

# **CHESHIRE EAST COUNCIL**

Minutes of a meeting of the **Adults and Health Committee**  
held on Monday, 28th March, 2022 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, S Gardiner, L Jeuda, A Kolker, D Murphy,  
R Vernon, J Weatherill, N Wylie and D Edwardes

## **OFFICERS IN ATTENDANCE**

Roisin Beressi, Principal Lawyer (Adults & Education)  
Jill Broomhall, Director of Adult Social Care  
Shelley Brough, Head of Integrated Commissioning  
Helen Charlesworth-May, Executive Director of Adult, Health and Integration  
Paul Goodwin, Head of Financial Services & Deputy Chief Finance Officer  
(Attended virtually via Microsoft Teams)  
Mark Hughes, Senior Commissioning Manager  
Alex Jones, Better Care Fund Manager (Attended virtually via Microsoft Teams)  
Karen Shuker, Democratic Services Officer  
Jo Sutton, Acting Head of Integrated Commissioning  
Dr Matt Tyrer, Director of Public Health (Attended virtually via Microsoft Teams)

## **49 APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillor A Critchley and Councillor B Evans (Councillor D Edwardes was substituting).

## **50 DECLARATIONS OF INTEREST**

There were no declarations of interest.

## **51 MINUTES OF PREVIOUS MEETING**

That the minutes of the previous meeting be approved as a correct record subject to an amendment stating that Cllr Gardiner's declaration in respect of the fact that he was a former member of the Local Safeguarding Adults Board was made during consideration of min no.41 and not after.

## **RESOLVED:**

That the minutes of the meeting held on 18 January 2022 be approved as a correct record, subject to the above amendment.

## 52 PUBLIC SPEAKING/OPEN SESSION

Chris Clarke spoke in connection with Item 12 – Care at Home Recommission (domiciliary care).

He raised concerns regarding the 6% increase of domiciliary care wages offered by the council which equated to £18.60 per hour. He considered this to be well below the true cost of care and well below fuel increases, inflation, living wage increases and national insurance increase. Further concerns were raised that the Council was potentially breaching the legality of the contract and of the tender process given that an FOI request showed approximately 70 packages of care with providers were being paid upwards of £25 per hour.

Mr Clarke asked the following two questions

- 1) Why had the Executive Director of Adult Health Care and Integration told providers that the committee members that they had spoken to had agreed that there was no more money than 6% uplift available to offer to care providers which would make a maximum tender of £19.07 per hour, yet the Home Care Association stated that the minimum cost of care was £21.43 so why had this not been brought to committee for a full discussion?
- 2) As a provider a contract had already been agreed and signed with Cheshire East Council which extended the current contract to November 2023. At agenda item 12 of today's meeting, how was it that officers were recommending a new proposed tender process that would mobilise providers by 1 May 2023, some six months before the end of the contract with client providers yet an email from Cheshire East Council dated Friday 23 March 2023 categorically stated that the contract would not start in May 2023.

The Chair clarified that the Adults & Health Committee worked at a strategic level, not an operational level. This was due to the fact that there was a tight legal contract system in place which did not allow the input of members. Any decisions taken at an operational level would be made by officers.

The Executive Director for Adults, Health and Integration agreed to provide a full written response but addressed the following points in the meeting:

A letter had been sent to all providers earlier in the calendar year in respect of the budget available to the department, which informed providers that an offer of 6% inflationary increase for 2022-2023 would be offered to all domiciliary care providers. That was the total sum available for inflationary increases in 2022-2023. Domiciliary providers had been informed that Councillors did not set inflationary increase, they sign off the totality of the budget.

In respect of the new contract for 2023-2024 the report set out a proposal for Councillors. It was acknowledged that some providers had different end dates on their contract and those would be dealt with slightly differently through the process, but the overarching framework would take up to 18 months to be put in place.

### **53 BRIEFING ON PROPOSED LEARNING DISABILITIES CONFERENCE**

The committee received a briefing on the proposed Cheshire East Learning Disabilities Conference scheduled for June 2022.

The aim of the conference would be to reflect on how people with learning disabilities lived in the past, moving forward to the present day and what support for the future would look like. The conference would be accessible to all and would include representatives from the Learning Disability community, staff from across health and social care and providers of services.

#### **RESOLVED:-**

That the briefing be noted.

### **54 DAY OPPORTUNITIES FLEXIBLE PURCHASING SYSTEM**

The committee received a report which sought approval to establish a bespoke flexible purchasing system for the future procurement of day opportunities provision for adults in Cheshire East.

The current model for day care services was predominantly building based and it was recognised that one size would not fit all. The flexible purchasing system would operate as a common, shared marketplace for all external day opportunities placements and would seek to develop a high quality and diverse range of provision in the borough. The range of provisions would be divided into three areas, building based, community based and employment skills and training. The system would be co-produced to ensure that the services provided would meet the needs of residents in Cheshire East.

The committee heard about the benefits of the system which included

- Effectiveness of market shaping and management;
- Consistency of core specification and clarity of position in respect of expectations regarding outcomes;
- More choice for individuals;
- Transparency and challenge, where appropriate, surrounding value for money;
- A more streamlined process for placement finding and contract management.

Comments and questions were received from members in relation to the following

- The flexibility of the tripartite system was welcomed;
- A proper link up with an improved day care provision but not at the expense of those carers who require a break would be welcomed;
- Members would like to see how this would link with Children's services and the transition stage in to adulthood;
- Sought assurance that those within rural areas would have the same access as those within urban areas;
- Understood that there was a need to close some services and the reasons for the delay in reopening of these during the pandemic, but that it needed to be recognised that should something similar occur in the future certain groups of people may require a different type of intervention.
- How would individuals who require specific services be dealt with by those larger providers who may not be as flexible as those smaller providers.

Members raised concerns in respect of whether the timeline was appropriate, the reality of how changing the current system would work and sought assurance in respect of terms and conditions if several providers were in competition with each other.

It was proposed and seconded that the recommendations in the report be approved, subject to

- the amendments made to the wording in recommendation 3.3 of the report as highlighted below;
- In respect of those concerns listed above a further recommendation be included that a report to be brought back to the Adults and Health Committee detailing the progress of the Flexible Purchasing System.

**RESOLVED (unanimously) that:**

- (1) Approve the development of a Flexible Purchasing System for Day Opportunities in Cheshire East.
- (2) Agree to delegate authority to **invite** providers for admission onto the Flexible Purchasing System Agreement to the Executive Director – Adults, Health, and Integration.
- (3) Agree that a report will be presented to the committee at a date to be agreed detailing the progress of the Flexible Purchasing System following the admission of providers to the framework.

*The committee adjourned for a short break.*

## 55 ALL AGE CARERS STRATEGY AND RECOMMISSION

The committee considered a report detailing the service model for the All-Age Carers Hub for 2022 in preparation for the retendering activity in

spring 2022 and sought approval to publish the All-Age Carers Strategy 2021-2025.

The draft strategy had been co-produced, and a formal consultation and engagement process had taken place with carers and stakeholders. The strategy included an implementation plan and would inform the recommissioning of the Carers Hub.

Members provided comments and feedback in respect of the following

- Concerns within the Ice report around feedback from service users in respect of them feeling isolated, unsupported, failure by some educational settings to recognise that this was something they should be dealing with;
- Due to the uncertainty around the Better Care Fund, could an update be provided;
- How to ensure young adults are living the life of young adults as well as that of young carers.
- How much the data in respect of carers caring for 50 hours or more per week have changed in the last decade.
- A request for feedback on how the strategy was working

In response to questions from members, the Executive Director for Adults, Health, and Integration confirmed that the messages within the Ice report had been taken on board at the Children and Families Committee. A piece of work had begun to look at how schools could be better engaged to support young carers.

The Better Care Fund is an annual, non-recurrent funding stream; however, the Council had received no indication that this would cease. For contracting and budgetary purposes, the money would be treated as a recurrent sum of money. Should the funding cease there would be a requirement to make significant savings.

It was agreed that a written response would be circulated to members in relation to the question raised on data in respect of carers caring for 50 hours or more per week, to include more recent figures.

It was agreed that an item would be added to the work programme for a future meeting on monitoring how the objectives of the strategy were being met.

**RESOLVED (unanimously) That:**

- (1) The details of the consultation and engagement completed for the All-Age Carers Strategy and All-Age Carers Hub be noted.
- (2) The publication of the All-Age Carers Strategy for 2021-2025 be approved.
- (3) The service model for the All-Age Carers Hub prior to recommissioning activity be noted.

## 56 CHESHIRE EAST LIVE WELL FOR LONGER PLAN 2022 – 2025

The committee considered a report which detailed the strategic integration structures underpinning the Cheshire East Live Well for Longer (LWfL) Plan 2022 – 2025 and the approach undertaken to constructing the document.

The LWfL Plan had been coproduced with adults of all ages and provided a list of commitments that were designed to underpin commissioning across the health and social care system to ensure that services are designed and delivered in accordance with residents' needs. The committee heard that exploration of the plan's principles across the wider council would be undertaken as part of the consultation process as insight gained during coproduction of the LWfL Plan could be applied to all departments at Cheshire East Council.

Members provided comments and feedback in relation to the following:

- The report was welcomed although the text in the report was unclear in sections so an easy speak presentation version was suggested;
- Some of the pictorials were too busy and cluttered.

It was agreed that an easy read version of the LWfL Plan would be circulated.

**RESOLVED: (unanimously) That :-**

- (1) The insight-based approach to engagement and coproduction activity that had led to the creation of the draft Living Well for Longer Plan be noted;
- (2) The draft Living Well for Longer Plan as outlined in Appendix 1 for the basis of consultation be approved;
- (3) That the final version of the Living Well for Longer Plan be noted, and that it be presented for approval to the Adults and Health Committee following consultation.

## 57 Q3 ADULT SOCIAL CARE PERFORMANCE SCORECARD 2021-22

Consideration was given to a report that outlined the performance data and measures related to services that fell within the responsibility of the Adults and Health Committee, from Quarter 3 of 2021/22.

The main challenges highlighted included delivery of the care at home provision, those waiting for packages of care who were in short stay beds which had a knock on effect which included an increase in nursing homes and residential admissions, reduction in direct payments, personal assistants moving in to care roles, a reduction in the number of people who do not require long term support following a period of reablement and

an increase in number of new Deprivation of Liberty Safeguards (DOLS) requests being received.

There had also been a slight increase in mental health act assessments received since coming out of the pandemic.

Members asked questions and provided comments in relation to

- The plan to deal with the pressure around Deprivation of Liberty Safeguards (DOLS), and people waiting for care;
- Of those people waiting for care, how many of those cases may lead to safeguarding issues.

It was agreed that a written response would be circulated to members in respect of the figures of people waiting for care and how many of those cases may lead to safeguarding issues.

**RESOLVED:-**

That the report be noted.

*The committee adjourned for a short break.*

**58 ADULT SOCIAL CARE SHORT TERM FUNDING STREAMS**

The committee received a report summarising the various funding streams which had been provided to support care homes, domiciliary care providers and complex care providers throughout the COVID-19 pandemic.

The funding streams supported the council's statutory duty under the Care Act to ensure that there was an effective and sustainable care market in the local area.

The main purpose of the funding received was to reduce the rate of COVID-19 transmissions within and between care settings, help support providers with COVID-19 testing, encourage take up of the COVID-19 vaccination, and support local authorities to recruit and retain staff.

Funding received had been accompanied with tight timescales for distribution along with strict criteria. Members commented that there must be realistic timescales considered by government in respect of the spending of the funding received.

**RESOLVED** That:-

The report be noted.

## 59 BETTER CARE FUND SECTION 75 AGREEMENT

The committee considered a report which sought approval, following the expiry of the current arrangement on 31 March 2022, to enter into a new Section 75 Agreement for one year, between Cheshire East Council and NHS Clinical Commissioning Group from 1 April 2022, with the possibility of a further extension of another year from 1 April 2023. Approval to enter into a new agreement would secure continued collaborative delivery of services under the Better Care Fund (BCF) umbrella and access to the available funding.

Any changes on intentions or development for future work would come back to committee for approval.

Members suggested that more detail around the explanation of the schemes which form part of the Better Care Fund would be useful for future reports.

**RESOLVED (unanimously)** That the Adults and Health Committee :-

- (1) Authorise the council to enter into a new Section 75 Agreement with NHS Cheshire CCG for a period of one year from 1 April 2022, for the council's minimum required budget, together with the option to extend that agreement for a further period of one year (subject to there being a national requirement to operate the Better Care Fund as a Section 75 pooled budget agreement until 2023/24).
- (2) Delegates authority to the Executive Director of Adults, Health, and Integration (in consultation with the Director of Governance and Compliance) to agree the terms of the Section 75 Agreement.
- (3) Delegates authority to the Executive Director of Adults, Health, and Integration (in consultation with the Director of Governance and Compliance) to extend the Agreement for 2023/24.
- (4) Authorise the Director of Finance and Customer Services to continue with pooled budget arrangements for 2022/23 for the council's revised minimum requirement.
- (5) Approve the services identified in the appendix would be considered and reviewed with the potential that they were included in the Better Care Fund Section 75 Agreement. Recommendations for the development of those additional schemes and associated formal pooling arrangements would come to the Adults and Health Committee for approval.



## 60 CARE AT HOME RECOMMISSION (DOMICILIARY CARE)

The Committee considered a report which sought approval to recommission the Care at Home Prime and Framework services within Cheshire East. It was proposed that the service would be recommissioned in conjunction with health colleagues from the Cheshire East local place.

To provide greater stability to the care market and maximise continuity of care for service users it was proposed that as part of the recommissioning of the service that the contract period be increased from a five-year maximum period to a maximum period of up to ten years. The proposed longer contract length would provide greater stability to the care market and greater continuity of care to service users, although feedback from committee members on alternative contract length was welcomed.

Engagement with providers and stakeholders would help to inform the new commission along with a review of care fees which would be undertaken by independent consultants.

Recent discussions had taken place in respect of the procurement approach and the possibility of using the new flexible purchasing system to allow new care providers to contract with the council as and when they set up. This would be subject to engagement with stakeholders.

Members raised questions and comments in relation to

- Sought assurance that the synergies of all those contracts discussed would be considered;
- Would like to gain a better understanding of terms and conditions in relation to the alignment with the CCG;
- Want to ensure providers deliver the Foundation Living Wage to their employees as oppose to tending to oncosts first;
- Geographical Lots - ensure all areas would be well served by the contract;
- Had consideration been given to use Cheshire East care workers rather than agency workers.

Members raised concerns in respect of the length of the proposed contract and the need to ensure accountability of the provider throughout the entirety of the contract.

It was proposed and seconded that the recommendations in the report be approved, subject to

- the amendments made to the wording in recommendation 3.5 of the report as highlighted below;
- In respect of those concerns listed in relation to the length of the contract a proposal was put forwarded and seconded to amend the length of the contract to five years, with a possible two-year extension.

**RESOLVED** That the Adults and Health Committee:-

- (1) Approves Cheshire East undertaking the recommissioning of care at home services for adults which are potentially procured in partnership with Cheshire Clinical Commissioning Group (or its successor), with Cheshire East Council as the lead commissioner.
- (2) Approves a contract period of five years with a possible two-year extension.
- (3) Notes that commissioners intend to engage providers and stakeholders on the proposed new model and that independent consultants have been appointed to undertake a review of care fees which will help to inform the new commission.
- (4) Delegates authority to the Executive Director of Adults, Health, and Integration to enter into a joint agreement with Cheshire Clinical Commissioning Group in consultation with the Chair of the Adults and Health Committee should a joint commission with the CCG be progressed, **following a report to the committee.**
- (5) Delegates authority to the Executive Director of Adults, Health, and Integration in consultation with the Director of Governance and Compliance and the Chair of the Adults and Health Committee to enter into contracts with the successful suppliers following the prescribed procurement process.

**61 UPDATE ON STAFFING/RECRUITMENT IN ADULT SOCIAL CARE**

The committee received an oral update on the challenges faced in respect of staffing and recruitment in adult social care, which included the following actions to address current in-house vacancies

- Simplifying the recruitment process;
- Using social media to advertise;
- Asking those who had left the authority if they would be interested in reapplying;
- Having discussions with local colleges and increasing the number of apprenticeships offered;
- Exploring retention packages for staff.

In respect of the instability with external agencies, actions included

- working with agencies to produce a promotional video which would highlight the work involved in social care;
- offer of enhancements for staff and providers
- regular advertisements

A more detailed report would be brought to committee at a future date

**RESOLVED:**

That the updated be noted.

**62 WORK PROGRAMME**

Consideration was given to the Committee's work programme.

It was agreed that the following items would be added to the work programme

- Day Opportunities Flexible Working System
- All Age Carers Strategy
- Better Care Fund S75
- Staffing and recruitment update
- Care at Home Recommission (domiciliary Care)

**RESOLVED:**

That the Work Programme be noted.

**63 MINUTES OF SUB-COMMITTEE**

**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 1.25 pm

Councillor J Rhodes (Chair)

## **Response to questions raised at 28 March Adults & Health Committee**

### **Agenda Item 4 - Public Speaking - Care at Home Recommission (domiciliary care)**

Mr Clarke asked the following two questions

- 1) Why had the Executive Director of Adult Health Care and Integration told providers that the committee members that they had spoken to had agreed that there was no more money than 6% uplift available to offer to care providers which would make a maximum tender of £19.07 per hour, yet the Home Care Association stated that the minimum cost of care was £21.43 so why had this not been brought to committee for a full discussion?
- 2) As a provider a contract had already been agreed and signed with Cheshire East Council which extended the current contract to November 2023. At agenda item 12 of today's meeting, how was it that officers were recommending a new proposed tender process that would mobilise providers by 1 May 2023, some six months before the end of the contract with client providers yet an email from Cheshire East Council dated Friday 23 March 2023 categorically stated that the contract would not start in May 2023.

The Executive Director for Adults, Health and Integration agreed to provide a full written response to Mr Clarke's questions.

### **Response**

Dear Mr Clarke,

Thank you for attending Adults and Health Committee on 28<sup>th</sup> March 2022 on behalf of Care at Home providers.

The 6% fee uplift you refer to is being funded from the Market Sustainability Fund for which Cheshire East Council expects to receive an allocation of just under £1 million for 2022/23. The decision to award all of the allocation solely to Care at Home providers was taken by the Executive Director of Adults, Health and Integration. This is in accordance with the Council's constitution and complies with the Council's Financial Scheme of Delegation. As the funding did not exceed £1 million there is no requirement under the Constitution for the recommended fee uplift to be presented to Committee for a decision.

The process for decision making for funding that exceeds £1 million is that Council Officers make recommendations that are debated and ratified (or not as the case may be) at Committee. In making recommendations that incur such a level of expenditure Officers must identify the source of the funding. Any request for a funding decision that does not identify a funding source could not be ratified by the Committee and indeed would be unlikely to be tabled as the lack of a funding source would be picked up by

the Council's internal checks and balances on the report's journey to Committee.

As explained by the Executive Director of Adults, Health and Integration the only funding available for fee uplifts in 2022/23 is the Market Sustainability Fund which as you are aware was used solely to fund a fee uplift for Care at Home providers.

The Council estimates it will receive a higher funding allocation from the Market Sustainability Fund in 2023/24 and 2024/25 and additional funding for fee uplifts in 2023/24 has also been identified as part of the Council's Medium Term Financial Strategy.

With regard to the issue you raise around your existing contract and the recommissioning process I can advise that Commissioners are seeking to extend the Care at Home contracts and that care providers will be contacted about this shortly.

With regard to the commissioning timetable I can advise that the mobilisation period does commence on 1<sup>st</sup> May 2023 but this is not the same as the start date of the new contracts, which are due to commence on 31<sup>st</sup> August 2023. In any commissioning process of this size there will always need to be a significant mobilisation period to ensure that there is a safe and effective handover of care packages and to allow the required consultation period for any staff transferring to a new provider under TUPE regulations. During the mobilisation period outgoing providers will still be contracted by the Council on the same terms and conditions and able to pick up new packages of care.

I hope this helps to clarify the issues and I would like to thank you again for attending the meeting.

Kind regards

**Helen Charlesworth-May** | Executive Director – Adults, Health and Integration |  
**Cheshire East Council**

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### **Agenda Item 7 (Minute no. 55) – All Age Carers Strategy**

A written response to be circulated to members in relation to the question raised in respect of carers caring for 50 hours or more per week, to include more recent figures.

#### **Response**

##### **Carers Strategy Data**

At the Adults & Health Committee on the 28 March 2022 there was a query with regards to the data used on page 22 of the Carers Strategy <https://moderngov.cheshireeast.gov.uk/documents/s93322/1b.%20Appendix%201%20-%20All%20Age%20Carers%20Strategy.pdf>

The data used within the Strategy is the 2011 Census data, this is the most up to date Carers data currently available. The 2021 Census data is due to be released later this year (potentially up to Spring 2023). A note will be included within the Carers Strategy stating the source of the data used (Census 2021) also stating that it will be updated

once the 2021 Census data is available.

### **Live Well for Longer Plan**

The Easy Read version of the Live Well for Longer Plan is currently being finalised and will be included within the documentation for the Live Well for Longer Plan consultation, which is due to go live on the 11<sup>th</sup> May.

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