

Adults and Health Committee

Agenda

Date: Monday, 18th July, 2022
Time: 10.00 am
Venue: Committee Suite 1,2 & 3, Westfields, Middlewich Road,
Sandbach CW11 1HZ

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.

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 - 10)**

To approve as a correct record the minutes of the previous meeting held on 30 May 2022.

For requests for further information

Contact: Karen Shuker

Tel: 01270 686459

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

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. **The Brocklehurst Centre - Future Options (Pages 11 - 42)**

To consider a report on the future of the Brocklehurst Centre and the future of dementia day opportunities in Macclesfield.

6. **Financial incentives to support smoking cessation (Pages 43 - 56)**

To consider a report which seeks a decision on whether to implement a financial incentive scheme as a pilot project.

7. **Terms of Reference for the Place Partnership Committee (Pages 57 - 90)**

To note the new governance arrangements for local Health and Care services, and to support the Terms of Reference for the new Place Partnership Board.

8. **Trailblazer Blazer Programme Update**

To receive an oral update on the Trailblazer Programme – Adult Social Care Reform.

9. **Update on Public Health Grant (Pages 91 - 96)**

To receive an update report summarising the allocation of the public health ring fenced grant to key areas of spend over the last 3 years.

10. **Work Programme (Pages 97 - 100)**

To consider the Work Programme and determine any required amendments.

11. **Minutes of Sub-Committee (Pages 101 - 112)**

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

Cheshire East Health and Wellbeing Board

- 22 March 2022
- 21 June 2022

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 Monday, 30th May, 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, A Critchley, S Gardiner, L Jeuda, A Kolker,
D Murphy, R Vernon, J Weatherill, N Wylie and D Edwardes

OFFICERS IN ATTENDANCE

Jill Broomhall, Director of Adult Social Care
Shelley Brough, Head of Integrated Commissioning
David Brown, Director of Governance and Compliance
Helen Charlesworth-May, Executive Director of Adult, Health and Integration
(Attended virtually via Microsoft Teams)
Mark Hughes, Senior Commissioning Manager
Stephen Kelly, Senior Communications Officer
Deborah Nickson, Legal Team Manager (People) Deputy Monitoring Officer
Brian Reed, Head of Democratic Services and Governance
Patrick Rhoden, Lead Finance Business Partner
Karen Shuker, Democratic Services Officer
Andrew Turner, Public Health Consultant
Deborah Upton, Senior Lawyer, Governance (Attended virtually via Microsoft
Teams)
Dr Matt Tyrer, Director of Public Health

1 APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor B Evans. Councillor
D Edwardes attended as substitute.

2 DECLARATIONS OF INTEREST

There were no declarations of interest.

3 MINUTES OF PREVIOUS MEETING

That the minutes of the meeting held on 28 March 2022 be approved as a
correct record.

4 PUBLIC SPEAKING/OPEN SESSION

There were no public speakers.

5 PLACE PARTNERSHIP BOARD UPDATE

The committee considered a report which noted the progress on the new governance arrangements for local Health and Care services. The committee were asked to consider and comment on the proposed joint scrutiny arrangements for Cheshire & Merseyside and approve the amended 'Protocol for the establishment of Joint Health Scrutiny Arrangements in Cheshire and Merseyside'.

The Committee heard that the joint health scrutiny arrangements would collectively take on the statutory responsibility to oversee and scrutinise the operation of the ICS at Cheshire and Merseyside level or any part of it, where more than one authority was affected.

There was extensive debate on how the figures on political balance had been arrived at, and members were advised that the Committee must be politically balanced across the whole region, which resulted in one Labour member from each Council and one Independent from Cheshire East, as this had the highest number of Independent councillors. Some members were unhappy with the political balance arrangements and a question was asked as to whether the Council could challenge the decision on political balance through the Secretary of State? It was agreed that the Director of Governance and Compliance would provide a written response to this question.

Members sought reassurance that Cheshire East would not be disadvantaged by the arrangements, and they were informed that this would not affect the ability of the Council to scrutinise health decisions which affect their area.

Members also questioned where the membership would be drawn from? Some members felt this should be from the existing Scrutiny Committee as they had expertise in this area.

RESOLVED that:

1. The progress to date on the Place Partnership Board be noted.
2. The Adults & Health Committee Recommend to Council that the establishment of a Cheshire and Merseyside Integrated Care System Joint Health Scrutiny Committee be approved.
3. That the amended 'Protocol for the establishment of Joint Health Scrutiny Arrangements in Cheshire and Merseyside' be adopted.

(Councillor J Clowes, Councillor S Gardiner and Councillor A Kolker requested it be minuted that they voted against the recommendations).

6 ADULTS AND HEALTH BUDGETS 2022/23

The committee received the report which determined the allocation of the approved budgets for 2022/23 to the Adults and Health Committee.

There would be monitoring reports coming to committee throughout the year which would demonstrate how the Council was measuring demand, dealing with price pressures, and how delivery of the planned savings was progressing.

There was a request that a footnote be inserted in relation to the European Social Fund Income for Journey First and Parents First to make it clear that this funding was administered from the Department of Work and Pensions.

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

- Had conversations started following the publication of the Newton report in respect of adult social care fees and the difficulties experienced with the care market;
- Public Health Grant – Were there specific things that this would be spent on.

It was agreed that a summary of the Newton report would be brought to committee and considered as part of the implementation of policy going forward.

RESOLVED (Unanimously) that :-

1. The decision of the Finance Sub-Committee to allocate the approved capital and revenue budgets, related policy proposals and earmarked reserves to the Adults and Health Committee be noted.
2. The supplementary estimates already approved as set out in Appendix B, Tables A and B of the report be noted.
3. The supplementary estimates set out in Appendix B, Table C of the report be noted.
4. That the Adults and Health Committee recommend to Council to approve the supplementary estimate set out in Appendix B, Table D of the report.
5. The financial reporting timetable as set out in Appendix C of the report be noted.

7 PROVIDING FINANCIAL INCENTIVES TO SUPPORT SMOKING CESSATION

The Committee received a report which sought the views of the Adults and Health Committee on the appropriateness of commencing a project to test the effectiveness of using financial incentives to stop smoking.

The report outlined the issues and evidence in respect of a scheme based on financial incentives.

There was extensive debate and concerns were raised by some Members in respect of the pilot being susceptible to abuse. Members provided comments and questions which included:

- Should people be provided with financial incentives to give up smoking;
- Neither drug users or alcohol users are given finance incentives;
- To deliver this kind of service would require work with individuals within households, what service would Cheshire East Council provide?
- Can't implement services for pregnant women without looking at the entire household;
- Support the idea of providing Love to Shop vouchers rather than cash;
- Should we be trying to get an understanding of why people smoke

RESOLVED (by majority) that:-

1. Noted the contents of the report.
2. Agreed that a formal decision report be brought to the meeting of the Adults and Health Committee on the 18th July 2022, at which the Committee would make a final decision on which of the options presented in the report would be taken forward.

The committee adjourned for a short break

8 CHESHIRE EAST DAY OPPORTUNITIES STRATEGY 2022-2027 DELIVERY PLAN

The Committee received a report which sought approval for the Cheshire East Day Opportunities Strategy Delivery Plan.

The delivery plan would support the development of the transformation of day opportunities, which would create a high quality and diverse range of provision in the borough. The delivery plan would be key to supporting the successful implementation of the Cheshire East Day Opportunities Strategy 2022-2027.

There was extensive discussion and concerns were raised by some Members about supporting the recommendation in the report without further detail in respect of timelines, safeguarding surrounding those purchasing services, and more details around those people that the Council would be working with.

It was also requested that the easy read version of the document be reviewed as it was felt that some users may find it difficult to understand.

The committee requested information from the project delivery group which had been set up to focus on the delivery plan of the strategy.

RESOLVED that:-

A quarterly report be brought to committee on the progress of the strategy.

Councillor R Vernon left the meeting and did not return.

9 UPDATE ON THE LEARNING DISABILITIES CONFERENCE

The Committee received an update on the Learning Disabilities Conference scheduled for 20 June at Cranage Hall. There had been a good uptake on providers and the day would include presentations, market stalls, music with the theme focusing on the past, present, and future.

RESOLVED:-

That the update be noted.

10 APPOINTMENTS TO SUB-COMMITTEES, WORKING GROUPS, PANELS, BOARDS AND JOINT COMMITTEES

The committee considered its appointments to the Cheshire East Health and Wellbeing Board and the Joint Extra Care Housing Management Board, with one member to be nominated by the committee to each.

RESOLVED (Unanimously)

1. That Councillor J Rhodes be appointed to the Cheshire East Health and Wellbeing Board as one its three voting councillors.
2. That Councillor A Moran be appointed to the Joint Extra Care Housing Management Board as one of the council's three members represented on the Board.

11 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, dates to be confirmed:

- Day Opportunities Strategy Delivery Plan;
- A quarterly report be brought to committee on the progress of the Day Opportunities Strategy Delivery Plan following each meeting of the Project Delivery Group.

It was agreed that the Fair Cost of Care Market Sustainability Plan item scheduled for July would include the following:

- Economic justification of agency social workers rather than Cheshire East workers;

- Newton report summary.

A suggestion was made that members may find it useful to attend a site visit or a virtual tour as part of the Brocklehurst Centre item which was scheduled for the 18 July committee. It was noted that the Economy & Growth committee would also be considering this item so a request for a cross Council approach to that area be considered.

RESOLVED:

That the work programme be approved subject to the inclusion of the amendments outlined above

12 MINUTES OF SUB-COMMITTEE

Following a question in respect of quoracy at the meeting of the Cheshire East Health and Wellbeing Board it was agreed that the minutes of the meeting held on 22 March 2022 would be brought back to the next Adults and Health Committee.

RESOLVED:-

That the minutes of the Cheshire East Health and Wellbeing Board held on 22 March 2022 be brought to the 18 July Adults and Health Committee.

The meeting commenced at 10.00 am and concluded at 12.39 pm

Councillor J Rhodes (Chair)



Working for a brighter future together

Adults and Health Committee

Date of Meeting:	18 July 2022
Report Title:	The Brocklehurst Centre – Future Options
Report of:	Nichola Thompson, Director of Commissioning
Report Reference No:	AH/05/2022-23
Ward(s) Affected:	Macclesfield and surrounding wards

1. Purpose of the Report

- 1.1 A consultation and engagement process has been undertaken on the future of the Brocklehurst Centre and the future of dementia day opportunities in Macclesfield.
- 1.2 This report will detail the steps taken as part of the consultation and the key findings that have emerged during the consultation period.
- 1.3 The findings and evidence obtained will support a recommendation on the future of the Brocklehurst Centre, which will determine the best way to support people with dementia in Macclesfield who access day opportunities, both now and in the future

2. Executive Summary

- 2.1. The Brocklehurst Centre provides a day service for adults living with dementia in Macclesfield and the surrounding areas, with a capacity of 10 places per day.
- 2.2. COVID 19 has severely impacted on the ability of day opportunities services to operate at full capacity and some services (including The Brocklehurst Centre) have remained closed, where the buildings have been unable to facilitate safe social distancing for the individuals who attend.
- 2.3. Over this period the assessed needs of many of those who accessed the Brocklehurst Centre prior to closure have advanced. 6 people have gone into residential care, and two are deceased. As a result, only 4 of the 12

people who attended prior to March 2020 are currently accessing alternative day services or would be able to do so.

- 2.4. A consultation and engagement process took place between February and May 2022, with a wide range of stakeholders. This included people who access the service and their carers, staff, trade unions, local councillors, and a wider public consultation on dementia day services in Macclesfield.
- 2.5. Some of the key themes and feedback from the consultation when considering future service provision, have centred around social interaction and friendship being important factors for people who attend dementia day opportunities. Having a safe and secure building is also a key consideration, as well as helpful, friendly, and highly trained staff. The service being local and accessible to people in Macclesfield was another key factor for people who attend and their carers.
- 2.6. Throughout the consultation nobody has formally objected to the potential closure of the Brocklehurst Centre.
- 2.7. We will also be using the findings from the consultation to shape future day opportunities for people to use.
- 2.8. Considering the current closure, several potential options around the Brocklehurst Centre have been proposed. The Council needs to consider what is the best way in the future to provide support to those who access day opportunities at The Brocklehurst Centre
- 2.9. Based on the feedback from stakeholders the recommended option would be to close the provision of day opportunities at The Brocklehurst Centre and relocate the service to a dedicated dementia unit within the Mayfield Centre.
- 2.10. The benefits of relocating the service to the Mayfield Centre include:
 - Better facilities including wider corridors, accessible toilets, and bathing facilities (which aren't available at The Brocklehurst Centre) to support those with personal care needs
 - Future proofing the service against any resurgence of COVID 19 with greater space to facilitate social distancing
 - It can support more people daily than the Brocklehurst Centre (12 people, compared to 10)
 - The ability to support people with multiple care needs on one site, including those with learning disabilities, physical disabilities, and older people as well as people with dementia
 - A larger car park with a dedicated drop off area, which would benefit carers who drive family members to the service.
 - The ability to make the service more resilient to fluctuations in staffing levels and staff absence, with all staff being on one site
 - Greater scope for future service development as Mayfield is on a larger site and could be used to develop different activities both indoors and outdoors

- A financial saving of £19,195 per annum in building costs for the Brocklehurst Centre would be achieved
- The opportunity to re-use The Brocklehurst Centre building in a different way to benefit the local community.

2.11. In terms of transport implications, both the Brocklehurst Centre and the Mayfield Centre are in accessible locations in Macclesfield, which are close to local bus routes (both centres are less than 1 mile apart). Therefore, there will be minimal impact on people who access the service and carers would not need to undertake longer journeys by road.

2.12. This proposed approach firmly aligns with the future strategic vision for day opportunities in Cheshire East and the priorities within the Cheshire East Corporate Plan 2021-2025 (See Section 3) by improving services closer to home for those with dementia and making the best use of community assets through communication and engagement with local people.

3. Recommendations

3.1. Close the provision of day opportunities at The Brocklehurst Centre and relocate the service to The Mayfield Centre.

4. Reasons for Recommendations

4.1. The recommendation on the future of The Brocklehurst Centre aligns with the following aims and objectives within the Council's Corporate Plan 2021-25 and will produce the following benefits for local people.

- **Reduce the reliance on long term care by improving services closer to home and providing more extra care facilities, including dementia services** – The facilities at The Mayfield Centre are an improvement on the current offer provided at The Brocklehurst Centre. It also ensures that day opportunities provision for people with Dementia can continue to be provided locally in Macclesfield.
- **A commitment to protect the most vulnerable people in our communities** – The relocation to the Mayfield Centre will provide an enhanced day opportunities provision in Macclesfield. This also makes the best use of existing community assets by using a site that supports multiple care needs. It will also better ensure that provision meets the needs of those individuals with dementia (including those with personal care needs) and deliver positive outcomes for users, families, and carers.
- **Promote and develop the services of the council through regular communication and engagement with all residents.** – By consulting on the future of The Brocklehurst Centre, this has ensured that the wider views of stakeholders have been considered regarding any potential service changes.

5. Other Options Considered

Continue to Deliver Services from the Brocklehurst Centre

- 5.1. The Brocklehurst Centre could be re-opened under current guidelines, but the layout of the building means there is an inability to safely facilitate social distancing (if there was a future resurgence of COVID 19). This would result in the service not being financially viable as well as more disruption to families and carers (see 6.1-6.6 for more information on the Brocklehurst Centre facilities and deficiencies in relation to the building).

Utilise Dementia Day Services in other parts of Cheshire East and In the Independent Sector

- 5.2. Another option would be to allocate places at other Care4CE day services or another external commissioned day services across Cheshire East which support people with dementia. The negative impact of this would potentially be that some individuals with dementia would need to travel longer distances to access other services across the borough. Day opportunities are currently undergoing a transformation in Cheshire East and there could be new services developed in the future, but at present this is in a formative stage.

6. Background

- 6.1. The Brocklehurst Centre provides a day service for adults living with dementia in Macclesfield and the surrounding areas. The Brocklehurst Centre had a capacity of 10 people per day prior to the service closing in March 2020 due to the lockdown. On average 12 people attended the centre each week, with attendance varying day to day.
- 6.2. All people who attended the Brocklehurst Centre live in Macclesfield.
- 6.3. Throughout the pandemic, those who attended the Brocklehurst Centre have undergone assessments of their care and support needs and as a result some individuals assessed needs have changed over time.
- 6.4. As a result of the 12 people who attended the Brocklehurst Centre prior to the service closing in March 2020, only 4 people are either accessing day services or would be able to do so.
- 6 have had an escalation of their care needs and are now in long term residential care
 - 3 are attending other Care4CE day services (2 at Mayfield Centre, 1 at Redesmere)
 - 1 is receiving support at home
 - 2 are deceased
- 6.5. COVID 19 has severely impacted on the ability of day opportunities services to operate at full capacity or reopen at all. The Brocklehurst Centre has

remained closed, as the building has been unable to facilitate safe social distancing for the individuals who attend.

Alternative Day Opportunities Provision

- 6.6. With the service currently closed there are several potential alternative options for people who attend the Brocklehurst Centre now or may do so in the future. This will ensure that people with dementia are provided with the best service that meets their needs.

Option 1 – Relocate the Brocklehurst Centre to the Mayfield Centre

- 6.7. The Mayfield Centre currently provides a day service for adults in Macclesfield and the surrounding areas. The centre caters for people with learning disabilities, physical disabilities, and older people.
- 6.8. A dementia unit has been developed within the current building at the Mayfield Centre, which would have the potential to accommodate people with dementia including those from the Brocklehurst Centre.
- 6.9. Mayfield has a skilled and dedicated team who promote a relaxed atmosphere. It provides broad range of tailored activities to suit the individual with a strong focus on orientation and reminiscence with the sharing of memories and experiences as well as providing valuable carer respite.
- 6.10. The dementia unit at Mayfield can accommodate 12 people per day (compared to 10 at The Brocklehurst Centre).
- 6.11. The accessible toilets are also superior at the Mayfield Centre and will lead to an improvement in the facilities of those who have personal care needs.
- 6.12. The Mayfield Centre building also offers a bathing facility as part of the day service offer, or the ability for personal assistants to utilise the facilities.
- 6.13. In terms of accessibility, it is in Macclesfield (approximately 1 mile from the Brocklehurst Centre) and is close to local bus routes.
- 6.14. The site is larger than the Brocklehurst Centre both indoors and outdoors and offers greater scope for future service development and the sharing of staff across the site to meet fluctuating service demand.
- 6.15. The cost for the formation of a dementia unit at Mayfield has been £18,664.

Option 2 – Continue to Deliver Services from the Brocklehurst Centre

- 6.1. The Brocklehurst Centre also benefits from similar facilities to the Mayfield Centre and contains highly skilled staff with person centered activities and reminiscence area with the sharing of memories and experiences, as well as providing valuable carer respite.
- 6.2. It too is based in Macclesfield and is close to a local bus route.

- 6.3. The negative aspect in terms of the environment of the Brocklehurst Centre is the layout of the building and the narrow corridors. In the event of another wave of COVID 19, it would be hard to safely facilitate social distancing for the number of individuals who would want to attend and ensure that the service was financially viable.
- 6.4. The Brocklehurst Centre also lacks the same standard of facilities that are available at Mayfield Centre such as the accessible toilets and bathing facilities to support those with personal care needs.
- 6.5. Car parking facilities and outside space are also very limited at the Brocklehurst Centre compared to The Mayfield Centre.
- 6.6. The annual building costs for The Brocklehurst Centre when the service was fully operational was £19,195. If the service was relocated to The Brocklehurst Centre this would result in a financial saving.

Option 3 - Utilise Dementia Day Services in Other Parts of Cheshire East and in the Independent Sector

- 6.7. There are several other day opportunities services in other parts of Cheshire East that support people with dementia. These include Care4CE services such as Redesmere (Handforth) and Salanie (Middlewich). In the independent sector there is West Street (Congleton) and Betamindes (Crewe).
- 6.8. This would mean individuals living in Macclesfield with dementia would need to travel considerable distances to access other services which are in areas such as Wilmslow, Congleton, Middlewich or Crewe, to find a service that meets their needs.
- 6.9. Day Opportunities services in Cheshire East are currently undergoing a transformation, which could result in new forms of dementia day opportunities provision. However, there is currently no other service provision up and running locally and this could take time to mobilise. The potential for engaging and working with the market has been adopted in the past by commissioners to find a solution to tackle gaps in service. Some people may also opt to take a direct payment which would offer even greater choice and control.

7. Consultation and Engagement

- 7.1. Extensive consultation and engagement on The Brocklehurst Centre has been undertaken between February-May 2022. This has included a wide range of stakeholder groups including people who use services, families, carers, local ward members and the wider population. There has also been ongoing consultation with Care4CE staff and Trade Unions.
- 7.2. Consultation and engagement activities have been undertaken with carers and people who access the service by a variety of methods including face to face meetings, telephone contacts and surveys. Throughout this process

we have made appropriate reasonable adjustments under the Equality Act 2010 to ensure that all stakeholders can fully participate in the consultation process.

- 7.3. Feedback from the consultation and engagement process was obtained from 4 people who have remained in the community who attended the Brocklehurst Centre prior to March 2020. This included face to face interviews and telephone consultations.
- 7.4. The most important aspects of future day opportunities support were having highly trained staff onsite and an environment that was safe and secure. No negative responses were received on the potential for using the Mayfield Centre in the future for a dementia day service, with 2 people already receiving support there currently.
- 7.5. A wider survey on dementia day opportunities in Macclesfield was then issued via the council website and promoted to partner organisations and through social media.
- 7.6. 19 survey responses were received in total. Key feedback from the survey questions indicated that:
 - **When developing day opportunities for people with dementia** - social interaction including making friends and engaging with other people' was considered the most important factor, along with focusing on individual strengths and goals.
 - **In terms of what people currently like about services** - staffing and being safe featured highly, with the main dislikes being lack of service available to them which were in suitable buildings (including lack of availability on certain days).
 - **When choosing a dementia day opportunities service** - having friendly and helpful staff who treat people with respect was the most important consideration, along with a service that provides respite for carers.
- 7.7. The Brocklehurst Centre is a satellite of the Mayfield Centre, so no Care4CE staff are directly employed to work at the site. Staff have been kept informed and encouraged to complete the survey as part of the consultation.
- 7.8. Alongside this Trade Unions have been fully informed of the consultation and have been updated regularly at the Joint Consultation and Negotiation Panel (JCNP).
- 7.9. The timeline below details the steps that has been undertaken as part of the consultation and engagement.

February 2022

- Briefing to local ward members

March 2022

- 1-1 meetings with people, carers, and families (virtual and face to face)
- Care4CE Staff Meetings
- Engagement with Trade Unions

April 2022

- Wider survey on Dementia Day Services in Macclesfield issued via the Cheshire East Council website

June 2022

- Report begins journey with the destination being approval at Adults and Health Committee

July 2022

- Report with recommendation on the future of the Brocklehurst Centre goes to Adults and Health Committee

8. Implications

8.1. Legal

8.1.1 As part of its duties under the Care Act (2014), the Council must meet assessed eligible needs for those people eligible for care and support. The Council has a duty to provide support by way of direct provision or direct payment where care and support is set out in an adult's care and support plan. Whilst day services provision provided directly by the Council has been used to meet needs it is not in itself a prescribed statutory service.

8.1.2 Paragraph 10.27 of the Care and support statutory guidance updated 27 August 2021 issued by the Department of Health and Social Care provides as follows-

8.1.3 In determining how to meet needs ,the local authority has also take into reasonable consideration its own finances and budgetary position, and must comply with its related public law duties .This includes the importance of ensuring that the funding available to the local authority is sufficient to meet the needs of the entire local population .The local authority has also reasonably considered how to balance that requirement with the duty to meet the eligible needs of an individual in determining how an individual's needs should be met (but not whether those needs are met).

8.1.4 Consultation and engagement have been undertaken at a stage when proposals around the Brocklehurst Centre were still at the formative stages and the Council has provided the consultees with sufficient information to enable them properly to understand the proposals being consulted upon and to express a view in relation to it. The information must be clear, concise, and accurate and must not be misleading. The consultation and

engagement activities have taken place between February and May 2022 and people have been given adequate time to consider the proposals and to respond. The Council has also given genuine and conscientious consideration to the responses received from the consultees before making the final decision on the proposals.

- 8.1.5 The recommendation which results in a change to the way in which services are currently provided has included widespread engagement with stakeholders including people who access day opportunities.
- 8.1.6 There are currently no procurement related issues to consider at this stage as this report only deals with issues relating to the closure of the Brocklehurst Centre and the subsequent relocation of those services to the Mayfield Centre,
- 8.1.7 If the relocation of these services is approved and an enhanced service provision is put in place at the Mayfield Centre, officers will be expected to conduct any subsequent procurement of these services in accordance with the appropriate provisions of the Public Contracts Regulations 2015.

8.2. Finance

- 8.2.1 There are no financial implications or changes needed to the councils Medium Term Financial Strategy (MTFS) because of the recommendation to consult in this report. Savings relating to Day Opportunities for 2021/22 have already been achieved and will be regularly monitored to track progress for future years.
- 8.2.2 Financial considerations of each of the options have been presented and will form part of the information shared with decision makers following the consultation.
- 8.2.3 In terms of financial savings made by the closure of the Brocklehurst Centre, this would only be applicable to annual building costs of £19,195. There are no financial savings relating to staffing as those working at the Brocklehurst Centre are part of the wider Mayfield service.
- 8.2.4 All of the equipment, furniture and furnishings at the Brocklehurst Centre would be relocated to the Mayfield Centre.

8.3 Policy

- 8.3.1 The Care Act (2014) places people and their carers in greater control of their care and support needs. The Act is particularly pertinent to how day opportunities provision is commissioned and how support is arranged and aims to give greater control and influence on those in need of support.

This includes encouraging people to think about what outcomes they want to achieve in their lives, with a greater emphasis on prevention.

8.3.2 The recommended approach on the future of The Brocklehurst Centre firmly align to several priorities within the Cheshire East Corporate Plan 2020-2025 (see 4.1).

8.4 Equality

8.4.1 As part of its decision-making process, the Council must have 'due regard' to its equality's duties. Under section 149 of the Equality Act 2010, the Council in exercise of its adult care and support functions ,must have 'due regard' to the need to eliminate discrimination ,advance equality of opportunity between persons who share a protected characteristic and those who do not ,foster good relations between persons who share a relevant protected characteristic and persons who do not in order to tackle prejudice and understanding .The protected characteristics are age, gender reassignment ,disability ,pregnancy and maternity .race, religion or belief ,sex and sexual orientation.

8.4.2 Under the Equality Act (2010), the Council is required to identify the impacts of any decisions, policies etc. on certain protected groups to ensure equality is promoted, and inequality minimised. For example, there must be an assessment made of the impacts on groups or individuals who are disabled, including mental health problems, who belong to ethnic or racial groups, on the grounds of age or sex discrimination etc. An Equality Impact Assessment can both assist in evidencing that these equality duties are being met and inform decision making.

8.4.3 The Council is required to give serious, substantive, and advance consideration of what (if any) the proposals would have on the protected group and what mitigating factors can be put in place. This exercise must be carried out with rigour and an open mind and should not be a form of box ticking. These are mandatory considerations.

8.4.4 An Equality Impact Assessment has been completed (see Appendix 1)

8.5 Human Resources

8.5.1 All the staff who work at Brocklehurst Centre are part of the wider Mayfield service. All staff who worked at the Brocklehurst are currently working at the Mayfield Centre.

8.5.2 Trade union engagement will continue to be an integral part of the process. Regular updates have been provided to Trade Unions have been fully informed of the consultation and have been updated regularly at Joint Consultation and Negotiation Panel (JCNP).

8.6 Risk Management

8.6.1 Any proposals to change the way the service is currently delivered at The Brocklehurst Centre will present challenges and risks.

8.6.2 See below identified risks with mitigation.

Changes and disruption due to any future resurgence of COVID 19 resulting to the temporary closure of services

- Moving to the Mayfield Centre would ensure that improved social distancing would be possible to ensure service provision could be maintained.
- Additional interim measures to support the needs of people using the service (Outreach support, welfare calls) could be provided.
- Systems are in place to ensure services would be supported for appropriate PPE.

Impact on carers and people who access the Brocklehurst Centre who are concerned about change

- Support carers and people who access day opportunities and keep them informed about service changes and any transitional arrangements put into place.
- Ensure co-production of the new service at the Mayfield Centre with involvement of people who access day opportunities and carers.

Negative impact on existing friendships and support networks from changes

- Aim to maintain and support existing friendship groups wherever possible with individuals who wish attend together on certain days.

Impact on staff who may affected by the impact of service changes

- Regular consultation and engagement with staff to develop the new model.

8.7 Rural Communities

8.7.1 Individuals and staff living in the rural areas of Macclesfield can access the Mayfield Centre either by car or by public transport with the centre being located close to local bus routes.

8.8 Children and Young People/Cared for Children

8.8.1 There are no direct implications for Children and Young People/Cared for Children.

8.9 Public Health

8.9.1 Through continued joint working with the Public Health Team and Primary Care, the future service provision for people accessing The Brocklehurst Centre will continue to promote healthy lifestyles with its people who access day opportunities.

8.9.2 Improved person-centred approaches can reduce the inequalities that arise from a standardised approach. Thorough consultation and intelligence on inequalities opportunities can be robustly evaluated to ensure that they do not risk widening inequalities.

8.10 Climate Change

8.10.1 The recommendation of the closure of the service provided at the Brocklehurst Centre does not have a negative impact on carbon reduction measures, as the alternative local provision is to be established locally at the Mayfield Centre.

8.10.2 This means that people won't undertake longer journeys by road. The recommended approach ensures that any alternative service provision is made available closer to home in the local communities in and around Macclesfield.

Access to Information	
Contact Officer:	Mark Hughes Senior Commissioning Manager mark.hughes@cheshireeast.gov.uk
Appendices:	Appendix 1- Equality Impact Assessment Appendix 2- Developing Dementia Day Opportunities in Macclesfield Survey Findings
Background Papers:	Cheshire East Corporate Plan 2021-2025 https://www.cheshireeast.gov.uk/council_and_democracy/your_council/council_finance_and_governance/corporate-plan.aspx

CHESHIRE EAST COUNCIL – EQUALITY IMPACT ASSESSMENT FORM TEMPLATE

EQUALITY IMPACT ASSESSMENT

TITLE: The Brocklehurst Centre – Future Options

VERSION CONTROL

Date	Version	Author	Description of Changes
13/10/21	1	M Hughes	
2/02/22	2	M Hughes	Refresh prior to embarking on Consultation
11/05/22	3	M Hughes	Refreshed following Consultation

CESHIRE EAST COUNCIL –EQUALITY IMPACT ASSESSMENT

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

Department	Integrated Commissioning Team		Lead officer responsible for assessment		Peter Kelleher	
Service	People Services		Other members of team undertaking assessment			
Date			Version 3			
Type of document (mark as appropriate)	Strategy	Plan	Function	Policy	Procedure	Service
						X
Is this a new/ existing/ revision of an existing document (please mark as appropriate)	New		Existing X		Revision X	

<p>Title and subject of the impact assessment (include a brief description of the aims, outcomes, operational issues as appropriate and how it fits in with the wider aims of the organisation)</p> <p>Please attach a copy of the strategy/ plan/ function/ policy/ procedure/ service</p>	<p>This EIA is focused on a consultation around the future of The Brocklehurst Centre</p> <p>The Brocklehurst Centre provides a day service for adults living with dementia in Macclesfield and the surrounding area.</p> <p>COVID 19 has severely impacted on the ability of day opportunities services to operate at full capacity and some services (including The Brocklehurst Centre) have remained closed, where the buildings have been unable to facilitate safe social distancing for the individuals who attend.</p> <p>Considering the current closure, several potential options for consultation around The Brocklehurst Centre have been proposed. The Council needs to consider what is the best way in the future to provide support to those who access day opportunities at The Brocklehurst Centre.</p> <p>This proposal aligns with the future strategic vision for day opportunities in Cheshire East and the priorities within the Cheshire East Corporate Plan 2021-2025 by improving services closer to home for those with dementia and making the best use of community assets through communication and engagement with local people.</p> <p>Consultation</p> <p>A consultation with stakeholders on several potential options for the future of The Brocklehurst Centre and dementia day services in Macclesfield has been undertaken between February-May 2020</p>
<p>Who are the main stakeholders, and have they been engaged with? (e.g. general public, employees, Councillors, partners, specific audiences, residents)</p>	<ul style="list-style-type: none"> - Ward Members (Macclesfield) - People who currently access The Brocklehurst Centre - Carers/family members of those who access The Brocklehurst Centre - Care4CE Staff working at The Brocklehurst Centre - Residents in the local area (Macclesfield) who may have a view or opinion on any future use if the site or potentially attend The Brocklehurst Centre in the future
<p>Consultation/ involvement carried out</p>	<p>The consultation will be undertaken between February-May 2022</p>

What consultation method(s) did you use?	A variety of consultation and engagement methods has been undertaken including: <ul style="list-style-type: none">- Briefing to Local Ward Members- Face to Face Meetings- Virtual Meetings/Telephone- Staff Consultations/Meetings with Unions- Wider Survey online via CEC Website on Dementia Day Services in Macclesfield
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Stage 2 Initial Screening

<p>Who is affected and what evidence have you considered to arrive at this analysis? (This may or may not include the stakeholders listed above)</p>	<ul style="list-style-type: none"> - People who currently access The Brocklehurst Centre - Carers/family members of those who access The Brocklehurst Centre - Care4CE Staff working at The Brocklehurst Centre - Residents in the local area (Macclesfield) who may have a view or opinion on any future use if the site or potentially attend The Brocklehurst Centre in the future
<p>Who is intended to benefit and how</p>	<p>People who attend The Brocklehurst Centre and residents in Macclesfield who could potentially access day services in the future</p>
<p>Could there be a different impact or outcome for some groups?</p>	<p>That will be the subject of this EIA. It is possible that there may be some indirect negative impacts for the proposal for certain groups.</p>
<p>Does it include making decisions based on individual characteristics, needs or circumstances?</p>	<p>Yes</p>
<p>Are relations between different groups or communities likely to be affected? (eg will it favour one particular group or deny opportunities for others?)</p>	<p>It will favour people with dementia (mainly older people and their carers/relatives), but this is not expected to give rise to any community tension.</p> <p>Further work has been undertaken to consult with the wider population living in Macclesfield who may be affected by the potential service changes in the future.</p>
<p>Is there any specific targeted action to promote equality? Is there a history of unequal outcomes (do you have</p>	<p>There is currently a wider review and redesign of day opportunities including services, including those that support those living in the community with dementia in Macclesfield and across Cheshire East. In that sense the proposal is a specific targeted action to address protected characteristics of age and disability.</p>

enough evidence to prove otherwise)?		In Cheshire East there is a significant group of Older Adults (65+) with a life limiting illness, which is also growing and is predicted to rise 25.8% by 2030, so we need to ensure that we have enough day opportunities provision that can meet need now and in the future.					
Is there an actual or potential negative impact on these specific characteristics? (Please tick)							
Age	X		Marriage & civil partnership	X		Religion & belief	
Disability	X		Pregnancy & maternity			Sex	
Gender reassignment			Race			Sexual orientation	
Carers	X		Socio-economic status	X			

Stage 3 Evidence

What evidence do you have to support your findings? (quantitative and qualitative) Please provide additional information that you wish to include as appendices to this document, i.e., graphs, tables, charts		Level of Risk (High, Medium or Low)
Age	The key characteristics of the people who use day opportunities at The Brocklehurst Centre will be older people with dementia. As such, the proposals could have a potential negative impact of this protected group. These include level of disability, accessibility of alternative services and the ability to cope with a change in location of the service that is being accessed. If the recommendation to close the Brocklehurst Centre and relocate the service, the Mayfield Centre was agreed, then in terms of building accessibility and facilities there would be no impact. The facilities at the Mayfield Centre would be an improvement on those at the Brocklehurst Centre. The only potential impact may be the ability of the user to cope with the initial change in location, but this would be minimal due to the distance between the two centres (less than 1 mile) and the fact the Brocklehurst Centre has been closed since March 2020 and users have been accessing other support and services during this period.	Low
Marriage & civil partnership	There is no evidence to suggest an impact on this protected characteristic from the findings of the consultation.	N/A
Religion	There is no evidence to suggest an impact on this protected characteristic from the findings of the consultation.	N/A
Disability	The proposals could have a number of potentially negative impacts on people with disabilities and long-term conditions (and their carers). The extent of these impacts will depend on such things as accessibility and availability of alternative services that can be accessed locally, ability to cope with a change in location of the service that is being accessed, should their current service be one that no longer operates in the future. If the recommendation to close the Brocklehurst Centre and relocate the service, the Mayfield Centre was agreed, then in terms of building accessibility and facilities there would be no impact. The facilities at the Mayfield	Low

	Centre would be an improvement on those at the Brocklehurst Centre. The only potential impact may be the ability of the user to cope with the initial change in location, but this would be minimal due to the fact the Brocklehurst Centre has been closed since March 2020 and users have been accessing other support and services during this period.	
Pregnancy & maternity	There is no evidence to suggest an impact on this protected characteristic. There will be the opportunity to feedback any impacts relating to this during the consultation process.	N/A
Sex	There is no evidence to suggest an impact on this protected characteristic from the findings of the consultation.	N/A
Gender Reassignment	There is no evidence to suggest an impact on this protected characteristic from the findings of the consultation.	N/A
Race	There is no evidence to suggest an impact on this protected characteristic from the findings of the consultation.	N/A
Sexual Orientation	There is no evidence to suggest an impact on this protected characteristic from the findings of the consultation.	N/A
Carers	The key characteristics of the people who use day opportunities at The Brocklehurst Centre will be older people with dementia. As such, the proposals could have a potential negative impact on carers of this protected group. These include level of disability, accessibility of alternative services and the ability of the user to cope with a change in location of the service that is being accessed. These aspects will need to be mitigated in alternative options considered for individuals. If the recommendation to close the Brocklehurst Centre and relocate the service, the Mayfield Centre was agreed, then in terms of building accessibility and facilities there would be no impact. The facilities at the Mayfield Centre would be an improvement on those at the Brocklehurst Centre. The only potential impact may be the ability of the user to cope with the initial change in location, but this would be minimal due to the fact the Brocklehurst Centre has been closed since March 2020 and users have been accessing other support and services during this period.	Low

Socio Economic Status	Any changes in terms of accessibility of alternative services could mean more expensive travel costs and potential increases in the cost of services should people seek to take a direct payment. These aspects will need to be mitigated in alternative options considered for individuals. If the recommendation to close the Brocklehurst Centre and relocate the service, the Mayfield Centre was agreed, there would be no impact as both services are in close proximity (1 mile) and close to nearby bus routes.	Medium
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Stage 4 Mitigation

Protected characteristics	Mitigating action	How will this be monitored?	Officer responsible	Target date
Age	Consultation with people who use the Brocklehurst Centre and to discuss their future wishes, aspirations, and various options. This was made available as face-to-face meetings and virtual/telephone conversation.	Feedback provided to the Head of Care4CE, Commissioning Manager	Head of Care4CE Senior Commissioning Manager	Feb- May 2022
Marriage & civil partnership	Consultation with carers who may have a relative who attends the Brocklehurst Centre to discuss their future wishes, aspirations, and various options. This was made available as face-to-face meetings and virtual/telephone conversation.	Feedback provided to the Head of Care4CE, Commissioning Manager	Head of Care4CE Senior Commissioning Manager	Feb- May 2022
Religion	There is no clear evidence that this protected characteristic group could be disproportionately affected	N/A		
Disability	Ensure adequate access to any change in services and information for disabled people is a potential adverse effect. Access to information available in various formats (online and paper copies)	Development of the service with consultation with relevant groups.	Head of Care4CE, Senior Commissioning Manager	Feb- May 2022

Pregnancy & maternity	There is no clear evidence that this protected characteristic group could be disproportionately affected	N/A		
Sex	There is no clear evidence that this protected characteristic group could be disproportionately affected	N/A		
Gender Reassignment	There is no clear evidence that this protected characteristic group could be disproportionately affected	N/A		
Race	There is no clear evidence that this protected characteristic group could be disproportionately affected	N/A		
Sexual Orientation	There is no clear evidence that this protected characteristic group could be disproportionately affected	N/A		
Carers	Consultation with carers who support people who use the Brocklehurst Centre and to discuss their future wishes, aspirations, and various options. This was made available as face-to-face meetings and virtual/telephone conversation.	Feedback provided to the Head of Care4CE, Commissioning Manager	Head of Care4CE Senior Commissioning Manager	Feb- May 2022
Socio Economic	Ensure where possible that people who would currently access the Brocklehurst Centre are not economically disadvantaged by any service changes (increased travel costs, food costs etc). Due to the close proximity (1 mile) of the Brocklehurst Centre to the Mayfield Centre this would have no impact. Both centres are close to local bus routes.	Feedback provided to the Head of Care4CE, Commissioning Manager	Head of Care4CE Senior Commissioning Manager	Feb- May 2022

5. Review and Conclusion

Summary: provide a brief overview including impact, changes, improvement, any gaps in evidence and additional data that is needed

The consultation on the Brocklehurst Centre has considered a range of options for the future of the service in terms of its current and potential future location. It has also considered the potential use of the site should the service no longer continue and the opportunities that this presents. There is potential for an enhanced service for those who access the Brocklehurst Centre at the Mayfield Centre, but as with all changes to services there does need to be consideration in place for those people who either may struggle or don't want to change the services they access or those who may wish to access a wider range of options.

As part of the feedback from the consultation with current users and carers, invitations to face-to-face meetings were issued as well as virtual and telephone consultations. There were no negative responses were received to the proposal for using Mayfield.

A wider survey on Dementia Day Opportunities in Macclesfield was circulated via the CEC Website. The survey was promoted on the council's website and through partner organisations. It was held on-line with paper copies also available on request. In total, 19 survey responses were received.

Key feedback from the survey questions indicated that:

- When developing day opportunities for people with dementia, social interaction including making friends and engaging with other people' was considered the most important factor along with focusing on individual strengths and goals.
- In terms of what people currently like about services staffing and being safe featured highly, with the main dislikes being lack of service available to them which were in suitable buildings (including lack of availability on certain days).
- When choosing a dementia day opportunities service, having friendly and helpful staff who treat people with respect was the most important consideration, along with a service that provides respite for carers.
- In terms of the service environment and location having a service that is local and accessible was the most important aspect. Access to specialist equipment and safe secure spaces inside and outside were also considered high on respondent's preferences.

Considering the feedback from the people using the Brocklehurst Centre and that from the wider survey on dementia day opportunities in Macclesfield, the recommended option would be to close the Brocklehurst Centre and relocate the service to the Mayfield Centre. This would

provide an opportunity for an enhancement of dementia day opportunities in a building that would offer suitable facilities in an environment that was safe and secure, with highly trained staff. Any future surge in COVID 19 would see the Brocklehurst Centre not being able to be used due to the layout of the building and narrow corridors making it difficult to safely facilitate social distancing. The other priority highlighted in the survey findings of ensuring that a service remains local and accessible to people means the service would be maintained in Macclesfield by relocating to the nearby Mayfield Centre.

Operational teams will be heavily involved in supporting and reviewing these people should needs change and Commissioners will also ensure that there will be no gap in service for any people affected and that services are designed around the needs of the individuals.

Specific actions to be taken to reduce, justify or remove any adverse impacts	How will this be monitored?	Officer responsible	Target date
As outlined in Section 4	Consultation and engagement feedback	Head of Care4CE Senior Commissioning Manager	May 2022
Please provide details and link to full action plan for actions			
When will this assessment be reviewed?	1/5/23		
Are there any additional assessments that need to be undertaken in relation to this assessment?	No		

Lead officer sign off	Mark Hughes	Date 11/05/22	<i>mHughes</i>
Head of service sign off	Pete Kelleher	Date 11/05/22	<i>Pete Kelleher</i>

Please return to EDI Officer for publication once signed



A summary of responses to Cheshire East Council's

Developing Dementia Day Opportunities in Macclesfield Survey

Report produced **11 May 2022** by the Research and Consultation Team, Cheshire East Council.
Email RandC@cheshireeast.gov.uk for further information.

Introduction

Purpose of the survey

During April / May 2022 Cheshire East Council undertook a survey to seek views on how Cheshire East Council should look to design day opportunities services in Macclesfield that have the potential to accommodate people with dementia in the future.

At the moment one of the centres in Macclesfield, The Brocklehurst Centre which provides a day service for adults living with dementia in Macclesfield and the surrounding areas is currently closed (since March 2020). At present it is not possible to deliver a viable day service at The Brocklehurst Centre that is able to safely facilitate social distancing, due to the size and layout of the building.

To help us plan and develop services for the future, the council sought views on how current and future users felt about current day opportunities, if the service offered meets their current and future expectations and what ideas they might have for new approaches.

Survey promotion and responses

The survey was promoted on the council's website and through partner organisations. It was held on-line with paper copies also available on request.

In total, 19 survey responses were received.

Respondent characteristics

Out of the 19 respondents who answered the survey:

- 5 stated that they currently have a family member or care for someone who attends a dementia day opportunities service or did so previously prior to March 2020 in Macclesfield.
- 7 respondents stated that they themselves / a family member do not currently attend dementia day opportunities service in Macclesfield but may do so in the future.
- 2 stated that they deliver paid care, 1 for someone who currently accesses dementia day opportunities and 1 for someone who may do so in the future.
- 5 stated other of which 4 were interested staff members and 1 stated that they were unsure if they would require care in the future.

Of the 5 who stated that they currently attend a dementia day opportunities service in Macclesfield:

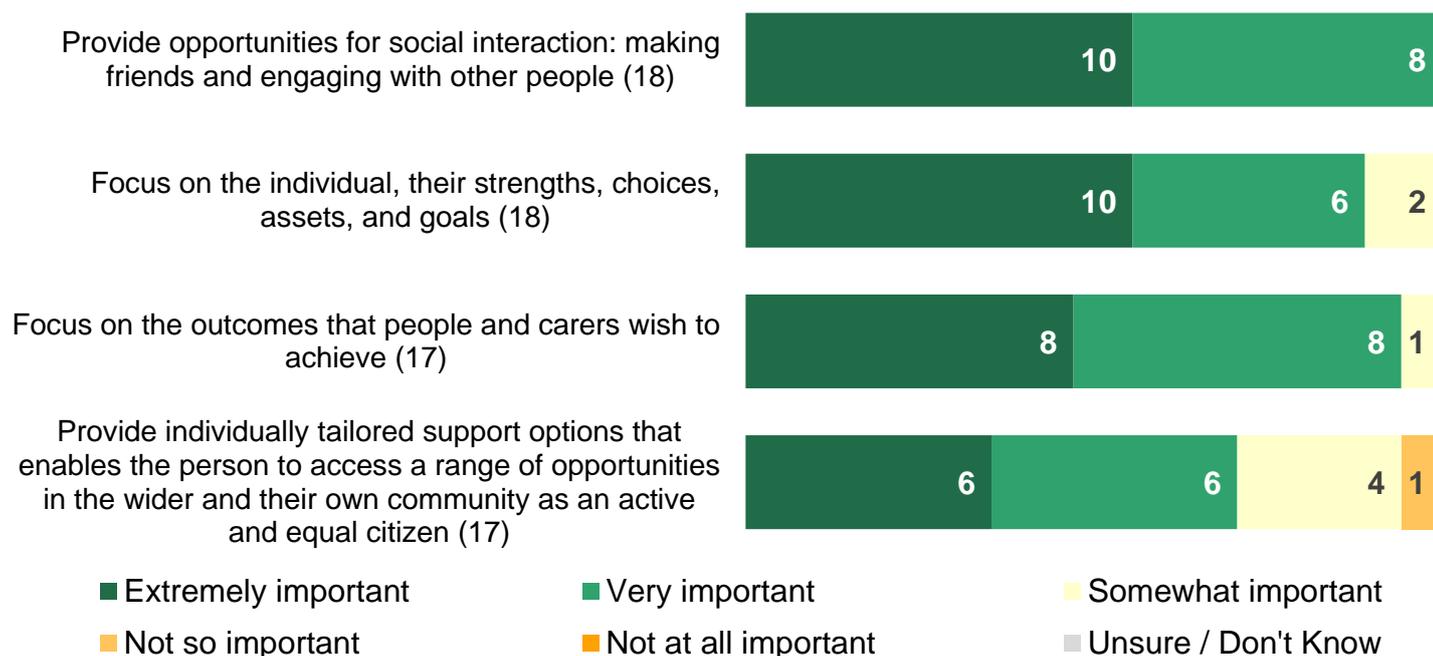
- 4 attend The Brocklehurst Centre and 1 attends Mayfield
- 5 travel by car on own, with a member of the family or a friend
- 5 stated the journey takes up to 20 minutes

The majority of respondents were female (9 out of the 16 who provided an answer), aged between 45 – 74 (10 out of 16 respondents) of White British / English / Welsh / Scottish / Northern Irish / Irish ethnicity (11 out of 16 respondents) and considered their religion as Christian (10 out of 16 respondents). 6 stated that their day-to-day activities were limited because of a health problem or disability.

Analysis of results

Respondents were given a set of statements and asked how important they considered them in relation to developing day opportunities services in Macclesfield. 'Provide opportunities for social interaction: making friends and engaging with other people' was considered the most important (all respondents - 18 out of the 18 who provided an answer considered this extremely or very important). Figure 1 shows the full breakdown of results.

Figure 1: In terms of developing Dementia Day Opportunities Services in Macclesfield, how important would you consider each statement? (Count)



When asked what they or the person they care for currently like and/ or dislike about dementia day opportunities / services the most mentioned aspect that respondents liked was the staff - mentioned by 5 respondents. The most disliked aspect was the lack of services available – mentioned by 5 respondents:

Aspect's respondents like about dementia day opportunities / services (10 respondents left a comment):

"It provides enjoyment at an uncertain time of life, everyone remains valued"

- Helpful, supportive and skilled staff - 5 mentions
- Good quality service / feel safe and supported / provides enjoyment at an uncertain time of life – 4 mentions
- Good facilities / opportunity to access activities – 2 mentions
- Socialisation and company – 2 mentions

Aspect’s respondents dislike about dementia day opportunities / services (11 respondents left a comment):

“Lack of services available. Building unsuitable”

- Lack of services available / council ran options are limited for day services / can’t always get the days we are want / building unsuitable / no drop-in centre – 5 mentions.
- The food – 2 mentions
- Lack of information – 1 mention
- Some days friends did not attend - 1 mention
- Lack of transport - 1 mention
- Events are perceived as for those only with dementia - 1 mention

Respondents were then given a set of statements in relation to service provision and were asked how important they considered them when choosing the day opportunities that they or someone they care for may attend. ‘Friendly helpful staff who treat me with respect’ alongside ‘providing respite for carer’ were considered the most important (all respondents who provided an answer considered these extremely or very important). ‘Food and refreshments available’ were considered as less important (12 out of 18 considered this extremely or very important) (Figure 2 shows the full breakdown of results).

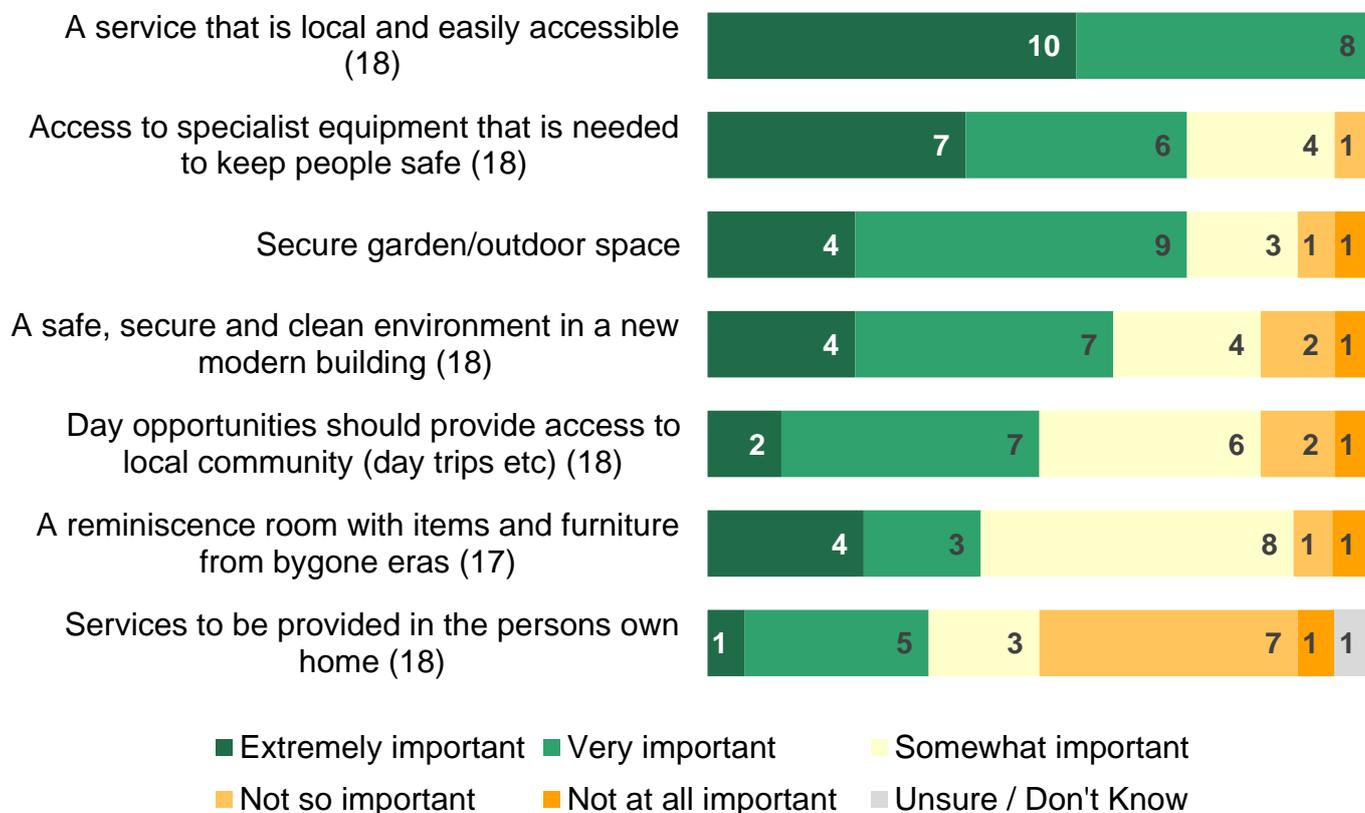
Figure 2: In terms of service provision, how important are the following when choosing the day opportunities that you or someone you care for may attend? (Count)



‘A service that is local and easily accessible’ was considered as the most important aspect in terms of environment and location when choosing the day opportunities that they or someone they care for may attend (all respondents who provided an answer considered this extremely or very important). ‘A reminiscence room with items and furniture from bygone eras’ was considered not as important

as well as ‘services to be provided in the persons own home’ (7 out of 17 and 6 out of 18 considered these aspects as extremely or very important respectively).

Figure 3: In terms of environment and location, how important are the following when choosing the day opportunities that you or someone you care for may attend? (Count)



When asked if respondents had anything else to add 10 respondents left a comment. The responses were as follows:

- Need services that are local / travelling to Macclesfield is not ideal for people living in Disley (4 mentions)
- Make sure there is a variety of support & activities / flexibility of hours / dementia only groups / time to be spoken to individually (4 mentions)
- Look at transport options / travel costs in order to attend (2 mentions)
- Day care is very valued - need more of it for people with dementia in Macclesfield / miss the service provided at Brocklehurst Day Centre (2 mentions)
- Environment and staff are the most important things (1 mention).

Recommendations

Whilst this report provides a good overview on what is important to people when considering dementia day care options, the response received overall to the survey was low. The research and consultation team recommend that continued regular engagement is undertaken with current users of dementia day services in Macclesfield as part of service monitoring reviews on how day services are delivered. This will ensure that users can continue to shape services and contribute to their ongoing development.

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Working for a brighter future together

Adults and Health Committee

Date of Meeting:	18 July 2022
Report Title:	Providing Financial Incentives to Support Smoking Cessation
Report of:	Helen Charlesworth-May, Executive Director of Adults, Health, and Integration
Report Reference No:	AH/31/2022-23
Ward(s) Affected:	All

1. Purpose of Report

- 1.1. On 30 May 2022, the committee considered [a report](#) summarising the evidence for the effectiveness and cost-effectiveness of financial incentive schemes in helping people to successfully quit smoking and agreed to receive this subsequent report, which seeks a decision from the committee on whether to implement a financial incentive scheme as a pilot project.
- 1.2. By agreeing to the implementation of a scheme of financial incentives to support more people to quit smoking, the committee will support the council to achieve its priorities set out in the Cheshire East Council Corporate Plan 2021-25, to reduce health inequalities across the borough and support all children to have the best start in life.

2. Executive Summary

- 2.1. Smoking is the leading cause of cancer and preventable death worldwide as well as the largest cause of health inequality in the UK^{1,2}, accounting for half of the difference in health outcomes between the least deprived and most deprived communities. Smoking is also the most important modifiable

¹ Royal College of Physicians. 2020. 'Health inequalities and tobacco'. Access [here](#)

² LGA and Cancer Research UK. 2019. 'Must know: tobacco control'. Access [here](#)

risk factor in pregnancy and can lead to miscarriage, premature and stillbirth, and cot death³.

- 2.2.** Smoking increases a person's risk of developing more than 50 serious health conditions, some of which are fatal and others that can cause irreversible long-term damage to health⁴.
- 2.3.** In Cheshire East, approximately 10.5% of the general population and 10.8% of pregnant residents (at the time of birth) smoke tobacco. These rates are similar to or worse than the national average and are declining more slowly, having plateaued in recent years. The council has an opportunity to further reduce smoking rates, improve health and reduce inequalities by offering financial incentives to support people to quit smoking.
- 2.4.** There is robust evidence that financial incentives are effective in helping people to stop smoking in the short and long-term:
- A recent Cochrane systematic review of 33 individual studies found that people receiving incentives (cash payments or vouchers for goods or groceries) were approximately 50% more likely to have stopped smoking than those who did not receive incentives⁵.
 - The review also found that financial incentives were effective in stopping smoking in pregnant women, both at the end of the pregnancy and after the birth of the baby. Quit rates in pregnant women receiving an incentive were on average more than double that of control groups.
 - An earlier Cochrane review concluded that incentive schemes deliver a return on investment of £4 for every £1 invested⁶.
- 2.5.** Approval of a pilot scheme to provide financial incentives to support more people to quit smoking would help the council to achieve its central corporate objectives and priorities to be a council which empowers and cares about people, reduces health inequalities and ensures the best start in life for children.

3. Recommendation

- 3.1.** That the Adults and Health Committee agrees to the undertaking of a pilot scheme of providing financial incentives to support pregnant women and other smokers in their household to quit smoking.

³ Royal College of Physicians. 2018. 'Hiding in plain sight: Treating tobacco dependency in the NHS'. Access [here](#)

⁴ NHS. 2018. 'What are the health risks of smoking?' Access [here](#)

⁵ Notley, C. et al. 2019. 'Incentives for smoking cessation'. *Cochrane Database of Systematic Reviews*. Access [here](#)

⁶ Chamberlain, C. et al. 2017. 'Psychosocial interventions for supporting women to stop smoking in pregnancy'. *Cochrane Database of Systematic Reviews*. Access [here](#)

4. Reasons for Recommendation

- 4.1. Smoking is a leading cause of preventable death and disease worldwide, and the leading cause of health inequality in the UK. It increases the risk of developing more than 50 serious health conditions including a variety of cancers, heart disease and stroke. Smoking in pregnant women can have damaging impacts on the health of their unborn children.
- 4.2. The Pan-Cheshire Child Deaths Overview Panel Annual Report for 2020/21 reported that smoking was the most common *modifiable factor* (“one which may have contributed to the death of the child and which, by means of locally or nationally achievable interventions, could be modified to reduce the risk of future child deaths”) in child deaths reviewed by the panel⁷.
- 4.3. The national ‘Towards a Smoke Free Generation’⁸ plan aims to:
- Reduce national smoking prevalence amongst adults from 15.5% to 12% or less (the rate for Cheshire East is estimated as 10.5%; however, this figure is based on a small sample size and the true figure could be as high as 14.5%)
 - Reduce the national inequality gap in smoking prevalence between those in routine and manual occupations and the general population (in Cheshire East this is 21.4% and 10.5%, respectively)
 - Reduce the national prevalence of smoking in pregnancy from 10.7% to 6% or less (Cheshire East is currently 10.8%)
- 4.4. During recent years, smoking rates across the country have begun to plateau and are falling more slowly. Cheshire East rates are similar to or worse than the national average and remain considerably higher than national targets in several areas of the Borough. Smoking continues to have a significant impact on the health and wellbeing of Cheshire East residents.
- 4.5. The recently published ‘Khan Review: making smoking obsolete’⁹ states that the current rate of decline needs to be accelerated by 40% to achieve the government’s smokefree 2030 target and that we must “go faster”, “be bolder” and “do more to protect future generations”. The review includes a specific recommendation to provide financial incentives to support pregnant women to quit smoking.

⁷ Pan Cheshire Child Deaths Overview Panel. ‘Annual Report 1st April 2020 – 31st March 2021’ Access [here](#)

⁸ Chamberlain, C. et al. 2017. Access [here](#)

⁹ Khan. 2022. ‘The Khan Review: making smoking obsolete’ Access [here](#)

- 4.6. There is robust evidence, including a Cochrane review¹⁰ and National Institute for Health and Care Excellence (NICE) guidance¹¹, that financial incentives increase smoking quit rates. Evidence shows that people are around 50% more likely to quit with incentives. In pregnant women specifically, the likelihood of quitting is doubled.
- 4.7. The plateauing of smoking rates locally and lack of recent progress towards meeting national smoking targets demonstrates the case for Cheshire East Council to take innovative action to protect the health and wellbeing of its residents and help to meet these important targets.
- 4.8. The recommendation put forward in this report - to put in place a pilot scheme of providing financial incentives to support pregnant women and other smokers in their households to quit smoking - would help the council to achieve its central corporate objectives and priorities to be a council which empowers and cares about people, reduces health inequalities and ensures the best start in life for children.

5. Other Options Considered

- 5.1. The committee may also decide to provide incentives for pregnant women only, and not to other members of their household.

Option	Impact	Risk
The Committee resolves to undertake a pilot project of financial incentives to support smoking cessation for pregnant women only	Financial incentives would be offered to pregnant women only. The scheme would not be open to other members of their household.	Without mutual support there would be lower quit rates, and a less significant improvement to health and inequalities, in comparison to a scheme open to pregnant women and their household.

- 5.2. The final option open to the committee is to do nothing.

Option	Impact	Risk
Do nothing, i.e. the committee resolves to not proceed with a pilot project incentivising residents to stop smoking	This would mean that the Council would continue its current smoking cessation efforts.	That the Council misses an important opportunity to (1) make a significant difference to the long-term health of residents; (2) further reduce the rates of smoking in Cheshire

¹⁰ NHS. 2018. Access [here](#)

¹¹ NICE. 2021. 'Tobacco: preventing uptake, promoting quitting and treating dependence'.. Access [here](#)

		East and bring them closer to national targets; and (3) gain insight from an innovative project to inform future service delivery.
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6. Background

The Health and Economic Impacts of Smoking

- 6.1.** Smoking is the leading cause of preventable death and cancer worldwide, as well as the largest cause of health inequality in the UK. Around 78,000 people in the UK die from smoking each year, with many more living with debilitating smoking-related illnesses.
- 6.2.** Smoking (including passive or second-hand smoking) increases the risk of developing more than 50 serious health conditions, including numerous types of cancers, coronary heart disease, stroke, and chronic obstructive pulmonary disease (COPD).
- 6.3.** Passive smoking increases the risk of a person developing lung cancer by around 25%. It is particularly damaging for babies and children, with children exposed to second hand smoke more likely to develop asthma and have more severe asthma attacks; develop infections like pneumonia or bronchiolitis; have ear infections; wheeze and cough; be at risk of sudden infant death syndrome (SIDS); and take up smoking themselves.
- 6.4.** The 'Tobacco Control' publication by the Local Government Association (LGA) and Cancer Research UK¹² found that smoking costs the UK public purse approximately £12.6bn per year. A more recent economic analysis by Action on Smoking and Health (ASH)¹³ in January 2022 estimates smoking's economic impact on UK society at £17.04bn, with a £2.4bn impact on the national healthcare system.
- 6.5.** Smoking-related ill health adds a specific financial demand in the region of £760 million per year on councils' domiciliary care services, as a result of smoking-related health conditions¹⁴.
- 6.6.** The National Institute for Health and Care Excellence (NICE) estimates that for every £1 invested in smoking cessation, £10 is saved in future health care costs¹⁵. The LGA and Cancer Research UK recommend that councils embed a health-in-all-policies approach to their tobacco control strategies,

¹² LGA and Cancer Research UK. 2019. Access [here](#)

¹³ ASH. 2022. 'ASH Ready Reckoner 2022'. Access [here](#)

¹⁴ Chamberlain, C. et al. 2017. Access [here](#)

¹⁵ LGA and Cancer Research UK. 2019. Access [here](#)

which could help to deliver successful, holistic smoking cessation services whilst sustainably managing future resources.

- 6.7.** Cheshire East contains several areas of high deprivation. Approximately 5,300 of residents live in areas that fall within the top 10% most deprived areas nationally, and 23,700 within the highest 20%¹⁶. The ONS estimates that people living in the most deprived areas of England are more than four times more likely to smoke than those living in the least deprived areas¹⁷.
- 6.8.** Smoking is costly to individuals and families. Based on the average price of a pack of 20 cigarettes at three major supermarkets on 5th May 2022, the annual cost of smoking 5, 10 and 20 cigarettes per day is £1,128, £2,257, and £4,515, respectively.
- 6.9.** Smoking exacerbates poverty for a large proportion of children in the UK. Tobacco control interventions which effectively enable low-income smokers to quit can play an important role in reducing the financial burden of child poverty¹⁸.
- 6.10.** In addition to the direct health and wellbeing benefits, quitting has the potential to save individuals and households a significant amount of money, which could have wider benefits to their quality of life and standard of living. This is of particular importance in the current financial climate as many of our residents struggle with the considerable rise in the cost of living.

Current Cheshire East Position

- 6.11.** Smoking rates in Cheshire East are similar to the national average overall but are highly variable across the borough. For instance, several wards in the Crewe and Macclesfield areas have significantly higher than average rates of young smokers and deaths from respiratory diseases.
- 6.12.** A summary of smoking prevalence data for Cheshire East follows below (green, yellow, and red correspond to statistically better, similar, or worse, respectively, than the England average):

Indicator	England	Cheshire East
Smoking prevalence in adults (18+)	12.1%	10.5%
Smoking status at time of delivery	9.6%	10.8%
Smoking prevalence in adults in routine and manual occupations (18-16)	23.2%	22.4%

¹⁶ Ministry of Housing, Communities & Local Government. 2019. 'English indices of deprivation 2019'. Access [here](#)

¹⁷ ONS. 2018. 'Likelihood of smoking four times higher in England's most deprived areas than least deprived'. Access [here](#)

¹⁸ Belvin et al. (2015). 'Parental smoking and child poverty in the UK: an analysis of national survey data'. Access [here](#)

- 6.13. Further context comes from comparison of smoking rates in Cheshire East with those of similar local authorities (CIPFA nearest neighbours):

Local Authority Area	Smoking prevalence in adults (18+)	Smoking status at time of delivery
Bath and North East Somerset	9.8%	8.5%
Bedford	13.3%	5.8%
Central Bedfordshire	12.5%	5.8%
Cheshire East	10.5%	10.8%
Cheshire West and Chester	12.6%	10.8%
Cornwall	12.1%	13.3%
East Riding of Yorkshire	10.4%	12.3%
Herefordshire	11.7%	11.5%
North Somerset	11.1%	9.3%
Shropshire	7.6%	11.0%
Solihull	10.3%	9.3%
South Gloucestershire	8.4%	9.3%
Stockport	12.5%	7.1%
Warrington	7.6%	8.2%
Wiltshire	11.6%	8.5%

- 6.14. In December 2013, the council signed the Local Government Declaration on Tobacco Control and is one of 123 local authority signatories to this. One of the primary commitments of the Declaration is to:

“act at a local level to reduce smoking prevalence and health inequalities and to raise the profile of the harm caused by smoking to our communities”

- 6.15. Since then, the council has continued to commission and/or provide stop smoking services. Currently these services are provided by One You Cheshire East, who provide support to any resident of Cheshire East (aged 12 and over) who smokes. The service includes specialist support for pregnant women and people with mental health conditions.
- 6.16. Interventions consist of support (in person or online) for 15-30 minutes over a period of 4-6 weeks. This includes provision of a range of Nicotine Replacement Therapies, including inhalers and patches. This is provided either by a One You Cheshire East smoking cessation advisor or by a pharmacy based in the community. Provision is aligned to National Centre for Smoking Cessation and Training standards as well as NICE guidance.
- 6.17. To date through 2021/22, 742 people have been supported by One You Cheshire East. Of the 368 service users who set a specific quit date, 214 (58%) successfully quit, which is above the minimum required quit rate of 35% set by NICE. One You Cheshire East has supported an increasing number of people in each contract year.

Evidence for Financial Incentive Schemes

6.18. The [previous report](#) considered by the committee on 30 May 2022 included a comprehensive appraisal of the evidence demonstrating the effectiveness of smoking cessation incentive schemes. Some of the highlights from this appraisal showed:

- People receiving incentives (cash payments or vouchers for goods or groceries) were approximately 50% more likely to stop smoking¹⁹
- Quit rates in groups of pregnant women offered incentives were double than those who had not been offered incentives²⁰
- Financial incentives are the most effective way of securing significant declines in smoking rates and are a highly cost-effective intervention²¹
- Incentive schemes for quitting smoking deliver a return on investment of £4 for every £1 invested²²

Proposed Pilot Scheme

6.19. The incentive scheme proposed has been designed in line with guidance and best practice from NICE²³, and will be delivered by One You Cheshire East, the service currently commissioned by the council to deliver its smoking cessation programme. The proposed financial incentive scheme would be implemented alongside and in addition to existing smoking cessation services.

Incentive Schedule and Format

6.20. The incentive will be provided as 'Love2Shop' vouchers. These are commonly used in other incentive schemes and can be used with over 150 national brands, none of which sell tobacco-based products.

6.21. The total value of incentives proposed would be £400.00 (via six instalments) for pregnant women, and £200.00 (via four instalments) for other smokers in their household, as summarised in the table below. These amounts are in line with NICE guidance and the only published UK randomised controlled trial on financial incentives in pregnancy²⁴:

6.22. In response to comments at the 30 May 2022 committee meeting, the proposed schedule and value of instalments has been modified to decrease the value of initial vouchers while keeping the overall totals the same, with greater rewards for longer-term quitting. The proposed schedule has also

¹⁹ Notley, C. et al. 2019. Access [here](#)

²⁰ Notley, C. et al. 2019. Access [here](#)

²¹ Boyd, K. et al. 2016. 'Are financial incentives cost-effective to support smoking cessation during pregnancy?' Access [here](#)

²² Notley, C. et al. 2019. Access [here](#)

²³ NICE. 2021. Access [here](#)

²⁴ Boyd, K. et al. 2016. Access [here](#)

been extended by a further 12 weeks to further encourage long-term quits. The new proposed schedule and value of voucher instalments is as follows:

Pregnant women		
Amount	Milestone	Timing
£25.00	Attending a face-to-face appointment and setting a quit date	0-4 weeks after enrolment
£25.00	Take exhaled carbon monoxide test to confirm quitting status	4-6 weeks after quit date
£50.00	Take exhaled carbon monoxide test to confirm quitting status	12-14 weeks after quit date
£75.00	Take exhaled carbon monoxide test to validate continued smoking abstinence	34-38 weeks gestation <u>or</u> 34-38 weeks after enrolment
£100.00	Take exhaled carbon monoxide test to validate continued smoking abstinence	12-14 weeks post-birth or due date
£125.00	Take exhaled carbon monoxide test to validate continued smoking abstinence	24-28 weeks post-birth or due date
<i>NB: women whose pregnancy does not continue will not be excluded from continuing to take part in the scheme</i>		

Other household members		
Amount	Milestone	Timing
£25.00	Attending a face-to-face appointment and setting a quit date	0-4 weeks after enrolment
£25.00	Take exhaled carbon monoxide test to confirm quitting status	4-6 weeks after quit date
£50.00	Take exhaled carbon monoxide test to confirm quitting status	12-14 weeks after quit date
£100.00	Take exhaled carbon monoxide test to confirm quitting status	24-28 weeks after quit date

- 6.23.** A budget of £116,500 is proposed; £95,000 from the ring-fenced public health grant and £21,500 from the Champs Public Health Collaborative. No funding is required from Cheshire East Council.
- 6.24.** This amount would fund incentives for up to 291 pregnant women (292 women were recorded as smoking at time of delivery in 2020/21). In practice, it would be a combination of pregnant women and other smokers

in their households who would receive support through this pilot project if Option 1 is implemented.

Communications Approach

- 6.25.** When the final decision is made on which option will be progressed, Cheshire East Council and One You Cheshire East communications teams will work together to produce a full communications and engagement plan, mitigating for any issues or reputational risks. This will build on existing press releases produced and disseminated following the committee meeting in May.
- 6.26.** It is likely the Council will receive further media requests following the decision. Spokespeople will be identified in advance and be well briefed on key messages so they can handle any local media opportunities and overcome challenging questions or objections.

Implementation Timetable

- 6.27.** An approximate implementation timetable is proposed below:

Task	Date (week commencing)
Meet with One You Cheshire East	18 July 2022
Update the Communications Plan	25 July 2022
Draft the leaflet to be used for the financial incentive scheme	
Contract variation	
Procedure documentation to be developed	
Monitoring process to be finalised	1 August 2022
Professionals to be informed	
Press release to be issued and social media campaign to begin. Websites for the Council and One You to be updated	15 August 2022
Initial vouchers to be purchased	
Scheme launch	22 August 2022

Evaluation Process

- 6.28.** A robust evaluation of the scheme will be undertaken to measure the impact of incentives on (a) the number of people signing up to the stop smoking service and (b) the success rate of people quitting, by comparison with performance prior to the adoption of the incentive scheme and benchmarking against other areas.
- 6.29.** In addition to the quantitative aspects of evaluation described above, qualitative insights will be gathered from participants taking part in the incentive scheme. Working with colleagues with behavioural science expertise, we will develop questions to explore behavioural factors that influence an individual's propensity to (a) engage in smoking and (b) cease smoking. These questions will be informed by relevant behaviour change

frameworks and will include questions around their most recent smoking habits, why and how they began to smoke and what has affected their motivation to quit. Ultimately, this will enable us to ensure we continue to effectively tackle barriers to smoking cessation and promote those factors that enable people to quit.

- 6.30.** The evaluation will make an important contribution to the international evidence base for the impact of financial incentives on smoking quit rates and will be published publicly. Options to be explored for the production and dissemination of the evaluation will include as a research paper; oral and/or poster presentation at conferences; and/or an academic dissertation.

7. Implications

7.1. Legal

- 7.1.1.** S73(A)(1) of the NHS Act 2006, inserted by s30 of the Health and Social Care Act 2012, gives the Director of Public Health responsibility for all of the local authority's duties to take steps to improve the health of the people in its area.
- 7.1.2.** Legal supports the aims of the recommendations. If, following the pilot study, a longer-term incentive scheme is proposed then further investigation of the legal implications can be undertaken.

7.2. Finance

- 7.2.1.** The proposed expenditure of £116,500 will come from a combination of the Public Health ring-fenced budget (£95,000) and funding from the Champs Public Health Collaborative (£21,500) and will therefore have no impact on the Council's Medium Term Financial Strategy.
- 7.2.2.** In addition to the health benefits outlined in the paper, it is estimated that undertaking the proposed incentive scheme would lead to savings in the wider health and social care system of around £450,000 (based on the Cochrane review's estimated return on investment of 4:1²⁵).

7.3. Policy

- 7.3.1.** It is not expected that this report will result in any immediate policy implications. If a pilot scheme is implemented and evaluated, this may lead to the Council and/or health system partners considering further use of financial incentives to support health and wellbeing initiatives in the future.

7.4. Equality

- 7.4.1.** It is not expected that the recommendations and contents put in this report will lead to any equality, diversity, and inclusion implications. The current smoking cessation service provided by One You Cheshire East is

²⁵ Chamberlain, C. et al. 2017. Access [here](#)

an equitable service open to all residents of Cheshire East (aged 12 and over) who smoke.

- 7.4.2.** The introduction of a scheme of financial incentives to support smoking cessation will likely lead to a reduction in the numbers of Cheshire East residents who smoke, and in turn reduce health inequalities caused by smoking.

7.5. Human Resources

- 7.5.1.** It is not expected that this report will have any human resources implications.

7.6. Risk Management

- 7.6.1.** Concerns have been raised around the potential for deception or gaming to obtain vouchers²⁶. The risk of this is low, with trials having observed no evidence of deception being used to enrol on incentive schemes⁴. One trial found that, once enrolled, 4% of women 'gamed' to receive further vouchers by attempting to dishonestly pass themselves off as non-smokers.

- 7.6.2.** To mitigate the already low risk of deception or gaming, carbon monoxide testing at baseline and throughout follow up would be used to biologically confirm smoking status and reduce the risk of individuals being dishonest about their smoking status to gain the rewards.

- 7.6.3.** A risk management process will be followed when implementing this work to ensure that risks are properly managed and mitigated.

7.7. Rural Communities

- 7.7.1.** Stop smoking interventions are offered by One You Cheshire East in locations throughout the borough, including rural settings. Online support is also available for those who would prefer this. This borough-wide approach will continue when implementing the pilot scheme.

7.8. Children and Young People/Cared for Children

- 7.8.1.** A quarter of a million children in the UK currently live in households tipped below the poverty line due to expenditure on tobacco¹. Reducing the rates of smoking will have considerable benefits to the health and wellbeing and outcomes for children in Cheshire East.

7.9. Public Health

- 7.9.1.** Introducing a scheme of financial incentives to support people in Cheshire East to quit smoking will help to deliver immediate health and wellbeing benefits to those who quit and their families, improve longer-

²⁶ Ierfino, D. et al. 2015. 'Financial incentives for smoking cessation in pregnancy: a single-arm intervention study assessing cessation and gaming'. Access [here](#)

term health outcomes for residents, and help to reduce health inequalities across the borough.

7.10. Climate Change

7.10.1. The impacts of cigarette production and consumption on the environment are “largely overlooked”²⁷. By encouraging and supporting more Cheshire East residents to quit smoking, the council will be contributing to the efforts to reduce the total carbon and environmental footprint of the tobacco industry.

7.10.2. Improved health as a result of reduced smoking rates could encourage residents to exercise more frequently, including choosing to walk or cycle instead of driving. This may have further long-term benefits for the local environment and emission levels in Cheshire East.

Access to Information	
Contact Officer(s):	Andrew Turner, Consultant in Public Health Andrew.Turner2@cheshireeast.gov.uk Joel Hammond-Gant, Health Protection Officer Joel.Hammond-Gant2@cheshireeast.gov.uk
Appendices:	No appendices
Background Papers:	<ul style="list-style-type: none"> • ‘Providing Financial Incentives to Support Smoking Cessation’ report to Adults and Health Committee, 30 May 2022 • Cheshire East Tobacco Control Profiles (OHID) • The Khan review: making smoking obsolete

²⁷ Voulvoulis, N. 2018. ‘Cigarette Smoking: An Assessment of Tobacco’s Global Environmental Footprint Across Its Entire Supply Chain. Access [here](#)

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Working for a brighter future together

Adults & Health Committee

Date of Meeting:	18 July 2022
Report Title:	Terms of Reference for the Place Partnership Board
Report of:	Helen Charlesworth-May Executive Director Adults, Health & Integration
Report Reference No:	AH/34/2022-23
Ward(s) Affected:	All

1. Purpose of Report

- 1.1 The purpose of this report is for members to note the new governance arrangements for local Health and Care services, and to support the Terms of Reference for the new Place Partnership Board.
- 1.2 The new arrangements came into place on 1st July 2022, with the commencement of the new Health & Social Care Act 2022.

2. Executive Summary

- 2.1 The government reforms of the NHS involve introducing Integrated Care Systems (ICS) across the country. The geographical footprint of the local ICS covers 9 local authorities in Cheshire & Merseyside. Each of these 9 'places' will have a 'Place Partnership Board' or a similar governance forum, to allow for local decision making over health related functions.
- 2.2 Discussions across the Cheshire & Merseyside area are ongoing and have been very positive. There is a shared approach to tackle the wider determinants of health and to allocate resources at a 'place' level wherever possible. Therefore we need to put in place appropriate governance arrangements to facilitate local decision making and support greater integration of services for the benefit of our residents across Cheshire East.

3. Recommendations

The Committee is asked to:-

- (1) Note the contents of this report and
- (2) Support the Terms of Reference for the Place Partnership Board as set out in Appendix One and
- (3) That Corporate Policy Committee be asked to consider and appoint to the membership.

4. Reasons for Recommendations

- 4.1 On 11 February 2021, the Department of Health and Social Care published the White Paper 'Integration and innovation: working together to improve health and social care for all', which sets out legislative proposals for a Health and Care Bill. Unlike previous reforms, the legislation aims to avoid a one-size-fits-all approach and leaves many decisions to local systems and leaders.
- 4.2 NHS Clinical Commissioning Groups (CCGs) were abolished from 1st July 2022 and the creation of Integrated Care Systems (ICS) came into being, with finances coming centrally to the Integrated Care Board (ICB) for each area. The ICB can agree how much funding it will delegate to the local level i.e., the 'Place', although the current position is that all funding will remain with the ICB and funding decisions will be exercised through the Director of Place in Cheshire East. This is likely to be the position for the next year in line with NHS guidance.
- 4.3 Over time, all partners believe that delegations will be appropriate at Place level, as this will enable the commissioning and delivery of localised services through common plans, shared, aligned, pooled or joint budgets, and a "one team" culture and ethos. The Cheshire East 'Place' is based on the footprint of the local authority.
- 4.4 All partners have collectively agreed to form the Place Partnership Board, as a governance forum at 'Place' is necessary if the ICB are going to be confident to delegate their finances down to a Cheshire East ('Place') level. It is also an important part of working together in an integrated way to best use our finances and to provide the best results for our residents.

5. Other Options Considered

- 5.1 Other options have not been considered, as a governance forum at Place is necessary under the Health & Social Care Act 2022. It will be the mechanism for integrating health across Cheshire East, for all partners. In the event that the Council does not take part in the Place Partnership Board, then it will not have the ability to influence the spending of health monies across Cheshire East.

6. Background

6.1 Integrating health and care services for the benefit of our residents is a clear priority within the Cheshire East Place Partnership Plan 2019-24. All partners signed up to the Plan, which sets out our aspirations to respond to the pressures facing health and care services and the opportunities provided by the establishment of integrated care systems.

6.2 Our plan sets out that we will work together to improve the health and wellbeing of local communities, enabling people to live longer and healthier lives. We will do this by creating and delivering safe, integrated, and sustainable services that meet people's needs through the best use of all the assets and resources we have available to us. The proposed legislative changes provide an opportunity to move this forward and support improved outcomes for the Cheshire East population.

6.3 This integration is further supported by the white paper (February 2022): 'Health and social care integration: joining up care for people, places and populations' which provides the following examples of integration supporting improved outcomes which align with our ambitions:

'Closer working between primary and secondary care will improve access to specialist support and advice and enable care to be delivered closer to home, managing risk more effectively and keeping people healthy and independent. And closer working between mental health and social care services can reduce crisis admissions and improve the quality of life for those living with mental illness.'

6.4 This Committee at its meeting on 28 March agreed to enter into a S75 Agreement with the Clinical Commissioning Group (CCG) in respect of the Better Care Fund. This is an integral part of our joint approach to commissioning and integration for the future. This Committee, together with the Health & Wellbeing Board, Corporate Policy Committee and current Partnership Board, have received regular updates on our progress towards setting up a new Place Partnership Board.

6.5 The Council at its meeting on 27 April agreed to set up a Section 75 Committee to share resources and decision making between the local authority and the NHS. The Section 75 Committee comprises the Executive Director of Adults, Health & Integration and the Place Director, who will formally oversee the S75 Agreement, and this is referred to in more detail in paragraph 12.

7. The Place Partnership Board

7.1 The emerging scope and functions of the Partnership Board are set out in the Terms of Reference set out as Appendix One. It is likely that the scope and functions will change over time, as the Partnership Board becomes more

established, and when more delegated decision making over funding is provided by the ICB at 'Place' level.

- 7.2 Once the Place arrangements start, a Leadership Group will be set up which will support the Place through executive management and leadership across all partners, to ensure more integrated decision making. There will also be a range of other forum across the partners, to ensure that we maximise the opportunity to integrate services across Cheshire East, where this would improve services for residents. These wider arrangements are set out at Appendix Two.
- 7.3 Appendix Three shows how the Partnership Board sits within the broader Cheshire East Place governance. This includes the relationship with the Health & Wellbeing Board (HWBB) and the Scrutiny Committee. The HWBB will sit above the Partnership Board in terms of responsibility for strategy setting (through the Place Plan) and broader focus, including the Joint Health and Wellbeing Strategy. The Partnership Board will provide reports to the H&WB Board on its work and direction, and how it is delivering against the Joint Strategic Needs Assessment and Place Plan. A copy of the information flows is set out at Appendix Four, as this is essential to ensure our governance is effective.
- 7.4 C&M ICB will also be accountable to the Scrutiny Committee in respect of any substantial variations or developments for health services. The Council will be asked to consider a proposal for a Joint Scrutiny Committee across C&M at its meeting on 20 July, to enable greater scrutiny of service variations which cross more than one 'Place'. Joint Scrutiny was considered by this Committee at its meeting on 30 May 2022, and by the Scrutiny Committee at its meeting on 14 June 2022.

8. Partnership Principles

- 8.1 As part of the principles for the governance structure, the Place Executive Group and the current Place Partnership Board have agreed the following: -
- **Put the voices of people and communities at the centre** of decision-making and governance, at every level
 - **Start engagement early when developing plans** and feed back to people and communities how their engagement has influenced activities and decisions
 - **Understand communities' needs, experience and aspirations for health and care**, using engagement to find out if change is having the desired effect
 - **Build relationships with excluded groups**, especially those affected by inequalities.
 - **Work with Healthwatch and the voluntary, community, faith and social enterprise (VCFSE) sector** as key partners.
 - **Provide clear and accessible public information about vision, plans and progress**, to build understanding and trust.

- **Use community development approaches that empower people and communities**, making connections to social action.
- **Use co-production, insight and engagement** to achieve accountable health and care services.
- **Coproduce and redesign services and tackle Cheshire East priorities in partnership** with people and communities.
- **Learn from what works and build on the assets of all Cheshire East partners** – networks, relationships, activity in local communities

9. Partnership Behaviours

9.1 A set of behaviours have also been agreed as part of the development of the terms of reference, and these are set out below:

- We will operate with integrity, transparency, and honesty adopting the practice of reciprocity where we reward positive action and work together for mutual benefit.
- All members are respected and valued. They understand their own contribution and support the contributions of other members to the shared purpose
- We will support each other and work collaboratively to take decisions at the most local level as close as possible to the communities that the decision affect
- We will be transparent with each other and residents around decisions and appointments.

10. Membership of the Partnership Board

10.1 Details of the membership and composition of the Partnership Board is set out below. The intention is that the Chair will be the current, independent Chair of the existing Place Partnership Board until end September, and then will be nominated and agreed by the membership. Membership of the Partnership Board is partly by sector, with non-executive and executive directors providing the widest possible experience. The Council has negotiated up to three seats for members, one from each of the three largest political groups i.e. Labour, Independent and Conservative.

Nominated representative (role/title)	Organisation	Sector represented	Member of consultative forum	Member of S75 committee
Place Director	ICB	ICB	Yes	Yes
Director of Public Health	Council	Public Health	Yes	No
Director of Adults, Health & Integration	Council	Adults	Yes	Yes
Director of Childrens Services	Council	Childrens	Yes	No
Chief Executive	Council	Place Lead		
Councillor	Council	Councillor representative (x3)	Yes	No
	Mid Cheshire NHS FT	NED – Acute & community	Yes	No
Chief Executive	Mid Cheshire NHS FT	Exec – Acute & community	Yes	No
Board Chair	East Cheshire NHS Trust	NED – Acute & community	Yes	No
Chief Executive	East Cheshire NHS Trust	Exec – Acute & community	Yes	No
	Cheshire & Wirrall Partnership NHS Foundation Trust	NED – Health & Care	Yes	No
	Cheshire & Wirrall Partnership NHS Foundation Trust	Exec – Health & Care	Yes	No
	Vernova	Primary Care	Yes	No
	LMC	Primary Care	Yes	No
	Alliance	Primary Care	Yes	No
		Primary Care	Yes	No
	Healthwatch	NED - Residents	Yes	No
Chief Executive		Exec - Residents	Yes	No
Director	Social Action Partnership	VCFSE - Exec	Yes	No

10.2 Meetings of the Partnership Board will be held in public every two months (as a minimum), with agendas and papers published in advance. The ICB Place Director will take responsibility for these meetings, but the Council will support with some capacity for publishing papers, providing a venue etc., until the ICB are able to undertake this role.

11. Summary of the Proposal to establish the Partnership Board

11.1 The Place Partnership Board, ICB Committee and Section 75 Committee will operate as a committee or meeting 'in common', underpinned by the proposed terms of reference. This means that all partners will meet at the same time and undertake business as one meeting, although not all partners will be the legal decision makers. Figure 1 shows the proposed arrangement for the Partnership Board, which has received support from the Cheshire and Merseyside Integrated Care Board and is being widely used as a model across most areas.



Figure 1 – Proposed governance arrangement.

11.2 The work programme will relate to the delivery of health and care components of key strategies. Decision-making will be by individual officers using their existing delegations, and decisions made on behalf of the Council will comply with the Council's Scheme of Delegation or will have specific authority. Over time, the Partnership Board may wish to harmonise delegations across the organisations, so that all officer representatives have the same level of delegation, but this is not the current position. Councillors and non-executive directors from the health sector will not have decision making authority at this stage, as the Partnership Board is not set up as a Joint Committee, as the legislation to allow this has not yet been enacted.

11.3 The Cheshire East Place Partnership Board's scope includes the services currently within the ICB funding allocation, and schemes included within the BCF 75 agreement in relation to adult social care services commissioned or provided by the Council, as well as integrated Child Health Hub developments. It is anticipated that the scope will extend to cover ICB delegated activity, and potentially other elements of Adults Social Care and potentially some areas of Childrens and Public Health in the future.

11.4 The Section 75 Committee will have oversight of the Better Care Fund and its future development. It will receive quarterly reports from the BCF Governance Group.

12. Terms of Reference for S75 Committee

12.1 The Section 75 Committee will provide a visible joint focal point to oversee:

- The delivery of the Better Care Fund Plan, and any in year amendments to the plan resulting from national or regional policy
- Receiving quarterly reports on performance and financial plans in relation to the Better Care Fund Plan

- Developing proposals for establishing a formal pooled budget arrangement by 2023. This will include extending the planning timeframe for the BCF Plan, developing proposals for hosting, risk share, and developing appropriate schemes of delegation for approval by the Council and C&M ICB. These decisions will go through appropriate Council approval mechanisms.
- 12.2 Approval of the Terms of Reference for the S75 Committee was delegated to the Executive Director (Adults, Health and Integration) and Monitoring Officer. These have now been agreed by both the Council and the CCG (now ICB), and a copy of the Terms of Reference is set out at Appendix 5..

13. Legal Implications

- 13.1 Many areas already have long established arrangements that enable decisions on key priorities to be made together in an agreed local collaborative forum. Decisions undertaken at these collaborative forums are possible due to the authority delegated to the relevant representative at that forum by their respective organisation and not by the forum itself. There are limited circumstances in which joint decision-making arrangements can be used, although the Health & Care Act 2022 will allow joint committees to be set up in the future once all parts are enacted.
- 13.2 Under the previous legislation, there were limited circumstances in which health partners could form joint committees and this was recognised as a weakness of the current system. For the purposes of the proposed arrangements, the relevant joint committee powers are under Section 75 of the National Health Service Act 2006 and NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000. There is only power for a local authority to form a joint committee with the NHS where there is an agreement under Section 75 of the National Health Service Act 2006.
- 13.3 As there are currently still legislative constraints on the ability of partners to make decisions jointly (other than under S75 arrangements), there will need to be careful consideration of decision making to ensure that the correct delegations are in place, the work programme for the Partnership Board is appropriate, and that the correct body/decision maker is taking the decision.
- 13.4 The Council may also need to review its committee delegations in the future, as we continue to integrate our services, to ensure decisions are taken in the correct governance forum and achieve the best results for our residents.

14. Financial Implications

There are no current financial implications for the Council. However, for the future, the policy direction of the NHS does envisage that all partners will work together and look to pool and share health related budgets, where this would improve outcomes for

residents. As arrangements under the new Place system develop, there will be considerable opportunities for further engagement with members about the future direction of Place. Any decisions made on behalf of the Council will have to be in accordance with the Council's existing budget and policy framework.

15. Policy Implications

This report and its recommendations are within the Council's existing policy framework, and it supports the priorities set out in the Cheshire East Place Partnership Plan 2019-2024.

16. Equality

There are no direct equality implications as a result of this report.

17. Human Resources

There are no direct human resources implications as a result of this report. However, the change from the CCG to the ICB will have HR implications, albeit they will be indirect for the Council.

18. Risk Management

18.1 There is a risk that not all partners agree to the proposed terms of reference as set out in this report and to take part in the Place Partnership Board. However, this is considered very low risk as senior officers from all partners have been working together as the Place Executive Group, to collaboratively develop the integrated partnership arrangements and work with their boards to ensure that all are in support. All relevant boards/committees within each partner organisation will be consulted in the same timeframe with a view to having the arrangements in place for August 2022.

18.2 It is to be hoped that partners can reach a consensus over decision making. However, in the event that a dispute arises between the partners over anything contained within the S75 Agreement, then the dispute mechanism in the S75 Agreement takes precedence. If any dispute arises over the allocation of ICB funding or priorities at Place, then this would be referred to the C&M ICB Chair for decision.

19. Rural Communities

There are no direct implications for rural communities as a result of this report, as the Place Partnership Board will deliver to the agreed objectives and priorities in the Cheshire East Place Plan.

20. Children and Young People/Cared for Children

There are no direct implications for Children and Young People/Cared for Children as a result of this report, as the Place Partnership Board's responsibility is to deliver the agreed objectives and priorities in the Cheshire East Place Plan, including those agreed for children and young people. The Director of Children's Services will be a member of the Partnership Board and this will ensure that appropriate emphasis is given to those services which affect children and young people.

21. Public Health

A key purpose of the Integrated Care System is to ensure that all areas consider the wider determinants of health and health inequalities and tackling these is key part of the Health & Care Bill, which the Partnership Board will need to consider. The Director of Public Health will be a member of the Partnership Board, and this will ensure the appropriate emphasis is given to these areas.

22. Climate Change

There are no direct implications for climate change as a result of this report.

Access to Information	
Contact Officer:	Deborah Upton, Legal Services deborah.upton@cheshireeast.gov.uk
Appendices:	App.1 - Terms of reference of the Place Partnership Board App.2 - Governance/Operating Model App.3 – Governance structure for Cheshire East App.4 – Information Flows App.5 – S75 Committee Terms of Reference
Background Papers:	Health & Care Act 2022 Report to Adults & Health Committee on 28 March 2022 entitled ' <i>Better Care Fund S75 Agreement</i> ' Report to Corporate Policy Committee on 14 April 2022 entitled ' <i>Governance Progress Report</i> ' Report to Council on 27 April 2022 entitled ' <i>Recommendations from Corporate Policy Committee: Progress on Governance for the Integrated Care System</i> '

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CHESHIRE EAST PLACE Cheshire East Place Partnership Board (working title)

TERMS OF REFERENCE

1. Status

The Cheshire East Place Partnership Board is a non-statutory partnership that brings together representatives from across the Cheshire East Place with the necessary authority from their Partner organisations to represent the Partner organisation at the Cheshire East Place Partnership Board and, where applicable, make collective decisions on matters within the remit and scope of the Cheshire East Place Partnership Board. The Cheshire East Place Partnership Board incorporates ICB and Council-specific structures (eg. the Section 75 Committee) that also enable statutory decisions to be taken by the ICB/Council (as relevant) within the Cheshire East Place Partnership Board structure.

The Cheshire East Place Partnership Board is not a separate legal entity, and as such is unable to take decisions separately from its constituent members or bind any one of them; nor can one Partner organisation 'overrule' the other on any matter (save for where decisions may be taken by the ICB and Council as part of the Section 75 Committee, which may operate by way of individuals on the Committee having delegated authority to take decisions on behalf of their respective organisations in accordance with the Section 75 agreement or, in time, by way of a joint committee). The functions of the Cheshire Clinical Commissioning Group (CCG) were transferred by statute to the Integrated Care Board (Cheshire & Merseyside) ('ICB') with effect from 1st July 2022.

The Cheshire East Place Partnership Board will operate as a place for the discussion of issues with the aim of reaching decisions by consensus (where members have delegated authority from their respective Partner organisations to make such decisions) or making recommendations and proposals to Partner organisations. Decisions may be taken on behalf of a Partner organisation by that organisation's representative on the Cheshire East Place Partnership Board acting under delegated authority.

Where a decision needs to be taken by one or more statutory Partner organisation(s) on matters falling within the remit of the Section 75 agreement and Section 75 Committee, other Partners represented within the Cheshire East Place Partnership Board may participate in discussions about those matters and decisions may be taken by way of consensus amongst all Partners. However, in the event that the Cheshire East Place Partnership Board is unable to agree a consensus position on such a matter, this will not prevent the Section 75 Committee taking any applicable decisions it is required to take, subject to meeting quoracy requirements. If consensus cannot be reached by the Cheshire East Place Partnership Board, the members of the Section 75 Committee can continue to take a decision on a matter by exercising their individual delegated authority in accordance with the Section 75 agreement. The Section 75 Committee may, where appropriate or necessary, meet separately from the Cheshire East Place Partnership Board in order to exercise the commissioning functions of the ICB and/or the Council.

2. Structure of these terms of reference

These terms of reference are for Cheshire East “Place” Partnership Board, which incorporates the following:

- (1) Section 75 Committee (formed in accordance with arrangements between Cheshire CCG (“the CCG”) and Cheshire East Council (“the Council”) under Section 75 of the NHS Act 2006 to administer matters connected with the BCF and IBCF and any other matters delegated to it in accordance with the Section 75 agreement in place from time to time). The membership of the S75 Committee is between the ICB and Council); and
- (2) Consultative forum between partners in Cheshire East Place.

These terms of reference may be amended from time to time in accordance with the process set out below, and may be amended to incorporate an ICB committee and/or joint committee at Place should it be determined by the ICB and partners at Place that any such committees should form part of the Cheshire East Place Partnership Board.

In addition to any such committee, or alternatively, the ICB may delegate functions to an ICB employee or officer such that that individual may take decisions on behalf of the ICB at Place as part of the consultative forum element of the Cheshire East Place Partnership Board, in addition to any ICB functions that may be exercised through the Section 75 Committee. These terms of reference may be amended accordingly to reflect any such arrangements.

3. Introduction

The organisations referred to in these terms of reference are partners in the Cheshire East Place (“Partners”). Representatives of the Partners have come together as the Cheshire East Place Partnership Board to enable the delivery of integrated population health and care services in Cheshire East Place, as set out in more detail below. The Partners intend to enter into a Memorandum of Understanding setting out their commitment to delivery of the Place vision and objectives, operating in accordance with the agreed collaboration/partnership values and principles.

The Cheshire East Place Partnership Board will be responsible for achieving our shared vision; *‘to enable people to live well for longer; to live independently and to enjoy the place where they live’*

The Cheshire East Place Partnership Board recognises the need to take account of relevant NHS and Council directions, policy and guidance, both local and national, statutory duties and the wider health and wellbeing agenda and strategy across Cheshire East Place in delivering this objective. The Cheshire East Place Partnership Board should ensure the alignment of planning, commissioning, transformation and service delivery with the priorities of the Joint Health and Wellbeing Strategy and NHSE/ICB strategy (both local and national).

As far as possible, the Cheshire East Place Partnership Board will make decisions on matters within its remit by consensus (the agreement of all members of the Cheshire East Place Partnership Board). This will be enabled through delegations from Partner organisations to individuals as part of the consultative forum element of the Cheshire East Place Partnership Board or through specific committees or other structures established by Partner organisations meeting as part of, or in parallel with, the Cheshire East Place Partnership Board (for example, the Section 75 Committee). If consensus cannot be reached between the members of the

Cheshire East Place Partnership Board, individual members with delegated authority from their respective organisation(s) may take their own respective decisions on a matter on behalf of that organisation, but for the avoidance of doubt, no decision taken by any member of the Cheshire East Place Partnership Board under individual delegated authority will bind any other Partner organisation. Alternatively, or in addition to consensus decision-making, the Cheshire East Place Partnership Board may act simply as a consultative forum for the discussion of matters and may make no decisions; decisions being reserved for individual Partner organisations.

Where a decision needs to be taken by one or more statutory Partner organisation(s) on matters falling within the remit of the Section 75 agreement and Section 75 Committee, other Partners represented within the Cheshire East Place Partnership Board may participate in discussions about those matters and decisions may be taken by way of consensus amongst all Partners. However, if consensus cannot be reached, the members of the Section 75 Committee can continue to take a decision on a matter by exercising their individual delegated authority in accordance with the Section 75 agreement. The Section 75 Committee may, where appropriate or necessary, meet separately from the Cheshire East Place Partnership Board in order to exercise the commissioning functions of the ICB and/or the Council in relation to the S75 Agreement.

Where applicable, the Cheshire East Place Partnership Board may make recommendations on matters that it has been asked to consider on behalf of a constituent Partner(s). Where the Cheshire East Place Partnership Board has been asked to consider and make recommendations on matters on behalf of a Partner(s), the Partner organisation(s) remains responsible for the exercise of its functions and nothing that the Cheshire East Place Partnership Board does shall restrict or undermine that responsibility.

4. Purpose

The purpose and main objective of the Cheshire East Place Partnership Board is to *provide oversight and management for the delivery of an integrated health and social care system through effective stakeholder collaboration and deliver improved health and social care services and outcomes for the population of Cheshire East in line with the Joint Health and Wellbeing Strategy.*

The Cheshire East Place Partnership Board will work within existing statutory and contractual frameworks and the Section 75 arrangements/agreement between the ICB and the Council to transform the way in which health and care services are delivered and services are integrated.

The priorities and work plan for the Cheshire East Place Partnership Board will be developed by the Partners within the Cheshire East Place Partnership Board and aligned with the Joint Health and Wellbeing Strategy.

5. Principles & Behaviours

The Cheshire East Place Partnership Board values and principles of collaborative working are founded on the definition of integration from the perspective of the patient / service user which is based upon the National Voices Coalition definition:

“Integrated care is not about structures, organisations or pathways – it is about better outcomes and experiences for citizens / service users”.

The Cheshire East Place Partnership Board will adopt the following principles:

- **Put the voices of people and communities at the centre** of decision-making and governance, at every level
- **Start engagement early when developing plans** and feed back to people and communities how their engagement has influenced activities and decisions
- **Understand communities' needs, experience and aspirations for health and care**, using engagement to find out if change is having the desired effect
- **Build relationships with excluded groups**, especially those affected by inequalities.
- **Work with Healthwatch and the voluntary, community, faith and social enterprise (VCFSE) sector** as key partners.
- **Provide clear and accessible public information about vision, plans and progress**, to build understanding and trust.
- **Use community development approaches that empower people and communities**, making connections to social action.
- **Use co-production, insight and engagement** to achieve accountable health and care services.
- **Coproduce and redesign services and tackle Cheshire East priorities in partnership** with people and communities.
- **Learn from what works and build on the assets of all Cheshire East partners** – networks, relationships, activity in local communities

A set of behaviours have also been agreed as part of the development of the terms of reference, and these are set out below:-

- We will operate with integrity, transparency, and honesty adopting the practice of reciprocity where we reward positive action and work together for mutual benefit.
- All members are respected and valued. They understand their own contribution and support the contributions of other members to the shared purpose
- We will support each other and work collaboratively to take decisions at the most local level as close as possible to the communities that the decision affect
- We will be transparent with each other and residents around decisions and appointments;

6. Chair

The Cheshire East Place Partnership Board will be chaired by an independent Chair until end September 2022 and then a Chair will be nominated and agreed from within the membership. The membership may also choose to appoint a Vice Chair.

In the absence of the Chair and Vice Chair (if appointed) providing the meeting is still quorate, the Cheshire East Place Partnership Board membership present can agree a Chair for a particular meeting.

7. Membership

Members of the Cheshire East Place Partnership Board contribute to discussion, participate in decision-making (where they have the delegated authority from their respective Partner organisations to do so) and are accountable for decisions made.

Each of the Partner organisations of the Cheshire East Place Partnership Board will ensure that their designated member of the Cheshire East Place Partnership Board is appointed to attend and represent their organisation on the Cheshire East Place Partnership Board with such authority as is agreed to be necessary in order for the Cheshire East Place Partnership Board to function effectively in discharging its responsibilities as set out in these terms of reference which is, to the extent necessary, recognised in an organisation's respective scheme of delegation (or similar);

The membership of the Cheshire East Place Partnership Board is set out below. The table also sets out the status of each member on the two component parts of the Cheshire East Place Partnership Board.

Nominated representative (role/title)	Organisation	Sector represented	Member of consultative forum	Member of S75 committee
Director of Place	ICB	ICB	Yes	Yes
Director of Public Health	Council	Public Health	Yes	No
Director of Adults, Health & Integration	Council	Adults	Yes	Yes
Director of Childrens Services	Council	Childrens	Yes	No
Chief Executive	Council	Place	Yes	No
	Cheshire East Council	Councillor representatives (x3)	Yes	No
	Mid Cheshire NHS FT	NED – Acute & Community	Yes	No
	Mid Cheshire NHS FT	Exec – Acute & Community	Yes	No
Board Chair	East Cheshire NHS Trust	NED – Acute & Community	Yes	No
Chief Executive	East Cheshire NHS Trust	Exec – Acute & Community	Yes	No
	Cheshire & Wirral Partnership NHS Foundation Trust	NED – Health & Care	Yes	No

	Cheshire & Wirral Partnership NHS Foundation Trust	Exec – Health & Care		
	Vernova	Primary Care		
	LMC	Primary Care		
	Alliance	Primary Care		
		Primary Care		
	Healthwatch	NED - Residents		
Chief Executive		Exec - Residents		
Director	Social Action Partnership	VCFSE - Exec		

Other individuals may be invited to attend, participate in or observe discussions at Cheshire East Place Partnership Board meetings, as agreed by the membership of the Cheshire East Place Partnership Board from time to time.

Membership of the Cheshire East Place Partnership Board shall cease when a member:

- notifies the Cheshire East Place Partnership Board of their wish to resign;
- ceases to hold qualifying office as per the table above;
- is withdrawn by a Partner (in such circumstance the Council or the ICB shall notify the Cheshire East Place Partnership Board of such withdrawal).

The relevant individual shall be replaced by the appropriate Partner organisation appointing a replacement.

8. Quorum

For a meeting of the Cheshire East Place Partnership Board to be quorate, the following requirements must be met:

Section 75 Committee – quoracy is each representative from the ICB and Council, or their nominated substitute.

Consultative forum – quoracy is one representatives from each of the ICB and Council plus one NHS Trust representative, one Primary Care representative, the Healthwatch representative and the Voluntary Sector representative.

For the avoidance of doubt, if the Section 75 Committee and consultative forum are meeting in common as one 'meeting', the quoracy for that Cheshire East Place Partnership Board meeting overall is the quoracy required for the consultative forum.

The quorum does not include those observing or providing administrative or other support.

If it is not possible for the Section 75 Committee to convene a quorate meeting, meetings of the Cheshire East Place Partnership Board may proceed provided that there is at least one individual representative present from each of the ICB and Council. It shall be the responsibility of those individuals to ensure the scope of their authority is clear and that any

matters requiring a decision of the Section 75 Committee are reserved and ratified by the Committee at a later date.

9. Remit and objectives

The Cheshire East Place Partnership Board's scope includes the services currently within the ICB funding allocation for Cheshire East, and schemes included within the BCF 75 agreement in relation to adult social care services commissioned or provided by the Council, as well as integrated Child Health Hub developments. It is anticipated that the scope will extend to cover ICB delegated activity, and potentially other elements of Adults Social Care, Childrens Services, and Public Health in the future.

The Cheshire East Place Partnership Board will seek to agree the destination of any commissioning resources allocated to it.

The Cheshire East Place Partnership Board will make recommendations to, or, where delegated, take decisions on behalf of, Partner organisations on commissioning, planning, transformation and service delivery, collective leadership and assurance including oversight of risk management:

- delivering the health and care components of key strategies, particularly the Joint Health & Wellbeing Strategy, NHS Five Year Forward View and Better Care Fund, and any other relevant commissioning strategies and intentions;
- supporting capacity, sustainability and quality of the health and social care provider market;
- adopting a Population Health Management (PHM) approach ensuring joint strategic needs assessments of the whole population are used to inform commissioning and transformation across health and social care;
- ensuring that robust user-based evaluation and quality measures are applied to the delivery of services;
- ensuring best value for money;
- overseeing systems and infrastructure workstreams on behalf of the partnership (e.g. enablers such as digital, estates, workforce) and monitoring progress.

Objectives of the Cheshire East Place Partnership Board

Commissioning

- To provide the strategic commissioning leadership to support whole system transformation of health and social care across Cheshire East, including assurance of the programmes of work sitting under the Cheshire East Place Partnership Board.
- To manage and co-ordinate commissioning under the Section 75 agreement for the Better Care Fund and any further agreements across health, wellbeing and social care commissioning entered into between the ICB and Council.

Planning

- To agree and implement effective governance arrangements for the partnership.
- To agree the organisational development strategy and action plan for the partnership, including system leadership capacity and capability of the partnership workforce, and to monitor delivery.
- To develop health and social care Place plans which will deliver NHSE/ICB priorities and the health and care components of the Joint Health and Wellbeing Strategy.
- To receive assurance as to the impact of proposed changes to services or systems, including on care standards and quality, policies, practices and staff resources, and the wider system before such changes are implemented.
- To ensure that planned changes are appropriately communicated widely across all participating organisations, agencies and stakeholder groups.
- To agree collaborative workforce planning to ensure Cheshire East Place has a sufficient, valued, well trained and supported workforce that is fit for the future.
- To approve proposals for Place outcome measures and mechanisms for reporting collectively on the performance of providers working in the partnership.

Collaboration and partnership

- To promote integrated and partnership working across all organisations at Place and system wide to deliver sustainable health and social care for the population.
- To encourage the use of flexibilities as set out in the NHS Act 2006, including joint investment and pooled budgets.
- To encourage and support the development of and investment in the Voluntary Community Social Enterprise (VCSE) sector.
- To embed co-production and engagement mechanisms at Place to ensure the voice of people (including those with lived experience) and communities shape service delivery and outcomes.

Service delivery and assurance

- To agree and evaluate integrated service models which lead to the optimum delivery of the objectives.
- To deliver sustainable system change, improving quality and safety in care, access, and experience for all patients and residents.
- To provide assurance that all commissioned services are safe, effective and provide the best possible experience for service users.

Financial obligations

- Establishing financial governance at Place that enables any funds provided to the point of delegation to be allocated as required between Place Partners.
- To agree a strategy for managing financial pressures and financial risk within Place.
- To operate within the financial statutory duties and control totals of each Partner organisation.

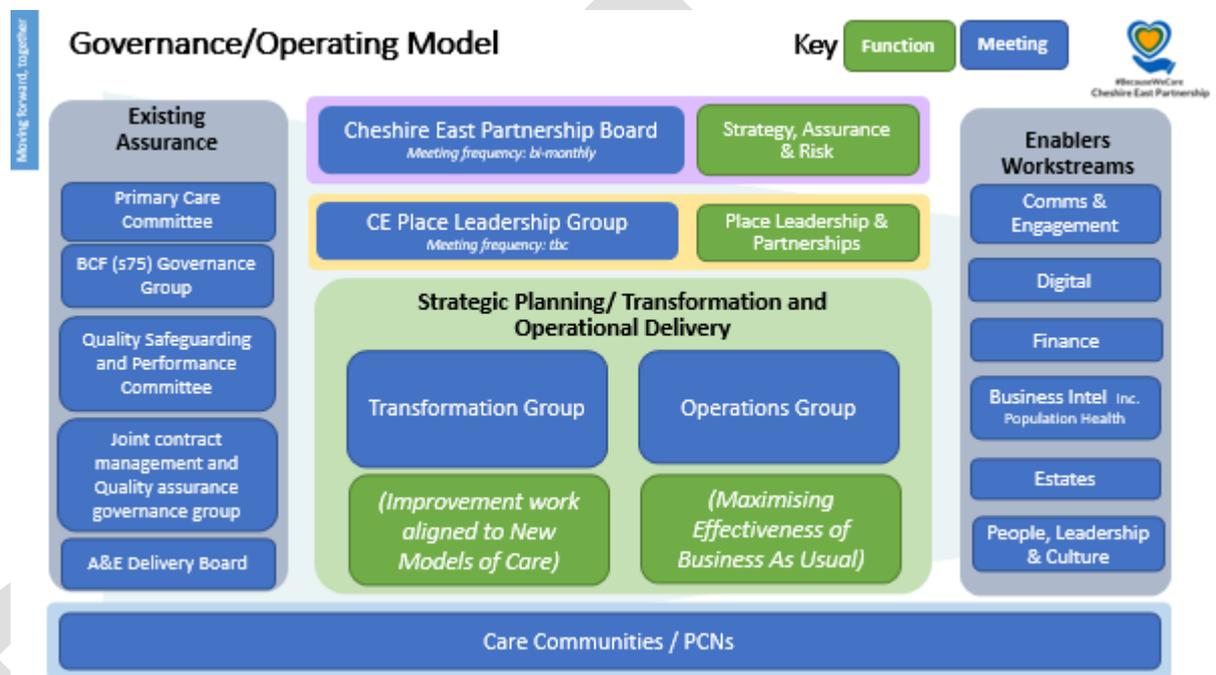
Section 75 Committee

The specific remit of the Section 75 Committee will be management and use of the Better Care Fund under the terms of the Section 75 agreement in place between the ICB and Council.

Reporting and Governance at Place

The Cheshire East Place Partnership Board will establish a Leadership Group to support its agreed functions; this can include co-opting members from other organisations/stakeholders and other external bodies in an advisory role, and it can also develop other groups as it feels are necessary.

The Cheshire East Place Partnership will have the below governance:



A report from the Leadership Group will be a standing item on every meeting agenda for the Cheshire East Place Partnership Board.

The Cheshire East Place Partnership Board may receive and consider recommendations and proposals from the Leadership Group in the course of fulfilling its functions, and it will seek financial, legal and other advice when necessary.

10. Reporting

The Cheshire East Place Partnership Board will report to the ICB and the Health and Wellbeing Board in relation to the exercise of its functions on a bi-monthly basis after each meeting of the Cheshire East Place Partnership Board. The members of the Cheshire East Place Partnership Board will report to each of their respective Partner organisations on the exercise of the functions of the Cheshire East Place Partnership Board.

The Cheshire East Place Partnership Board and the Health and Wellbeing Board will work closely together and will provide reports to each other. The reports the Cheshire East Place Partnership Board receives from the Health and Wellbeing Board will include the Board's recommendations to the Cheshire East Place Partnership Board on matters concerning the delivery of Place health and care priorities and objectives so as to ensure alignment with and the implementation of the health and care components of the Joint Health and Wellbeing Strategy. The Health and Wellbeing Board will continue to have statutory responsibility for the Joint Health and Wellbeing Strategy and Joint Strategic Needs Assessment for the Cheshire East Place.

The Cheshire East Place Partnership Board's exercise of its functions will be subject to scrutiny, as appropriate, by the Council's Scrutiny Committee. For the avoidance of doubt, individual partners may also be subject to statutory scrutiny in respect of their individual functions.

11. Meetings and administration

The Cheshire East Place Partnership Board shall carry out its functions in a manner that is consistent with the relevant governance and regulatory frameworks applicable to Partners, including the Council's and the NHS bodies' Constitutions.

The Cheshire East Place Partnership Board will meet at least 6 times a year (usually on a bi-monthly basis) and a schedule of dates for the following 12 months will be agreed between the membership and disseminated at the beginning of each financial year.

Meetings may be held in person, by telephone or video conference. Members/Participants may participate (and count towards quorum) in a face-to-face meeting, via telephone or video conference.

All members of the Cheshire East Place Partnership Board should endeavour to attend meetings of the Cheshire East Place Partnership Board. Where necessary, deputies may be sent to attend meetings in place of the Member/Participant. Deputies must have appropriate seniority and authority from their respective organisation to fully participate in discussions and make decisions under delegated authority where required to do so. Where a Member/Participant is unable to attend a meeting, apologies should be sent in advance of the meeting to the Chair, and notification should also be sent if a deputy is attending in their place.

Meetings shall be held in public and members of the public will have an opportunity to ask questions. The Cheshire East Place Partnership Board may resolve to go into private session in accordance with the NHS bodies and/or Council's Constitutions and/or Standing Orders.

The Chair may call extraordinary meetings of the Cheshire East Place Partnership Board at their discretion, subject to providing at least 5 working days' notice to Members.

The Cheshire East Place Partnership Board will be administered by a secretariat provided by the ICB.

Agenda items and supporting papers must be notified 5 working days in advance of each meeting to the Chair. All Members may suggest agenda items. Requests made less than 5 working days before a meeting may be included on the agenda at the discretion of the Chair. The final agenda shall be agreed by the Chair.

Agendas and supporting papers will be circulated at least 3 working days before each meeting of the Cheshire East Place Partnership Board.

The Cheshire East Place Partnership Board may consider items of any other business at the discretion of the Chair of the relevant meeting; however, papers should not normally be tabled.

Draft minutes of meetings will be sent to Members within 14 days of each meeting and any comments on accuracy should be provided before the next meeting. Approval of the minutes of the previous meeting of the Cheshire East Place Partnership Board will be a specific item on each meeting agenda. No discussion shall take place upon the minutes except upon their accuracy or where the Chair considers discussion appropriate. Minutes will be made available to each of the Partner organisations on request.

All Members are responsible for reporting on key issues from the meetings and communicating decisions within their respective organisations. A report from the Board will be provided to each Member for use within their organisations.

12. Review

The Cheshire East Place Partnership Board will review the terms of reference and effectiveness of the Cheshire East Place Partnership Board at least annually and provide an annual report to Partner organisations and to the Health and Wellbeing Board on the exercise of its functions.

Notwithstanding the annual review, these terms of reference may be reviewed and amended at any time by the Cheshire East Place Partnership Board by way of consensus. If consensus cannot be reached, the current chair will have the authority to determine and implement (jointly with the Chair of the C&M ICB) any necessary amendments to the terms of reference to enable the Cheshire East Place Partnership Board to continue to operate and meet its stated objectives.

13. Conduct

All members of the Cheshire East Place Partnership Board are required to notify the Chair of any actual, potential or perceived conflict of interest in advance of a meeting to enable appropriate management arrangements to be put in place. Conflicts of interest will be managed in accordance with the policies and procedures of the ICB and Council and management shall be consistent with the statutory duties contained in applicable legislation and any statutory guidance issued to Partner organisations.

All members are required to uphold the Nolan Principles and all other relevant NHS or Council Code of Conduct requirements which are applicable to them.

It is expected that members act in the spirit of co-production and collaboration in line with the values, principles and ethos of the Cheshire East Place.

Each Partner shall co-operate with the other in connection with any request for information relevant to the Cheshire East Place Partnership Board under the Freedom of Information Act 2000 or the Environmental Information Regulations.

14. Complaints and disputes

The Partners shall co-operate in the resolution of any complaint or dispute.

If a dispute arises in relation to the Section 75 agreement, the dispute resolution process set out in that agreement shall be followed by the relevant parties to that agreement.

For any other disputes, in the unlikely event that any disagreements are such that they cannot be resolved by Partner representatives at the Cheshire East Place Partnership Board, the Leadership Group will be asked to find an appropriate resolution.

However, in the event this is not possible, the matter will then be considered by the Chair of the Integrated Care Board who will have autonomy to make an appropriate decision in order to reach resolution.

If any Partner receives any formal enquiry, complaint, claim or threat of action from a third party relating to the operation of the partnership or the Cheshire East Place Partnership Board (including, but not limited to, claims made by a supplier or requests for information made under the FOIA), the receiving Partner will liaise with the Cheshire East Place Partnership Board as to the contents of any response before a response is issued.

V1 Sent on 25.4.22

V2 incorporating ECT and MCHFT comments (28.4.22)

V3 incorporating changes agreed by Place Exec Group (30.6.22)

Governance/Operating Model

Key Function Meeting



#BecauseWeCare
Cheshire East Partnership

Existing Assurance

- Primary Care Committee
- BCF (s75) Governance Group
- Quality Safeguarding and Performance Committee
- Joint contract management and Quality assurance governance group
- A&E Delivery Board

Cheshire East Partnership Board
Meeting frequency: bi-monthly

Strategy, Assurance & Risk

CE Place Leadership Group
Meeting frequency: tbc

Place Leadership & Partnerships

Strategic Planning/ Transformation and Operational Delivery

Transformation Group	Operations Group
<i>(Improvement work aligned to New Models of Care)</i>	<i>(Maximising Effectiveness of Business As Usual)</i>

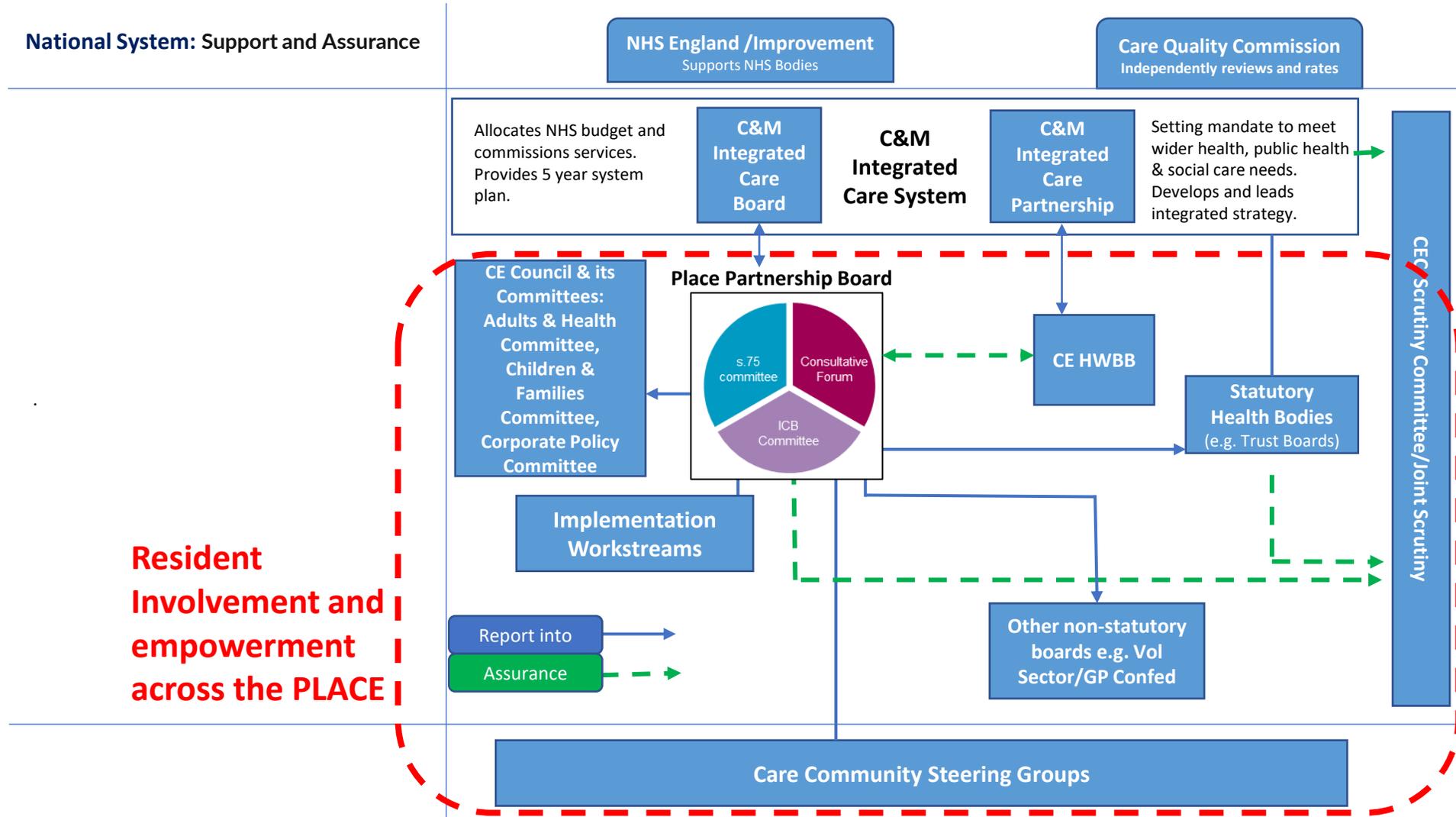
Enablers Workstreams

- Comms & Engagement
- Digital
- Finance
- Business Intel Inc. Population Health
- Estates
- People, Leadership & Culture

Care Communities / PCNs

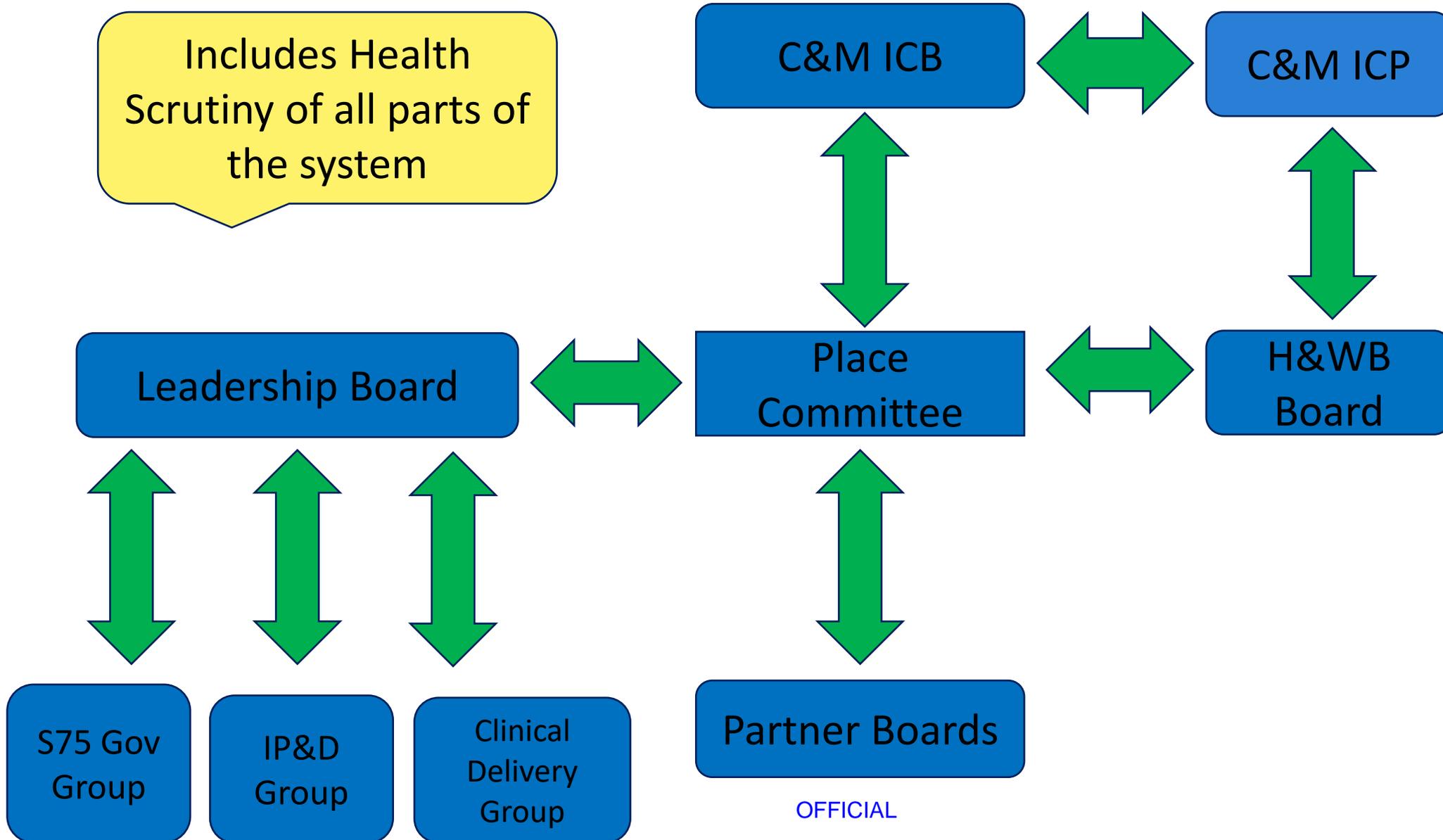
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Appendix Three - Proposed Integrated Care System governance



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Information Flows



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Cheshire East Section 75 Joint Committee – Terms of Reference

1. Establishment and Purpose of the Committee

The Section 75 Joint Committee ('Committee') is a meeting of Cheshire East Council (CEC) and NHS Cheshire Clinical Commissioning Group (CCG). On 1 July 2022 the functions and responsibilities of the CCG will transfer under the Health & Care Act 2022 to the Cheshire and Merseyside Integrated Care Board. Existing joint agreements, such as the Section 75 Agreement ('S75 Agreement'), and agreed Terms of References for joint committees will be inherited and adopted by the ICB. As such all references to 'CCG' shall now referred to as 'ICB' to reflect the change to take effect from 1st July 2022.

The Committee will ensure delivery of outcomes in the priority areas of focus set out in the S75 agreement on 1st April 2022 between CEC and the ICB and will work towards the future intentions set out in Schedule 1 Part 3 of the S75 Agreement.

The Cheshire East Section 75 Joint Committee ('the Committee') will facilitate bringing together a single commissioning voice to ensure the design and implementation of new models of care that deliver the outcomes required for the Cheshire East population.

The Committee will support CEC and the ICB to deliver national requirements, including but not limited to the NHS Long Term Plan, and Spending Review, within Cheshire East.

2. Membership

The membership of the Committee comprises the Director of Adults, Health & Integration (CEC) and the Cheshire East Place Director (ICB) or any other substitute nominated by those members.

Membership of the Committee may change if the scope of the Committee changes. Membership changes will need to be agreed by the member organisations of the Committee.

3. Authority/Accountability

The Committee is a meeting of the Council and the ICB representatives with the purpose of agreeing joint health and social care commissioning and delivery plans for Cheshire East. In discharging this, the Committee will use the authorised delegated authority of its individual representatives either under the Council/ICB Scheme of Delegation or through the S75 Agreement, as applicable. Both parties will have regard to any internal controls or statutory limits on their powers, and make these clear to the other party.

The Committee is also authorised to create working groups as necessary to fulfil its responsibilities within these terms of reference.

The existing Cheshire East Better Care Fund Governance Group (BCF Group) will report to and support the Committee.

4. Attendees

In addition to the Committee members, all members of the Cheshire Place Partnership Board [working title] are invited to attend all meetings of the Joint Committee and participate in the discussions of the Committee to help inform the decisions to be undertaken by its members.

Others may also be invited to attend the Joint Committee as necessary on an ad-hoc basis to inform discussions.

5. Quorum

The Joint Committee will not be quorate and meet unless there is a member from each of the ICB and CEC.

The Joint Committee will aim to achieve its decisions by consensus of its members and attendees and so formal voting would be a last resort. Given the nature of the programme, securing the support of partners will be critical to the success of Joint Commissioning for Health and Care. In the event that a decision cannot be reached by consensus then only the named members of the Committee can vote.

In the event that it is unable to achieve agreement, all disputes will be dealt with in accordance with the mechanisms set out in the S75 Agreement.

Members will be required to be aware of what may constitute a conflict of interest, and will ensure that conflicts of interest are formally disclosed and will ensure they are subsequently managed in adherence with their organisations' respective policies. In addition, relevant Codes of Conduct will be followed at all times alongside adherence to the Nolan Principles and compliance with any statutory bar on participation and/or voting in particular circumstances.

6. Frequency and Notice of Meetings

Meetings will be scheduled to be held bi-monthly. It is intended that when and where possible the Joint Committee meeting will be held at the same time and in the same place as the Cheshire East Place Partnership Board, as a meetings in common. Meetings can be held in public or in private. However, meetings can be held separately from the Cheshire East Place Partnership Board. Additional meetings may be required and the members of the Joint Committee can determine the exact frequency of meetings.

In addition, the members of the Joint Committee may call extraordinary meetings at their discretion. A minimum of five working days' notice will be required.

The agenda and papers will be distributed to members of the Committee at least five clear days in advance of the meeting, unless otherwise agreed by the Members. Papers for meetings in public will be published and be available on both organisations' websites five clear days in advance of the meeting.

7. Minutes and Reporting Arrangements

The Joint Committee will formally record its deliberations within relevant minutes / action notes. This function will be undertaken by the designated officer support, alongside the management of paperwork and version control.

8. Meeting Effectiveness Review

Members of the Joint Committee have a collective responsibility for its operation. They will participate in discussion, review evidence and provide objective and informed input to the best of their knowledge and ability, and endeavour to reach a collective view.

Members of the Joint Committee will behave in a manner consistent with the principles and behaviours expected from members of the Cheshire East Place Partnership Board, recognising that the success of the work programme will depend upon relationships and an environment of integrity, trust, collaboration and innovation.

These Terms of Reference may be amended by mutual agreement between parties at any time to reflect changes in circumstances which may arise.

9. Review to be conducted by Committee

The Terms of Reference of the committee shall be reviewed when required, in line with any review of the Place Partnership Board Terms of Reference.

Date Terms of Reference Agreed:

NHS Cheshire CCG Governing Body: 30 June 2022

Cheshire East Council:

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Working for a brighter future together

Adults and Health Committee

Date of Meeting:	18 July 2022
Report Title:	Update on Public Health Grant
Report of:	Matt Tyrer, Director of Public Health
Report Reference No:	AH/09/2022-23
Ward(s) Affected:	All

1. Purpose of Report

- 1.1. This report summarises the allocation of the public health ring fenced grant to key areas of spend over the last 3 years.

2. Executive Summary

- 2.1 In the Annual Report of the Director of Public Health 2020/21 provided information to the committee on the allocation of the public health grant to our commissioned services in the year 2020/21.
- 2.2 This report describes the proportional allocation of the public health ring fenced grant over the last 3 years up to 2021/22.
- 2.3 The majority of the grant is spent on commissioned services in line with our statutory responsibilities.
- 2.4 The top 3 areas of spend in the last 3 years have been:
1. Children 0-19 (36%)
 2. Substance Misuse (18%)
 3. Sexual Health (16%)
- 2.5 When included as part of the total funding available for public health the temporary funding available for test and trace accounted for 14% of the total public health spend.

3. Recommendations

- 3.1. The committee is asked to note the report.

4. Reasons for Recommendations

- 4.1. At the current time we are reviewing current expenditure in response to emerging need post Covid-19. Current use of the grant has provided stability to services through the worst of the pandemic, but activity has changed dramatically along with wider changes in the needs of our residents.

5. Other Options Considered

- 5.1. Not Applicable

6. Background

- 6.1. This paper supplements the financial information included within the Annual Report of the Director of Public Health 2020/21.
- 6.2. The public health grant to local authorities is paid annually to local authorities for the purpose of improving health in local populations. It is ring fenced for this purpose and the wording has been altered this year to include public health challenges arising from Covid-19
- 6.3. The grant determinations are undertaken under section 31 of the Local Government Act 2003 and conditions of its use are determined by the Secretary of State for Health and Social Care.
- 6.4. There are statutory requirements for the use of the public health grant. These include responsibility for commissioning key programmes and services including comprehensive sexual health services, NHS health checks, the national child measurement programme and substance misuse services. Additionally, the grant must be used in fulfilling the statutory role of local authorities and directors of public health of protecting and improving the health and wellbeing of their residents.
- 6.5. The use of the grant must be assured by the Department for Health and Social Care with added assurance from the Chief Executive that the grant has been used appropriately.
- 6.6. The grant allocation to Cheshire East Council for 2021/22 is £16,928,979. This includes a core grant of £16,869,818 and an additional allocation for HIV pre-exposure prophylaxis (PrEP) of £59,161.
- 6.7. Table 1 provides the proportional allocation of the public health grant (excluding test and trace temporary funding) to key service areas. This table covers the last 3 financial years (2019/20, 2020/21 and 2021/22). When the temporary test and trace funding is included, it accounts for 14% of our expenditure.
- 6.8. The greatest expenditure is on services for children aged 5 to 19, substance misuse services and sexual health services.

- 6.9.** We expect that the funding proportions will remain similar through this financial year, however we are reviewing current funding for our commissioned services. This is in response to the changing needs of our population and changes in the activity seen in our services as a result of the Covid-19 pandemic.
- 6.10.** Our future expenditure will be guided by the recommendations of the Joint Strategic Needs Assessment (JSNA). The JSNA programme has now resumed and in the next year will be targeting key areas that have been most impacted by the pandemic and will allow us to take an evidence-based approach to both the use of the public health grant and provide wider recommendations to make the greatest difference across the Cheshire East Place.

Table 1: Proportion of public health grant allocated to service area for previous 3 financial years		
Public Health Service	Percentage	£ Thousand
Sexual health services	16%	7,549
NHS health check	1%	616
Health protection	2%	745
Child measurement programme	0%	90
Public health advice	2%	1,071
Weight & activity	3%	1,572
Substance misuse	18%	8,339
Smoking	1%	469
Children 0–19	36%	17,033
Health at work	0%	91
Public mental health	8%	3,579
Other public health services	13%	5,931
Total	100%	47,085

7. Implications

7.1. Legal

- 7.1.1. S31 of the Local Government Act 2003 gives power to a Minister of the Crown to pay a grant to a local authority towards expenditure to be incurred by it. Any such grant may be subject to conditions as to the use of the grant and provision as to circumstances in which the whole or part of the grant must be repaid. Local authority circular Public health grants to local authorities :2021 to 2022 sets out the allocations and conditions for using the grant.

7.1.2. The majority of the public health grant expenditure is on statutory services that we are required to provide.

7.2. Finance

7.2.1. This paper describes the allocation of the public health grant. This has been supported by officers from the finance team and assured by the Department of Health and Social Care.

7.3. Policy

7.3.1. The use of the public health grant aligns to the priorities of the Health and Wellbeing Strategy and the 5 Year Place Plan

7.4. Equality

7.4.1. The public health grant is used to support improvements in equity through allocation of resources in response to higher need.

7.5. Human Resources

7.5.1. The public health workforce is funded from the public health grant.

7.6. Risk Management

7.6.1. Inappropriate use of the public health grant can result in legal challenge or a lack of availability of resources to respond to unexpected health protection challenges.

7.7. Rural Communities

7.7.1. We use the public health grant to support services that minimise inequalities in rural communities.

7.8. Children and Young People/Cared for Children

7.8.1. The public health grant expenditure is highest for children and young people as it is vital that every child has the best start in life.

7.9. Public Health

7.9.1. There are no additional public health implications beyond the contents of the report.

7.10. Climate Change

7.10.1 The public health team are providing officers to support the work of the council in reducing carbon, improving air quality, and promoting active transport.

Access to Information	
Contact Officer:	Matt Tyrer, Director of Public Health Matt.tyrer@cheshireeast.gov.uk 01270 686409
Background Papers:	Annual Report of the Director of Public Health

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Adults and Health Committee work programme 2022-23

Reference	Committee Date	Report Title	Purpose of Report	Report Author/ Senior Officer	Consultation and Engagement Process and Timeline	Equality Impact Assessment Required and Published (Y/N)	Part of Budget and Policy Framework (Y/N)	Corporate Plan Priority	Exempt item and paragraph number
AH/12/2022-23	26 September 2022	First financial review of 2022/23 (update to include progress on policy proposals and material variances from MTFS)	To receive the first financial review for Adults, Health and Integration and to note or approve virements and supplementary estimates as required	Director of Finance and Customer Services (s151 Officer)	NA	NA	Y	An open and enabling organisation	N
AH/14/2022-23	26 September 2022	Scorecard Q1 (will also include Q4 data)	To consider key performance indicators/ measures.	Director of Adult Social Care	NA	N	Y	A council which empowers and cares about people	N
AH/04/2022-23	26 September 2022 (moved from July)	Cheshire East Live Well for Longer Plan 2022–2027	To approve the Live Well for Longer Strategy and receive the implementation plan	Director of Commissioning	Y	Y	Y	A council which empowers and cares about people	N
AH/07/2022-23	26 September 2022 (moved from July)	Dementia Strategy and implementation plan	To approve the dementia strategy and receive the implementation plan.	Director of Commissioning	Y	Required	Y	A council which empowers and cares about people	N
AH/06/2022-23	26 September 2022 (moved from July)	Universal Information and Advice Service Recommission	To approve the recommission of the universal information advice service	Director of Commissioning	Y	Required	Y	A council which empowers and cares about people	N
AH/35/2022-23	26 September 2022	Social Care Reform Update	To receive an update on Social Care Reform	Executive Director for Adults, Health and Integration	N/A	N	Y	A council which empowers and cares about people	N
AH/16/2022-23	21 November 2022	Second financial review of 2022/23	To receive the second financial review for Adults, Health and Integration and to note or approve virements and supplementary estimates as required	Director of Finance and Customer Services (s151 Officer)	NA	NA	Y	An open and enabling organisation	N
AH/17/2022-23	21 November 2022	Director of Public Health Annual Report 2021/22	To receive the Director of Public Health Annual Report.	Director of Public Health	NA	N	Y	A council which empowers and cares about people	N
AH/18/2022-23	21 November 2022	Local Account for Adult Social Care	To consider the annual required Local Account of Adult Social Care Services, outlining how the	Director of Adult Social Care	NA	N	Y	A council which empowers and cares about people	N

			council has supported people over the previous year.						
AH/19/2022-23	21 November 2022	Adult Social Care Winter Plan 2022-23	To receive an update on the schemes and actions being deployed to address winter pressures.	Director of Commissioning	NA	N	Y	A council which empowers and cares about people	N
AH/36/2022-23	21 November 2022	Social Care Reform Update	To receive an update on Social Care Reform	Executive Director for Adults, Health and Integration	N/A	N	Y	A council which empowers and cares about people	N
AH/39/2022-23	21 November 2022	Living Well in Crewe plan	TBC	Executive Director for Adults, Health and Integration	TBC	TBC	TBC	TBC	N
AH/13/2022-23	21 November 2022 (moved from Sept 2022)	Local Safeguarding Adults Board Annual Report 2021/22	To receive the annual report of the Local Safeguarding Adults Board.	Director of Adult Social Care	N/A	N	Y	A council which empowers and cares about people	N
AH/15/2022-23	21 November 2022 (moved from sept 2022)	Covid 19 review and future	To receive a summary report on covid support and plans for the future.	Director of Public Health	N/A	N	Y	A council which empowers and cares about people	N
AH/17/21-22	23 January 2023	Accommodation with Care Recommission	To approve the recommission of Accommodation with Care Services (Care Homes).	Director of Commissioning	Y	Required	Y	A council which empowers and cares about people	N
AH/20/2022-23	23 January 2023	Bed based carer respite	To approve the recommission of bed based carer respite	Director of Commissioning	Y	Required	Y	A council which empowers and cares about people	N
AH/21/2022-23	23 January 2023	MTFS Budget Consultation	To respond to the budget consultation for Adults, Health and Integration.	Director of Finance and Customer Services (s151 Officer)	Y	Required	Y	An open and enabling organisation	N
AH/22/2022-23	23 January 2023	Scorecard Q2	To consider key performance indicators/ measures.	Director of Adult Social Care	NA	N	Y	A council which empowers and cares about people	N
AH/23/2022-23	23 January 2023	Supported Employment Strategy and implementation plan	To approve the Supported Employment Strategy and implementation plan	Director of Commissioning	Y	Required	Y	A council which empowers and cares about people	N
AH/37/2022-23	23 January 2023	Social Care Reform Update	To receive an update on Social Care Reform	Executive Director for Adults, Health and Integration	N/A	N	Y	A council which empowers and cares about people	N
AH/24/2022-23	27 March 2023	Review of the learning disability and mental health strategy	To review the learning disability and mental health strategy	Director of Commissioning	Y	Required	Y	A council which empowers and cares about people	N
AH/25/2022-23	27 March 2023	Third financial review of 2022/23	To receive the third financial review for Adults, Health and Integration and to note or approve virements and supplementary estimates as required	Director of Finance and Customer Services (s151 Officer)	NA	NA	Y	An open and enabling organisation	N
AH/26/2022-23	27 March 2023	Scorecard Q3	To consider key performance indicators/ measures.	Director of Adult Social Care	NA	N	Y	A council which empowers and	N

								cares about people	
AH/27/2022-23	27 March 2023	All Age Carers Strategy	To receive an update on the progress against the All Age Carers Strategy	Director of Commissioning		N	Y	A council which empowers and cares about people	N
AH/38/2022-23	27 March 2023	Social Care Reform Update	To receive an update on Social Care Reform	Executive Director for Adults, Health and Integration	N/A	N	Y	A council which empowers and cares about people	N
AH/11/2022-23	27 March 2023	Adult Social Care charging policy	To approve the adult social care charging policy	Director of Commissioning	Y	Required	Y	A council which empowers and cares about people	N
AH/28/2022 - 23	November 23	Progress of the Flexible Purchasing System for day opportunities	To receive an update on the progress of the flexible purchasing system for day opportunities	Director of Commissioning		N	Y	A council which empowers and cares about people	N
TBC	TBC	Care at Home Recommission (domiciliary care)	TBC	Director of Commissioning			Y	A council which empowers and cares about people	N
TBC	TBC	Staffing/recruitment in Adult Social Care	To receive an update on staffing/recruitment in Adult Social Care	Director of Adult Social Care	N/A	N	Y	A council which empowers and cares about people	N

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CHESHIRE EAST COUNCIL

Minutes of a meeting of the **Cheshire East Health and Wellbeing Board** held on Tuesday, 22nd March, 2022 in the The Ballroom, Sandbach Town Hall, High Street, Sandbach, CW11 1AX

PRESENT**Voting Members**

Councillor Sam Corcoran (Chair), Cheshire East Council
Councillor Carol Bulman, Cheshire East Council
Councillor Jill Rhodes, 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

Non-Voting Members

Deborah Woodcock, Cheshire East Council

Associate Non-Voting Members

Councillor Janet Clowes, Cheshire East Council

Cheshire East Officers and Others

Guy Kilminster, Corporate Manager Health Improvement
Sarah Baxter, Democratic Services Officer
Josie Lloyd, Democratic Services Officer
Dr Susie Roberts, Public Health Consultant

48 APOLOGIES FOR ABSENCE

Apologies for absence were received from Chris Hart, Deborah Nickson, Dr Lorraine O'Donnell, Jayne Traverse, Clare Watson and Caroline Whitney.

49 DECLARATIONS OF INTEREST

Councillor S Corcoran declared a non-pecuniary interest by virtue of his wife being a GP.

50 MINUTES OF PREVIOUS MEETING**RESOLVED:**

That the minutes of the meeting held on 25 January 2022 be confirmed as correct record.

51 PUBLIC SPEAKING TIME/OPEN SESSION

There were no public speakers.

52 BETTER CARE FUND END OF YEAR REPORT 2021/22

The Board considered a report on the performance of the Better Care Fund, including the Improved Better Care Fund in 2021/22. The report included an overview of schemes, expenditure and performance, and a breakdown of the performance of the specific schemes.

The Chair asked for examples of what the £18 million in relation to Homefirst schemes referred to within the report was spent on. The board heard these included items such as community equipment and hospital discharge fund. There was also a request for information in respect of narrative or outcomes on the difference or value that was being made to people's lives in future reports.

RESOLVED:

That the Better Care Fund programme performance for 2021/22 be noted.

(During consideration of the item, Councillor C Bulman arrived to the meeting).

53 BETTER CARE FUND PLAN 2022/23

The Board received a report on the Better Care Fund Plan 2022-23 which described the areas of activity and the proposed expenditure for the Better Care Fund covering Cheshire in 2022/23. 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.

The Board asked that a piece of work be undertaken which would look at the metrics, outcomes and the impact of the Better Care Fund schemes identified within the report.

RESOLVED:

That the schemes and plan for 2022/23 be noted.

54 CHESHIRE & MERSEYSIDE HCP - MARMOT COMMUNITY UPDATE REPORT

The Board were briefed on the progress at a Cheshire and Merseyside level on developing as a Marmot Community. This would raise the profile of the need to focus upon reducing health inequalities across Cheshire and Merseyside. Cheshire East's health inequalities were highlighted through the Joint Strategic Needs Assessment and the 'Tartan Rug'. By signing up to being a Marmot community would assist in Cheshire East's

efforts to improve the health and wellbeing outcomes for its residents and reduce those inequalities.

RESOLVED:

That the update and draft recommended actions be noted.

55 PUBLIC HEALTH OUTCOMES FRAMEWORK (TARTAN RUG)

Consideration was given to a report on the Public Health Outcomes Framework (Tartan Rug). The tartan rug was part of the Joint Strategic Needs Assessment (JSNA) and visually displayed health and wellbeing data by ward, and across Cheshire East as a whole, to highlight inequalities across communities in Cheshire East. The report described the changes to health and wellbeing in Cheshire East as demonstrated by updated national data sources available between November 2017 and February 2021. It was proposed that the latest version of the Tartan Rug be published on the Cheshire East Council website as an interim tool to guide local service development and strategy with a view to updating it again in the next year.

Overall Cheshire East had improved compared to other areas between 2017 and 2021 although inequalities had widened slightly.

It was likely that there would be further dips in performance over the next couple of iterations of the tartan rug due to the impact of COVID- 19 therefore It was likely that the inequalities gap would widen for some areas.

Members of the Board thanked Dr S Roberts and those involved for their hard work.

RESOLVED:

That the update be noted.

56 INCREASING EQUALITIES COMMISSION UPDATE

Consideration was given to a report which provided an update in relation to the work of the Commission, established by the Board in October 2020. Since then, the Commission had met seven times. At its March 2021 meeting it was agreed to initially focus on Crewe, where there were the most significant inequalities in the borough. Work was underway to prepare a strategy for reducing inequalities in Crewe. The draft strategy would go out for consultation in spring and then be brought to the Health and Wellbeing board later in 2022. A wide range of partners were directly involved or had contributed to workshops to add to the knowledge base to inform the thinking and strategy development.

In addition, the Commission was taking the lead on the work to support the Cheshire and Merseyside Integrated Care System's ambition to become a Marmot Community (supported by the Health and Wellbeing Board at its meeting in November 2021).

RESOLVED:

- (1) That the work of the Increasing Equality Commission to date be noted.
- (2) That the Health and Wellbeing Board continue to support the work of the Commission.

57 TEST, TRACE, CONTAIN, ENABLE UPDATE

Dr Matt Tyrer gave an update on the Test, Trace, Contain and Enable system. The situation had changed significantly since the previous Health and Wellbeing Board meeting. Case rates were increasing not only in Cheshire East but across the whole country. There had also been an increase in the number of people requiring hospital stays with a small number of people requiring intensive care. This would be monitored closely, along with offering support by way of the Swab Squad and pilot work in collaboration with CWP to help promote the vaccination programme to help in those areas where uptake was lower.

Vaccination rates continued to increase albeit slowly.

RESOLVED:

That the update be noted.

58 CHESHIRE EAST PLACE PARTNERSHIP UPDATE

This item and the Cheshire East Integrated Care Partnership update were considered together.

Although there was the willingness to streamline governance as much as possible it was recognised that this was challenging with interim arrangements and other factors to consider, although there was a common understanding of what needed to be done.

The new ICB Place Director had been invited to the next meeting of the Partnership Board. There would be further changes to personnel in the Partnership in the coming months and it was important to keep focus - but solid progress had been made.

It was acknowledged that there was still work to do around the governance as there had not been any confirmation as to what was to be delegated by the Integrated Care Board (ICB), but it seemed that all partners had the same ambition for Place.

There had been a £1.3 million investment into the Rapid Response Two Hour Service which had now gone live and was a seven-day service

Telemedicine was due to go live, focusing on those people with COPD and heart failure. Those people would be monitored so they could have early intervention which all links into programmes discussed earlier in the meeting.

RESOLVED:

That the update be noted.

Following this item there was an announcement in respect of a draft support proposal. Cheshire East had expressed an interest in some bespoke support from the Local Government Association to work with its Health and Wellbeing Board (HWB) to consider its role and responsibilities in the light of the Health and Care Bill 2022 and the Joining Up Care White Paper (9th February 2022).

It was noted that the draft proposal would be circulated to board members following the meeting and they would be invited to comment on the proposals.

RESOLVED

That the LGA review be noted and accepted.

59 CHESHIRE EAST INTEGRATED CARE PARTNERSHIP UPDATE

The Managing Director of Cheshire East Integrated Care Partnership provided a verbal update which included an overview of

RESOLVED:

That the verbal update be noted.

The meeting commenced at 2.00 pm and concluded at 3.15 pm

Councillor S Corcoran (Chair)

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CHESHIRE EAST COUNCIL

Minutes of a meeting of the **Cheshire East Health and Wellbeing Board** held on Tuesday, 21st June, 2022 in the Committee Suite 1,2 & 3, Westfields, Middlewich Road, Sandbach CW11 1HZ

PRESENT

Voting Members

Councillor Sam Corcoran (Chair), Cheshire East Council
Councillor Carol Bulman, Cheshire East Council
Councillor Jill Rhodes, Cheshire East Council
Louise Barry, Healthwatch Cheshire
Helen Charlesworth-May, Cheshire East Council
Dr Steven Michael, Cheshire East Partnership
Dr Matt Tyrer, Director of Public Health
Mark Wilkinson, Cheshire East Place Director

Associate Non-Voting Members

Councillor Janet Clowes, Cheshire East Council
Kathryn Sullivan, CVS Cheshire East

Cheshire East Officers and Others

Cheryl Coppell, Local Government Association (Attended virtually by Microsoft Teams)
Guy Kilminster, Corporate Manager Health Improvement
Sue Pilkington, Designated Nurse Safeguarding Children, CCG
Karen Shuker, Democratic Services Officer
Dr Thirumurugan, Designated Doctor for Safeguarding Children and Child Deaths - Cheshire East, Mid Cheshire Hospitals NHS Foundation Trust
Deborah Upton, Senior Governance Lawyer (Attended virtually by Microsoft Teams)
Councillor Sam Webster, Nottingham City Council (Attended virtually by Microsoft Teams)
Claire Williamson, Interim Director of Early Help and Prevention

Prior to the first item the Chair welcomed Mark Wilkinson, the designate Cheshire East Place Director to the meeting.

1 APOLOGIES FOR ABSENCE

Apologies for absence were received from Dr Lorraine O'Donnell, Denise Frodsham, Chris Hart, Dr Patrick Kearns, Clare Watson, Dr Andrew Wilson, and Deborah Woodcock.

Claire Williamson, Interim Director of Early Help and Prevention attended as a substitute.

2 DECLARATIONS OF INTEREST

There were no declarations of interest.

3 MINUTES OF PREVIOUS MEETING

RESOLVED:

That the minutes of the meeting held on 22 March 2022 be confirmed as a correct record.

4 PUBLIC SPEAKING TIME/OPEN SESSION

There were no public speakers.

5 CHESHIRE EAST SAFEGUARDING CHILDREN'S PARTNERSHIP ANNUAL REPORT 2020-2021

The Board considered the Cheshire East Safeguarding Children's Partnership Annual Report 2020/21 which provided an update on progress against the Cheshire East Safeguarding Children's Partnership priorities over 2020-21.

The Board heard that although there had been an impact on statistics in relation to statutory deadlines during the pandemic, these were monitored closely, and the following arrangements had been implemented to ensure business continuity and safeguarding was paramount throughout.

- Established a Safeguarding Children's Partnership reference group;
- Multi Agency working remained effective;
- Front line face to face visits continued;
- Child protection medicals and health assessments continued face to face.

The Early Help and Preventative model would be the clear focus for the future, working with partners to bring services together in the community.

RESOLVED:

That the report be noted.

Councillor J Clowes arrived during consideration of this item.

6 CHESHIRE EAST PLACE INTEGRATED HEALTH AND CARE GOVERNANCE PROPOSALS

Prior to consideration of this item the Board received an introduction from Cheryl Coppel, the LGA lead and Councillor Sam Webster who would be providing support from the LGA to work with the Health and Wellbeing Board. Following several changes within senior health leadership in

Cheshire CCG, Mid Cheshire Trust and the East Cheshire Trust, a need to refresh and review plans after COVID and in preparation for the NHS structural changes being introduced by the Health and Care Act 2022, it was felt that the time was right to assess the aims and priorities of the Board, in the short, and long term and look at how steps would be put in place to achieve these. Facilitated workshops would build consensus and clarity in respect of responsibilities of the Health and Wellbeing Board, how it would fit in to the wider arrangements, the structure and format of meetings and how they could become more decision focused and impactful. It was agreed that a pre-survey would be circulated to board members to get perspectives of how well things were working and to identify any areas where there might be challenges.

The Board thanked Cheryl Coppell and Councillor Webster for their presentation.

The Board received an update on the Governance proposals for the ICS at Place which was an evolving picture and still had a few outstanding items to be finalised, such as signing off the terms of reference. The work would continue under the auspices of the existing Place Partnership Board with a transition to the new arrangements being managed over the summer.

Although the Board shared concerns in respect of timescales, there was reassurance that member briefings would be held where any questions would be responded to, and it was positive that there was a general consensus within Cheshire East.

RESOLVED:

That the update be noted.

7 CHESHIRE EAST PLACE PARTNERSHIP UPDATE

This item and the Cheshire East Integrated Care Partnership update were considered together.

The four new models of care were brought and discussed previously at the Health and Wellbeing Board as part of the strategic vision for Cheshire East which included

- What's wrong with me?
- Fix Me
- Help me stay well
- End of Life

The importance of focusing and developing the strategic vision with the new governance arrangements was highlighted particularly in respect of improving population outcomes, addressing health inequalities, and reducing cost per capita (the 'Triple Aim'). There was a requirement to ensure that governance and the strategic vision were implemented in a

practical way. An example of this was the piece of work being undertaken by the Integrated Care Partnership around Home First which had taken the principles of partnership working and applied them to a practical problem to improve outcomes for people. It was hoped that by doing this it would help support the business case to address the future financial challenges that were expected.

The board agreed that the language used would need to be considered and have a shared and common meaning. It was agreed that this would be listed as an item on future agendas for discussion.

RESOLVED:

That the update be noted.

9 ALL TOGETHER FAIRER: HEALTH EQUITY AND THE SOCIAL DETERMINANTS OF HEALTH IN CHESHIRE AND MERSEYSIDE

The Board received a report on the newly published All Together Fairer: health equity and the social determinants of health in Cheshire and Merseyside. The report set out a series of recommendations for the Cheshire and Merseyside health and care system alongside recommendations for Places which asked them to consider and prioritise those most relevant to them.

The Board heard that work was being undertaken to review and map the recommendations against the Cheshire East health and Wellbeing and Place priorities. This would inform a follow up report to the Health and Wellbeing Board which would propose a suite of recommendations that Cheshire East Place would focus on. A series of 'Marmot Beacon Indicators' would be used to measure progress across Cheshire and Merseyside.

The Board felt that although the report was good there needed to be more detail in respect of the individual areas of Cheshire East. It felt strongly that the Board should be involved in discussions at an earlier stage as it was felt that they had a more active role to play. In addition, it was agreed that rather than 'note' the report as outlined in recommendation 2.1, that the wording be changed to 'endorse' and that recommendation 2.2 be removed.

RESOLVED:

That the Cheshire East Health and Wellbeing Board endorse the publication of 'All Together Fairer: health equity and the social determinants of health in Cheshire and Merseyside.

10 CHILD DEATH OVERVIEW PANEL ANNUAL REPORT 2020-2021

The Board receive a presentation from Dr Thirumurugan of the 2020/21 Annual Report of the Child Death Overview Panel.

The presentation provided data on the number of child deaths, the number of reviews carried out, time taken to carry out reviews, categories of death, location of death and any modifiable factors which may help prevent unnecessary child deaths and set out the priorities for 2021/22 and the challenges faced by the Pan Cheshire Child Death Overview Panel.

The Board agreed that the modifiable factors listed which included smoking in pregnancy, mental health and unsafe sleeping were all factors which the Council and its partners would be working towards reducing.

AGREED:

That the Pan Cheshire Child Death Overview Panel Annual Report 2020/21 be received and noted.

The meeting commenced at 2.00 pm and concluded at 3.30 pm

Councillor S Corcoran (Chair)

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