurement process is aligned to social value. This will include considering environmental impact.

Access to Information	
Contact Officer:	Nichola Thompson, Director of Commissioning Nichola.Thompson@cheshireeast.gov.uk
Appendices:	Appendix 1 – Statutory Advocacy type and description Appendix 2 – Liberty Protection Safeguards eight key changes Appendix 3 – Projected Population over 65 years
Background Papers:	Cheshire East Corporate Plan 2021-2025 www.cheshireeast.gov.uk/pdf/council-and-democracy/corporate-plans/cec-corporate-plan-2021-to-2025.pdf

Appendix 1: Statutory Advocacy Type and Description

Independent Mental Capacity Advocacy (IMCA), including Deprivation of Liberty Safeguards (DoLS)
<p>The Mental Capacity Act 2005 makes it a legal requirement for people lacking mental capacity to have independent advocacy when there are no known relatives or close friends to speak for them. The local authority is required to commission an Independent Mental Capacity Advocacy (IMCA) service from an independent organisation.</p> <p>The IMCA Service must be a generic service, for people aged 16 years and above and for a wide variety of needs. It will include people with learning disabilities, dementia, mental health needs and acquired brain injury and others who may require it including those covered by the extended provisions of the Mental Capacity Act 2005.</p>
Paid Relevant Person Representative (RPR)
<p>The Mental Capacity Act also requires that the council (the decision maker) appoints paid officers to represent the person being deprived of their liberty (these are called Paid Relevant Person Representatives) in circumstances where there is no available person able to undertake this role. This element will be included alongside the IMCA service.</p>
Independent Mental Health Advocacy (IMHA)
<p>From April 2009, statutory access to an Independent Mental Health Advocate (IMHA) has been available to patients subject to certain aspects of the Mental Health Act 1983.</p> <p>Patients, who are eligible to use IMHA services, i.e. qualifying patients, are those patients:</p> <ul style="list-style-type: none"> • Detained under the MHA (even if they are currently on leave of absence from hospital) apart from those patients detained under sections 4, 5(2), 5(4), 135 or 136 • Conditionally discharged restricted patients • Subject to Guardianship under the Act • On Supervised Community Treatment (SCT). <p>As well as patients not covered by any of the above but who are:</p> <ul style="list-style-type: none"> • Being considered for a treatment to which section 57 applies (“a section 57 treatment”); • Under 18 and being considered for electro-convulsive therapy or any other treatment to which Section 58A applies (“a section 58A treatment”).
Care Act Advocacy
<p>Care Act Advocacy - the duty applies to adults, children approaching transition, carers and young carers. The focus of advocacy requirements under the Act are around support and representation in the following:</p> <ul style="list-style-type: none"> • An adults need assessment • A carers assessment • The preparation of a care and support plan

- A review of a care and support plan
- A child's needs assessment as they transition towards adult care
- A safeguarding enquiry or safeguarding adult review.

The duty to provide advocacy under the Care Act provides support to:

- People who have capacity but who have substantial difficulty in being involved in care and support processes
- People in relation to their assessment and/or care and support planning regardless of whether a change of accommodation is being considered for the person
- People in relation to the review of a care and/or support plan
- People in relation to safeguarding processes (though IMCAs are involved if protective measures are being proposed for a person who lacks capacity)
- Carers who have substantial difficulty in engaging – whether or not they have capacity
- People for whom there is someone who is appropriate to consult for the purpose of best interests' decisions under the Mental Capacity Act, but who is not able and/or willing to facilitate the person's involvement in local authority process.

Continuing Healthcare (CHC)

Independently represent the client and families wishes, preferences and views around Continuing Healthcare.

Appendix 2: Deprivation of Liberty Protection Safeguards and Liberty Protection Safeguards

Deprivation of Liberty Safeguards	Liberty Protection Safeguards
Local authority authorises all arrangements	<p>NHS Acute Trusts and CCG's authorise arrangements.</p> <p>Local authorities and NHS bodies will be 'Responsible Bodies' under the LPS. Responsible bodies will organise the assessments needed under the scheme and ensure that there is sufficient evidence to justify a case for deprivation of liberty. Ultimately, the responsible body is responsible for authorising any deprivation of liberty in certain settings</p>
6 assessments	<p>3 assessments:</p> <ul style="list-style-type: none"> • A capacity assessment • Medical assessment to determine whether the person has a mental disorder and; • A 'necessary and proportionate' assessment to determine if the arrangements are necessary to prevent harm to the person and proportionate to the likelihood and seriousness of harm <p>The assessment process will be embedded into existing care planning e.g. Care Act</p>
Current maximum length of authorisation is 12 months	Extension period renewal from 12 months to 3 years (for individuals with long term stable conditions)
Role of Responsible Persons Representative (paid or unpaid advocate)	Ensure person is supported by an 'Appropriate Person' and if no one is available Independent Mental Capacity Professional (IMCA) to be appointed
Families / carers may be consulted	Explicit duty to consult with carers and families

Disputed cases go to the Court of Protection	An Independent Approved Mental Capacity Professional (AMCP), previously known as a BIA (Best Interest Assessor) will review arrangements. To note AMCP will undertake a of the information on which the responsible body relies and determine whether the authorisation conditions are met but it will still be possible for an appeal to be made to the Court of Appeal
Two separate processes for DoLS and DiDS (Deprivation of Liberty in domestic setting)	<p>LPS will cover a wider range of settings, such as :</p> <ul style="list-style-type: none"> • Individuals residing in domestic settings who need to be deprived of their liberty. Domestic settings include for example: <ul style="list-style-type: none"> • The person's own home and family home • Shared lives • Supported living. <p>This change ensures that all individuals who need to be deprived of their liberty will be protected under LPS, regardless of where they reside, without the need to go to court.</p>
DoLS is applicable to people aged 18+	LPS is applicable to people aged 16+

(The current role of the signatory disappears under the Liberty Protection Safeguards).

Appendix 3: Population projection over 65 years

The table below details Cheshire East's projected population aged 65 years and over.

Cheshire East

Population by age

Population aged 65 and over, projected to 2040

	2020	2025	2030	2035	2040
People aged 65-69	22,600	24,900	29,600	30,000	27,700
People aged 70-74	24,400	21,900	24,200	28,700	29,200
People aged 75-79	17,700	22,500	20,300	22,500	26,900
People aged 80-84	12,600	14,800	18,900	17,300	19,400
People aged 85-89	7,600	8,900	10,600	13,600	12,700
People aged 90 and over	4,700	5,200	6,100	7,500	9,700
Total population 65 and over	89,600	98,200	109,700	119,600	125,600

Figures may not sum due to rounding
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Working for a brighter future together

BRIEFING REPORT

Adults and Health Committee

Date of Meeting:	18 January 2022
Report Title:	Adult Social Care Performance Scorecard - Quarter 2 2021/22
Report of:	Helen Charlesworth-May, Executive Director of Adults, Health and Integration

1. Purpose of the Report

- 1.1. This report and the attached performance scorecard provide an overview of performance across Adult Social Care for quarter 2 of 2021/22.

2. Executive Summary

- 2.1. The performance scorecard includes 55 separate measures covering all areas of the service and notable performance against service areas are shown in the following sections. Each measure reported shows the year end outturn position at the end of 2020/21 and the updated figure for 2021/22 in quarter 2 (Q2) along with a RAG rating to highlight any concerns of note.
- 2.2. The main areas for highlighting are:
- Rising numbers of residential admissions
 - Rising numbers of contacts to the local authority resulting in a referral
 - The percentage of clients who have received long term support for 12 and 24 months that have been reviewed
 - Number of individuals being supported by the Carers Hub
 - Number of new Deprivation of Liberties (DOLs) requests being received
 - Increased number of individuals awaiting packages of care.

- 2.3. This report and the attached performance scorecard provide an overview of performance across Adult Social Care for quarter 2 of 2021/22.
- 2.4. The scorecard reports key measures across a number of strategic areas including the Statutory Adult Social Care (ASCOF) Measures, core service activity, Care4CE and reablement activity, active service users, risk enablement (including mental health, DOLS and safeguarding); all of which feed into the strategic aims and objectives in the council's Corporate Plan 2021-25.

3. Background

- 3.1. The scorecard enables appropriate scrutiny of key performance measures and helps to highlight areas of good and poor performance; and therefore scrutiny of the effectiveness of plans in place to improve services. This scorecard provides insight into the performance management systems of the local authority and provides essential data, along with qualitative information, to measure the effectiveness of services.

4. Briefing Information

- 4.1. Each measure included in the scorecard shows the year end outturn position at the end of 2020/21 and the updated figure for 2021/22 Q2 along with a RAG rating to highlight any concerns of note.
 - 4.1.1. Residential admissions for those 65+ – the 2020/21 figure was largely impacted by the restrictions linked to Covid-19 with a focus on supporting individuals in their own home wherever possible. 2021/22 (290 in Q1 and Q2) suggests that we are now seeing an increase in individuals placed in permanent residential/nursing placements. Should the numbers continue we will likely be at a similar level to those seen pre-pandemic. We are also aware that there may be significant issues in parts of the authority with community care delivery. This measure may see a further increase in Q3.
 - 4.1.2. Residential admissions for 18-64 age band – again we are seeing a return to similar levels pre-pandemic, possibly as those with aged carers are now being moved into planned permanent placements.
 - 4.1.3. Councils are currently (still) unable to report delayed transfers of care as this data is still not being collected and published by the NHS due to Covid impacts.
 - 4.1.4. Current forecasts suggest that there will be a 12% increase in referrals to Adult Social Care based on numbers seen to date. This is having an impact on already struggling teams being able to meet the demand for assessments and source packages of care where needed.
 - 4.1.5. The percentage of clients who have received long term support for 12 months continuously that have been reviewed is lower than previous

quarters. This will be due to Covid restrictions and a balance of risk based on whether a review is a priority for a stable package of care. The percentage figures for clients who have received long term support for 24 months however remains high indicating that those requiring long term support have an up-to-date package of care that has been reviewed either within or prior to the pandemic and at this stage the 12 month picture isn't having a significant adverse impact. In addition, approximately one in four of these cases will have had other forms of contact that doesn't meet the formal definition of a review.

- 4.1.6.** Number of contacts resulting in a new referral – the Q2 figure suggests a continued increased in the year to date of numbers of individuals requiring support (3,132 new contacts of which 2,168 resulted in a new referral). This possibly continues to reflect new ways of working as family members return to offices / move out of furlough and are unable to support family members in the same way. The rising numbers is having a knock-on effect on the capacity to complete assessments and reviews in a timely fashion. New safeguarding referrals particularly impact against this due to the time required to investigate.
- 4.1.7.** Quarter on quarter we are seeing a significant increase in the numbers of individuals being supported via the Carers' Hub. Whilst it is positive that more people are accessing support this again could be evidence of the rising demand across the whole Adult Social Care system and there is a worry that demand will exceed the support available.
- 4.1.8.** We are seeing increasing numbers of requests for DOLs assessments. Whilst this is positive in that providers are following the correct procedures and ensuring individuals are being appropriately assessed, there are increasing pressures on the service to complete assessments in a timely fashion.
- 4.1.9.** Pressures in the domiciliary care market are now having an adverse impact on the number of individuals awaiting packages of care as a snapshot at the end of the quarter. This is resulting in individuals being discharged to short term residential/ nursing provision when their preferred option is support at home. Pressures in the market are also impacted on our internal reablement provision as workers are being diverted to cover existing packages of care as opposed to picking up new reablement cases.

5. Implications

5.1. Legal

5.1.1. None.

5.2. Finance

- 5.2.1. Although there are no financial implications or changes to the MTFS as a result of this briefing paper, performance measures may be used as an indicator of where more or less funding is needed at a service level.

5.3. Human Resources

- 5.3.1. Although there are no direct Human Resource implications related to this report performance measures may be used as an indicator of where extra resourcing is needed at a service level (i.e. volume and timeliness measures).

Access to Information	
Contact Officer:	Jill Broomhall Director of Adult Social Care Jill.broomhall@cheshireeast.gov.uk
Appendices:	Appendix 1 – Adult Social Care Scorecard Q2
Background Papers:	None

Adults Services Scorecard - Quarter 2 2021/2022

Measure	Polarity	NW stat Av	National Av	21-22 Target	Year end 2020-2021	Quarter 1	Quarter 2	Quarter 3	Quarter 4	21-22 yr to date	RAG	Comments
Benchmarking/ ASCOF Indicators												
Residential Admissions for 18-64 age band (Total Admissions YTD)	Low is good			<30	13	7	15			15		Whilst admissions are higher than last year this reflects a pattern that we would expect to see without the impact of a pandemic
Residential Admissions for 18-64 age band per 100k population (ASCOF 2A1) YTD fig	Low is good	13.7	13.3		6.0	3.2	6.9			6.9		see above
Residential Admissions for 65+ age band (Total Admissions YTD)	Low is good			<530	443	136	290			290		Admissions at the half year point indicate a potential year end position higher than we would like to see. Admissions to residential care are being impacted due to shortages in domiciliary care availability in the local authority and the need for individuals to be safely supported. This is not unique to Cheshire East and is being reported nationwide as an issue. The local authority has launched a recruitment campaign to hopefully address the shortage in trained staff. The requirement for Covid vaccinations is also impacting on recruitment across the board
Residential Admissions for 65+ age band per 100k population (ASCOF 2A2) ytd fig	Low is good	715.0	628.2		502.0	156.3	333.3			333.3		see above
Total number of individuals currently in residential/ nursing care 18-64	Low is good				170	186	186			186		see above
Total number of individuals currently in residential/ nursing care 65+	Low is good				868	1091	1103			1103		see above
Proportion of adults with a learning disability in paid employment (ASCOF 1E)	High is good	3.7%	5.8%		12.0%	5.1%	4.9%			4.9%		The outturn also includes those supported by the supported employment service which we can't report on throughout the year.
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%	86.6%	85.5%	85.0%			85.0%		Although a small drop our overall position remains strong compared to the national and regional picture
Proportion of adults receiving self-directed support - YTD	High is good	83.4%	86.90%		100.0%	100.0%	100.0%			100.0%		no change
Proportion of adults receiving direct payments - YTD	High is good		28.1%	25%	17.4%	17.3%	17.8%			17.8%		no change
Core Service Activity												
Number of New case Contacts in period	Low is good			13000	11,662	3,380	3,183			6,563		These figures will only take into account those individuals contacting the service and will exclude the range of queries directed to the 'People helping People' Service. The half year position suggests an increase from last year but this could be a knock on impact of the Covid pandemic and families trying to manage during lockdown.
Percentage of all new contacts (other than safeguarding) where the Client had any other Contact in the previous 12 months	Low is Good				36%	36%	35%			36%		No change
Number of Contacts resulting in a New Referral	Low is good				8,050	2,336	2,195			4,531		At the half year stage the % of contacts resulting in a referral remain at around 70%. Indications are that there will be around 12% more referrals than last year which will obviously have a considerable impact on the workload of the teams
Number of Assessments completed in period	n/a				2,684	593	583			1,176		Overall assessments compared to the volume of referrals indicates that we have an increasing backlog in terms of workload. Teams are reporting issues with capacity to undertake work which is compounded by ongoing issues from Covid and isolation requirements.
% of assessments that result in any commissioned service (including long-term, short-term and telecare)	n/a				82.8%	84.1%	80.1%			82.1%		This suggests that the right cases are progressing to referral and assessment. There will always be some cases that don't result in packages due to changing circumstances during assessment/ self funders

Measure	Polarity	NW stat Av	National Av	21-22 Target	Year end 2020-2021	Quarter 1	Quarter 2	Quarter 3	Quarter 4	21-22 yr to date	RAG	Comments
Number of Support Plan Reviews completed in quarter	High is good				4,802	1,157	798			1,955		Overall pressures in terms of increased referrals are also having a knock on effect to complete scheduled reviews, again compounded by issues relating to Covid isolation requirements.
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%	74.8%	62.1%	58.6%					See above
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				93.3%	92.7%	92.1%			92.1%		This provides confidence 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 watchful eye on the 12 month picture to ensure it doesn't start to have an adverse impact.
Proportion of service users in receipt of a community based service.	High is good			80%	88.4%	91.0%	92.0%			92.1%		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.
Number of service users in receipt of a community based service.	High is good				5,301	5,513	5,544			N/A		see above

Care4Ce												
Number of mental health reablement referrals received in quarter	n/a				2,462	757	712			1,469		Overall referrals are rising which is compounding with pressures seen across the board
% of referrals where individual engaged	High is good				77.0%	75%	72%			74%		There has been a small decrease in engagement this quarter. Hopefully as more individuals receive both vaccinations and people become more confident that the relaxation of guidance is not having an adverse impacted then this will increase
% 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%		see above comments
Number of dementia reablement referrals received in quarter	n/a				935	290	270			560		Whilst a small drop in quarter 2 the overall numbers remain higher than last year.
Number of community support reablement referrals received in quarter	n/a				947	278	336			614		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.
% community support reablement completed with no ongoing package of care (ongoing package of care defined as Long Term Support in SALT)	High is good				67%	71%	74%			73%		This continues to demonstrate the success of re-ablement and early support in preventing the need for long term support.

Active Service Users												
Total number of individuals on the visual impairment register	n/a				2,231	2,240	2,281			2,281		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
Total number of Clients with an active service other than Telecare (18-25)	n/a				222	221	215			215		see overall comments above re individuals supported in the community
Total number of Clients with an active service other than Telecare (26-64)	n/a				1,359	1,368	1,367			1,367		see overall comments above re individuals supported in the community
Total number of Clients with an active service other than Telecare (65-84)	n/a				1,527	1,536	1,514			1,514		see overall comments above re individuals supported in the community
Total number of Clients with an active service other than Telecare (85+)	n/a				1,223	1,240	1,243			1,243		see overall comments above re individuals supported in the community

Measure	Polarity	NW stat Av	National Av	21-22 Target	Year end 2020-2021	Quarter 1	Quarter 2	Quarter 3	Quarter 4	21-22 yr to date	RAG	Comments
Total number of Clients only receiving a Telecare service	n/a				1,762	1,706	1,703			1,703		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
Total number of Clients receiving any service - including Telecare (65+)	n/a				4,408	4,387	4,365			4,365		see overall comments above re individuals supported in the community
Numbers of individuals supported through the carer hub	n/a				1,749	417	949			1,366		Whilst it is extremely positive that more individuals are receiving support this again is evidence of the rising demand across the whole Adult Social Care system and there is a worry that demand will exceed the support available.
Rate of Carers receiving a Carer Service (per 10k population)					58	17	31			31		Numerator for this measure includes all carers from indicator 4.12 plus carers assessed (with no service) plus carers with a service recorded on Liquidlogic
Risk Enablement												
Number of mental health act assessments completed	n/a				605	162	144			306		Overall the picture presented is indicating a slightly higher picture than last year. It is possible we are now beginning to see an increase in requests as the impacts of the pandemic on the mental health of individuals are becoming more apparent
Number of S117 clients (includes Z65 MH Aftercare from Q4)	n/a				929	951	964			964		
New DOLS Requests (Cumulative)	n/a				2836	836	1665			1665		Q2 21/22 is showing a continued rising picture. Whilst an increased work load, this is positive in that providers are following the correct procedures and ensuring individuals are being appropriately assessed. There is ongoing preparatory work to assess the potential impact of the LPS guidance which is currently being finalised.
New DOLS Requests per 100,000 (Cumulative)	n/a	433	454		932.1	270.9	539.5			539.5		see above
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				40 (Average over year)	47	48			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).
Number of Substantiated (including Partially Substantiated) S42 Enquiries concluding with a 'Type' of Domestic Abuse	Low is good				15	10	19			29		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
Number of new Safeguarding Concerns received in a period (events not individuals)	n/a				4238	1330	1309			2639		The highest number of concerns referred are coming from providers with concerns linked to both care homes and community settings related to short calls. Discussions in regional and national webinars indicate that a number of local authorities are experiencing similar increases.
Number of new S42 Safeguarding Enquiries starting in period	n/a				1189	430	405			835		Increased awareness of safeguarding in the public arena is resulting in more concerns being raised so although we are seeing increased volumes it is ensuring that more individuals are being appropriately supported and kept safe.
Number of new Other (Non-S42) Safeguarding Enquiries starting in period	n/a				167	47	57			104		see above
Number of S42 Enquiries Concluded in the period	n/a				1161	376	421			797		see above
Percentage of S42 Enquiries Concluded for which the client expressed their desired outcomes	High is good				62%	62.5%	63.2%			62.8%		see above

Measure	Polarity	NW stat Av	National Av	21-22 Target	Year end 2020-2021	Quarter 1	Quarter 2	Quarter 3	Quarter 4	21-22 yr to date	RAG	Comments
Of S42 Enquiries Completed that the client expressed their desired outcomes, the percentage that were fully achieved (not partially achieved)	High is good				68%	69.8%	59.8%			64.8%		see above
% of concluded S42 enquiries where outcome of enquiry was substantiated/ partially substantiated	High is good				53.1%	56.4%	63.2%			59.8%		see above
Commissioning Activity												
% of dom care rated good or outstanding with CQC					87.7%	86.3%	86.1%			86.1%		no real change
% of care homes rated good or outstanding with CQC					82.3%	84.4%	84.4%			84.4%		no change
% of complex care providers rated good or outstanding with CQC							50% (89%)					We have 109 providers on the complex care framework, of which 55 are rated good or outstanding with 1 rated inadequate and 5 rated requires improvement. The figure in brackets excludes the 31 not yet inspected (28% and the 16 that are not CQC registered (15%)
Sexual Health – % of LARCs (excluding injectables) prescribed as a proportion off all contraceptives by age						62.0%	47.0%					
Number of people awaiting a placement or package of care (short or long term) following hospital discharge					8	38	71					Figures in this row are snapshots taken on the last working day of each quarter therefore figures are subject to fluctuation. A rising number overall is indicative of pressures in the system alluded to in a number of lines above
Number of people awaiting a placement or package of care (short or long term) in the community					46	99	154					Figures in this row are snapshots taken on the last working day of each quarter therefore figures are subject to fluctuation. A rising number overall is indicative of pressures in the system alluded to in a number of lines above
Percentage of domiciliary care hours delivered by Prime Providers (this may need to come out depending on the new CAH model)							35.0%					Ideally we would like to see the prime providers being able to deliver a higher % of hours.

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/33/21-22	28 Mar 2022	All Age Carers Strategy and Recommission	To receive an update on the All Age Carers Strategy and Recommission	Director of Commissioning		Yes	Yes	A council which empowers and cares about people	
AH/39/20 21-22	28 Mar 2022	Day Opportunities Flexible Purchasing System	To approve the development of a Flexible Purchasing System in order to procure and award contracts for Day Opportunities services for Adults.	Executive Director Adults, Health and Integration	Yes	Yes	Yes	An open and enabling organisation	No
AH/29/21-22	28 Mar 2022	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/38/21-22	28 Mar 2022	Q3 ASC Scorecard	To consider the key performance indicators/measures from Quarter 3, 2021/22	Director of Adult Social Services		No	No	An open and enabling organisation	No
AH/17/21-22	tbc	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/36/21-22	tbc	Personalised Services and Strength Based Practice	To receive a presentation in respect of personalised services and strength based practices.	Director of Adult Social Services		TBC	TBC	A council which empowers and cares about people	

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CHESHIRE EAST COUNCIL

Minutes of a meeting of the **Cheshire East Health and Wellbeing Board**
held on Tuesday, 23rd November, 2021 in the Committee Suite 1,2 & 3,
Westfields, Middlewich Road, Sandbach CW11 1HZ

PRESENT**Voting Members**

Councillor Carol Bulman, Cheshire East Council
Councillor Jill Rhodes (Chair), Cheshire East Council
Louise Barry, Healthwatch Cheshire
Helen Charlesworth-May, Cheshire East Council
Denise Frodsham, Cheshire East Integrated Care Partnership
Steven Michael, Cheshire East Health and Care Partnership
Dr Matt Tyrer, Director of Public Health
Clare Watson, Cheshire CCG

Non-Voting Members

Tom Knight, NHS England
Deborah Woodcock, Cheshire East Council

Associate Non-Voting Members

Councillor Janet Clowes, Cheshire East Council
Christ Hart, Cheshire East Social Action Partnership
Caroline Whitney, CVS Cheshire East

Cheshire East Officers and Others

Dr Matthew Atkinson, Specialty Registrar in Public Health
Guy Kilminster, Corporate Manager Health Improvement
Karen Shuker, Democratic Services Officer
Andrew Turner, Public Health Consultant

ALSO PRESENT

Suzanne Edwards, Cheshire and Wirral Partnership Trust

26 APOLOGIES FOR ABSENCE

Apologies were received from Councillor Sam Corcoran, Leader of the Council (Cheshire East Council), Dr Patrick Kearns (Cheshire East Integrated Care Partnership), Dr Andrew Wilson (Eastern Cheshire and South Cheshire CCG), Lorraine O'Donnell (Cheshire East Council), Superintendent Peter Crowcroft (Cheshire Constabulary) and Jayne Traverse (Cheshire East Council).

27 DECLARATIONS OF INTEREST

There were no declarations of interest.

28 MINUTES OF PREVIOUS MEETING

RESOLVED:

That the minutes of the meeting held on 7 September 2021 be confirmed as correct record.

29 PUBLIC SPEAKING TIME/OPEN SESSION

There were no members of the public present.

30 THE MENTAL HEALTH COMMUNITY TRANSFORMATION PROGRAMME

The Board received a presentation from Suzanne Edwards, Director of Operations, Cheshire and Wirral Partnership. The presentation provided an overview of the Cheshire and Wirral Community Transformation Programme including the case for change, the aims of the Community Mental Health Framework, the 8 principles included in the Long-Term Plan for Mental Health, Governance, and funding.

RESOLVED:

That the presentation be noted.

31 PHARMACEUTICAL NEEDS ASSESSMENT UPDATE

The board considered a report in respect of the statutory requirement to publish a new Pharmaceutical Needs Assessment (PNA) by 1 October 2022. To ensure a practical approach and efficient production of the Pharmaceutical Needs Assessment delegation of day-to-day authority for the development of the assessment would be given to the Director of Public Health. As there was a requirement to sign off the Assessment at board level it was proposed that this would be brought to the Cheshire East Health and Wellbeing Board, following a period of consultation, in September 2022.

The board welcomed the report and felt that it would be helpful to understand more in respect of what pharmacies responsibilities were in relation to the pandemic.

A request for non-voting members of the board to receive a copy of the Pharmaceutical Needs Assessment was noted.

RESOLVED That:-

- (1) the Health and Wellbeing Board approves delegation of the day-to-day authority for the development of the revised Pharmaceutical Needs Assessment (PNA) to the Director of Public Health.

- (2) the Health and Wellbeing Board approved the formation of a working group to steer the production of the revised PNA.
- (3) the Health and Wellbeing Board noted that a final draft would be presented to the board in September 2022 for final sign-off and that a virtual sign-off was agreed as a contingency arrangement in case the September meeting was cancelled, or timing was not sufficient to meet publishing deadline of the 1st October 2022.
- (4) the Health and Wellbeing Board noted that there was a cost implication (mostly staff time) in the production of the PNA.
- (5) noted that the PNA regulations had not changed since the production of the last PNA in March 2018.
- (6) noted that the PNA would be presented for endorsement by the Health and Wellbeing Board in September 2022. Due to the consultation requirement of 60 days and to enable the final draft to go through the council review process, it would not be feasible to present the final draft for endorsement at an earlier meeting.

32 BETTER CARE FUND END OF YEAR REPORT 2020-2021

The Board considered a report on the performance of the Better Care Fund, including the Improved Better Care Fund in 2020/21.

The end of year report formed part of the monitoring arrangements for the Better Care Fund and included an overview of the schemes, the financial income and expenditure, metric performance, the impact of COVID-19 on commissioned services and the individual scheme performance.

RESOLVED:

That the Better Care Fund programme performance for 2020/21 be noted.

33 BETTER CARE FUND PLAN 2021-2022

The Board considered a report on the Better Care Fund Plan 2021-22 which described the areas of activity and the proposed expenditure for the Better Care Fund covering Cheshire in 2021/22. A number of schemes had been identified and a rationale of how they would meet the needs and demands of the local care and health economy were presented.

RESOLVED:

That the Board endorsed the Better Care Fund schemes and associated expenditure outlined in paragraphs 5.11- 5.94 of the report.

34 RURAL HEALTH INEQUALITIES

The board received a presentation in respect of Rural Health Inequalities which included work being carried out collaboratively with North Yorkshire, OHID (formally Public Health England), and Age UK, looking at healthy

aging in rural communities. The report produced had identified issues such as social isolation, gaps in public transport provision, and loneliness for specific groups. Peer led services and work with the voluntary sector would support the different groups outlined.

Work already carried out such as the Council's Rural action plan, transport plan and economic strategy would be reviewed to help identify how this would affect older people in rural areas.

Next steps would include a workshop in the new year organised by OHID, and all board members would be invited. Departments in the Council which held data in respect of rurality would feed into the data gathering exercise. Planned meetings with the commissioning team would help inform future policies and decisions to include health and rurality within them.

The presentation was well received, and it was hoped that the work would feed into the wider work around Cheshire and Merseyside.

RESOLVED

That the presentation be noted.

35 CHESHIRE AND MERSEYSIDE ICS MARMOT COMMUNITY PROGRAMME

The Board were briefed on the progress at a Cheshire and Merseyside level on developing as a Marmot Community which would raise the profile of the need to focus upon reducing health inequalities across Cheshire and Merseyside. This would be the priority for the new Cheshire and Merseyside Integrated Care Partnership when it was formed in April 2022.

The Marmot report's key policy objectives were outlined, and the board were informed that the Institute of Health Equity would be running workshops to help identify how working more effectively together would help tackle health inequalities.

RESOLVED That: -

- (1) The Health and the Wellbeing noted the update on progress in Cheshire and Merseyside to become a Marmot Community.
- (2) The Health and Wellbeing Board supported the proposal that the Marmot Community Programme in Cheshire East would be picked up by the Increasing Equalities Commission.

36 TEST, TRACE, CONTAIN, ENABLE UPDATE

Dr Matt Tyrer gave an update on the Test, Trace, Contain and Enable system.

It was reported that since the last Health and Wellbeing Board there had been a spike in covid cases which had seen an increase to over 700 per 100,000 population, although this had recently fallen to around 400. Although there had been an increase in all age groups, the significant increase had been driven by the 10–14-year-old age group with numbers increasing over the last two weeks, following the return to school after half term.

There hadn't been many reports of workplace outbreaks which had been helped by the wearing of face masks and maintaining lateral flow testing.

Hospital admissions due to covid had flattened although there had been a higher rate in other respiratory diseases so emphasis on pushing the flu vaccination, covid vaccinations and covid booster programmes would be the message going forward.

There continued to be a good uptake in the vaccination programme and work continued in those areas where uptake was lower to try and bring rates up, alongside the vaccination programme for the younger age groups and the roll out of the booster programme for the over 40s.

There had been an increase in the rise of anti-vaccination activity and work continued with colleagues in the police. The communication strategy continued to be based around the behavioural insight work carried out, and there was an expectation that there would be some national guidance to tackle the misinformation being shared.

RESOLVED:

That the verbal update be noted.

37 CHESHIRE EAST PLACE PARTNERSHIP UPDATE

The Board received an update on the Cheshire East Place Partnership.

Work continued on the development of the strategic vision, with one of the challenges faced, being that organisations also had to approve it formally through their own governance structures. A meeting was scheduled for December to discuss with the chairs of the organisations and the chief executive to ensure governance decisions would be aligned.

At the previous meeting discussions were had around the Gateway Model which identified what capabilities would be required to deliver the strategy which was complex and required technical skills and expertise. This would help to develop an integrated business plan for place, including a 5-year financial model which would come back to the Health and Wellbeing Board and to the Health Scrutiny Committee.

Work around the governance vehicle needed post 1 April 2022 was underway and advice had been sought to understand whether a place-based committee or a joint committee would be required.

Discussions were underway to agree collectively how the health and wellbeing agenda would be led in Cheshire East including communication, accountabilities, responsibilities, vision, and leadership. The Board felt that there was a strong strategic approach and model in Cheshire East.

RESOLVED

That the verbal update be noted.

38 CHESHIRE EAST INTEGRATED CARE PARTNERSHIP UPDATE

The Managing Director of Cheshire East Integrated Care Partnership provided a verbal update which included an overview of the work currently being undertaken in respect of what was being done to support each other coming out of covid and implementing services such as end of life fast track services, two-hour rapid response, telemedicine, long covid service and the vaccination programme.

The longer-term plan would look at care communities and the development of the cohesive Care Community model, developing an integrated workforce across providers using the transformation funding received.

RESOLVED

That the verbal update be noted.

The meeting commenced at 2.00 pm and concluded at 3.55 pm

Councillor J Rhodes (Chair)