

Adults and Health Committee

Agenda

Date: **Monday, 23rd January, 2023**

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 3 - 8)

To approve as a correct record the minutes of the previous meeting held on 21 November 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. Medium-Term Financial Strategy 2023-27 Consultation (Pages 9 - 34)

To receive and respond to the Medium Term Financial Strategy 2023-27.

6. Local cost of care (Pages 35 - 62)

To consider the cost of care reports for publication on the Council's website and submission to the Department of Health and Social Care (DHSC).

7. Cheshire East Place Dementia Plan 2023 - 2027 (Pages 63 - 156)

To consider the final version of the Cheshire East Place Dementia Plan (including the easy read version)

8. Adult Social Care Performance Scorecard - Quarter 2 2022/23

To consider the key performance indicators/measures for Quarter 2 2022/23.

9. Notice of Motion: Cost of Living

To consider the Notice of Motion on the Cost of Living crisis.

10. Work Programme (Pages 157 - 158)

To consider the Work Programme and determine any required amendments.

11. Minutes of Sub-Committee (Pages 159 - 166)

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

Cheshire East Health and Wellbeing Board

- 27 September 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

CHESHIRE EAST COUNCIL

Minutes of a meeting of the **Adults and Health Committee**
held on Monday, 21st November, 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, L Jeuda, A Kolker, D Murphy,
N Wylie and S Edgar

OFFICERS IN ATTENDANCE

Dr Matthew Atkinson, Public Health Consultant
Jill Broomhall, Director of Adult Social Care
Shelley Brough, Head of Integrated Commissioning/Acting Director of
Commissioning and Integration
Helen Charlesworth-May, Executive Director, Adults, Health and Integration
Stephen Kelly, Senior Communications Officer
Roisin Beressi, Principal Lawyer (Adults & Education)
Patrick Rhoden, Lead Finance Business Partner
Karen Shuker, Democratic Services Officer
Nichola Thompson, Director of Commissioning & Integration
Dr Matt Tyrer, Director of Public Health

The Chair announced a variation to the order of business that Item 6 'Care at Home Recommissioning' would be taken at the end of the agenda due to it involving discussion on a briefing paper which contained confidential information.

36 APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors S Gardiner and J Weatherill (Councillor S Edgar attended as substitute).

Councillor J Saunders who was due to sub for Councillor S Gardiner submitted apologies.

37 DECLARATIONS OF INTEREST

There were no declarations of interest.

38 MINUTES OF PREVIOUS MEETING

It was noted that Councillor A Kolker had been incorrectly recorded as absent from the 26 September 2022 meeting.

RESOLVED

That subject to the changes outlined above, the minutes of the meeting held on 26 September 2022 be approved as a correct record.

39 PUBLIC SPEAKING/OPEN SESSION

There were no members of the public present.

40 FINANCIAL REVIEW OF 2022/23

The Committee received a report which provided an overview of the Cheshire East Council forecast outturn for the financial year 2022/23.

In respect of questions and comments raised by Members it was reported by officers that:

- The Council would be required to be more assertive in pursuit of debt which was expected to result in some challenge.
- A proposal on a review of the Charging Policy would be brought forward in the new calendar year and would involve formal consultation.
- More details around next years' budget and allocation would be known in due course.
- There had been no proposals put forward for redundancies within Adult Social Care within the Pre-Budget Consultation process.

RESOLVED:

That Adults and Health Committee:

1. Noted the report of the Finance Sub-Committee ([Agenda for Finance Sub-Committee on Wednesday, 9th November, 2022, 2.00 pm | Cheshire East Council](#)), specifically the recommendations of that committee.
2. noted the financial update and forecast outturn relevant to their terms of reference.
3. Noted that officers would seek to improve the financial outturn across all Committees to mitigate the overall forecast overspend of the Council.
4. Noted Appendix 1 and the following sections specific to this Committee:
 - Changes to Revenue budget 2022/23
 - Action Plan 2022/23
 - Corporate Grants Register
 - Debt Management
 - Capital Strategy
 - Reserve Strategy

41 RIGHT TO FOOD REPORT

The committee received a report which explored the issues of food poverty and insecurity in Cheshire East following the Spotlight Review which took place on the 30th June 2022. The Spotlight Review followed the Notice of Motion submitted to Full Council on the 22 June 2021 that the ‘Right to Food’ be incorporated in to the ‘National Food Strategy’. Following the referral of the Notice of Motion to Adults and Health Committee it was agreed that the Council “should develop its own Right to Food Strategy that meets local anticipated need over the next 4 years which aligns to the Corporate Plan; to include a spotlight review to develop the strategy”. The report outlined the findings from key research along with evidence from the Spotlight Review and the recommended actions to move forward.

The committee welcomed the report and Councillor Critchley was thanked for bringing the motion to Council.

RESOLVED: (Unanimously) That the Adults and Health Committee:-

Acknowledge and approve the Five [5] key strategic recommendations which have been made. [Appendix 1] Right to Food Event – Spotlight Review Report by ICE Creates for Cheshire East Council July 2022.

1. Establish a **working group** and co-create a ‘**Right to Food’ strategy** with service users.
2. Establish a referral **pathway and process**. Providing residents with long-term support to reduce the dependence on food banks.
3. Utilise and upskill a **volunteer workforce** to advise, signpost and make referrals.
4. In collaboration with the Food Network, provide a **social space** for information sharing.
5. Collaborate with producers and manufacturers to **support a food surplus model of food procurement**.

42 LIVING WELL IN CREWE - REPORT OF THE CHESHIRE EAST INCREASING EQUALITIES COMMISSION

The committee received a report of the Cheshire East Increasing Equalities Commission, a multi-partner group who had considered what would help improve the health outcomes and life chances of the people in Crewe. The report included recommendations for all partner organisations within Cheshire East on approaches which could be considered to improve outcomes for residents of both Crewe and the whole of Cheshire East.

The committee welcomed the report and in respect of questions and comments received from members it was reported by officers that:

- More work was planned around working with those groups that had not been involved in the community engagement exercise.

- Active Travel was a challenging area to engage people in but where there was more than one option available it was hoped that people would choose the option that would promote better health.
- There had been early discussions across Cheshire and Merseyside in respect of pay and conditions to help support employees' working conditions.
- Good housing was vital for health and wellbeing but just as important when considering new housing was making sure the infrastructure was in place to support this.
- Anything which was taking place in Crewe would also benefit the whole of the borough and there would be the chance to extend this into other areas.

RESOLVED: That:-

1. The contents of the report be noted.
2. The report be used as a source document in the development of the Joint Health and Wellbeing Board Strategy.

43 LOCAL ACCOUNT FOR ADULT SOCIAL CARE

The committee received a report in respect of the Cheshire East Council's Adult Social Care Local Account 2021/22. The report highlighted the positive contribution that Adult Social Care services provide for people in need of social care support.

The committee thanked the team for all their hard work and acknowledged that 2022/23 would be challenging.

RESOLVED:

That the Cheshire East Council's Adult Social Care Local Account 2021/22 be noted.

The Committee adjourned for a short break at 11.10am and reconvened at 11.15am.

44 ADULT SOCIAL CARE WINTER PLAN 2022-23

The committee received a report that set out the schemes and actions which were being deployed through 2022-23 to address winter pressures.

It was reported that over the last few months there had been significant emerging pressures in the social care market. The committee heard how the adult social care winter plan would form part of the wider system winter plan. A breakdown of the adult social care winter schemes and activities for 2022/23 was provided which would help reduce demand and winter scenario planning and communications would support the work being undertaken. A dashboard would be created to monitor progress.

In respect of members comments and questions it was reported by officers that:

- All winter monies would be received into the Better Care Fund and additional winter monies would be allocated to various schemes.
- Following the impact on quality improvement visits due to the pandemic there would be more focus on care homes as part of the winter schemes.
- Two voluntary organisations had received funding for volunteers to help support discharge from hospital with tasks such as making sure homes were warm and safe.

It was requested that a list of the voluntary organisations be circulated to all members.

RESOLVED: (Unanimously) That:-

2. The wider system winter plan as noted in Appendix 1 & 2 of the report be noted.
3. The schemes/activities being deployed as part of the Adult Social Care Winter plan including winter scenario planning and communications be approved.

45 WORK PROGRAMME

A request that consideration be given to the scheduling of the all committee briefings to allow adequate preparation for members was noted.

RESOLVED:-

That the Work Programme be noted.

46 CARE AT HOME RECOMMISSIONING

The committee received a report which requested an extension to the Framework Agreements for Care at Home services. As a few of the questions related to financial information, details of which were contained within the confidential briefing paper appendix it was proposed and seconded that the meeting move into Part 2 to consider these matters.

47 EXCLUSION OF THE PRESS AND PUBLIC

RESOLVED:

That the press and public be excluded from the meeting during consideration of the following item in pursuant to Section 100(A)(4) of the Local Government Act 1972 as amended on the grounds that it involved the likely disclosure of exempt information as defined in Paragraph 3 of

Part 1 of Schedule 12A of the Local Government Act 1972 and the public interest would not be served in publishing this information.

48 CARE AT HOME RECOMMISSIONING BRIEFING

The Committee considered the information and asked questions for clarification.

The Committee agreed that the meeting move back into Part 1 to enable any press and public to return to the meeting. It was agreed that a report monitoring progress would be brought back to committee.

The recommendations of the report, having been moved and seconded, were put to the vote.

RESOLVED: (Unanimously) That the Adults and Health Committee

1. Agree to extend the Framework agreement for Care at Home services to 4th September 2024.
2. Note that in order to comply with Procurement Regulations a VEAT will be published.
3. Note that the Prime Provider contracts will expire in September 2023 and existing packages of care will be moved onto the Framework contract.
4. Note that the Commissioners will continue to explore and, where appropriate, pilot alternative models for care delivery particularly in rural and hard to serve areas; and continue to engage providers and stakeholders on the proposed new model to help to inform the new commission.

The meeting commenced at 10.00 am and concluded at 12.10 pm

Councillor J Rhodes (Chair)



Working for a brighter future together

Adults and Health Committee

Date of Meeting:	23 January 2023
Report Title:	Medium-Term Financial Strategy 2023-27 Consultation
Report of:	Alex Thompson – Director of Finance and Customer Services (Section 151 Officer)
Report Reference No:	AH/21/2022-23
Ward(s) Affected:	All

1. Purpose of Report

- 1.1. The Adults and Health Committee is being asked to provide feedback, as consultees, on the development of the Cheshire East Medium-Term Financial Strategy 2023/24 to 2026/27. Feedback is requested in relation to the responsibilities of the Committee.
- 1.2. The Medium-Term Financial Strategy (MTFS) sets out how the Council will resource the achievement of the Corporate Plan and is subject to consultation and approval on an annual basis.
- 1.3. Developing the strategy requires a wide range of stakeholder engagement, including all Members. Feedback will be presented to the Corporate Policy Committee for consideration on, 9 February 2023, before a balanced budget is presented to the full Council meeting of 22 February 2023 for final review and approval.
- 1.4. The full consultation document can be accessed on the [Cheshire East Council](#) website.

2. Executive Summary

- 2.1. Financial strategies underpin how Cheshire East Council will allocate resources, achieve the Corporate Plan and provide in the region of 500 local services every day. The strategies must be affordable, based on robust estimates and balanced against adequate reserves.

- 2.2. In February 2021 the Council approved the Corporate Plan 2021-2025 which articulates the vision of how these services will make Cheshire East an Open, Fair and Green borough:
 - 2.2.1. Open - We will provide strong community leadership and work transparently with our residents, businesses and partners to deliver our ambition in Cheshire East.
 - 2.2.2. Fair - We aim to reduce inequalities, promote fairness and opportunity for all and support our most vulnerable residents.
 - 2.2.3. Green - We will lead our communities to protect and enhance our environment, tackle the climate emergency and drive sustainable development.
- 2.3. Committees are responsible for overseeing the achievement of these priorities. Resources, including Revenue, Capital and Reserves were allocated by the Finance Sub-Committee in March 2022, following the budget Council. All resources are allocated to a specific Service Committee or the Finance Sub-Committee.
- 2.4. Each Committee plays an important role in developing the Strategy before it is approved by Council on 22 February 2023.
- 2.5. The full MTFS is provided on the Council's website along with supporting consultation material. Each Committee is receiving an extract from the Full MTFS to assist with focusing on the Constitutional responsibilities of the Committee.

3. Recommendations

- 3.1. That the Committee notes:
 - 3.1.1. The year-end forecast outturn position for 2022/23 (**Appendix 1**).
 - 3.1.2. The financial context and proposals contained within the Executive Summary of the Medium-Term Financial Strategy (**MTFS report Annex C, Section 1**).
 - 3.1.3. Revenue Grant Funding (**Appendix 4**).
 - 3.1.4. Earmarked Reserves (**Appendix 5**).
- 3.2. That the Committee provides feedback on the proposals within the MTFS, as related to the Committee's responsibilities, that can support and advise Full Council in fulfilling its responsibilities to approve a balanced budget for 2023/24, in the following areas:
 - 3.2.1. Revenue Proposals (Details are at **Appendix 2**).

MTFS Section 1 Ref No	Detailed List of Proposed Budget Changes – Service Budgets
	Adults and Health Committee
1	Demand in Adult Social Care - unit cost inflation
2	Demand in Adult Social Care - complexity
3	Investment in Adult Social Care
4	Pay inflation
5	Care Fee Uplifts in Adult Social Care
6	Direct Payment (Personal Assistants) Uplift
7	Revenue grants for Adult Social Care
8	Home First Strategy - increased care at home capacity
9	Pension Costs Adjustment
10	Learning Disabilities Future Service Development and Review
11	Client contribution yield offsetting growth
12	Home First Strategy - alternative care provisions
13	Market Sustainability and Fair Cost of Care - Grant Income
14	Resettlement Revenue Grants
15	Communities Team
16	Direct Payment - Audit Recoveries
17	ASC Transformation EMR Release
18	Maximisation of Supported Living
19	Productivity and Efficiency in Adult Social Care
20	Building Based Short Breaks
21	Adults and Health Non-Essential Commissioning/Contracts
22	Building based Day Services
23	Day Care Review

3.2.2. Capital Programme (**Appendix 3**).

4. Reasons for Recommendations

- 4.1. In accordance with the Constitution Committees play an important role in planning, monitoring and reporting on the Council's finances. Each Committee has specific financial responsibilities.

- 4.2.** The Council's annual budget must be balanced. The proposals within it must be robust and the strategy should be supported by adequate reserves. The assessment of these criteria is supported by each Committee having the opportunity to help develop the financial proposals before they are approved by Full Council.

5. Other Options Considered

- 5.1.** The Council has a legal duty to set a balanced annual budget taking regard of the report from the Chief Finance Officer. As such options cannot be considered that would breach this duty. Any feedback from the Committee must still recognise the requirement for Council to fulfil this duty.
- 5.2.** There is no option to "do nothing". The Council has statutory obligations to provide certain services, which would be unaffordable if the Council failed to levy an appropriate Council Tax.

6. Background

- 6.1.** The Council's financial resources are provided from a combination of local taxes, government grants, investment returns on assets and other direct contributions from individuals or organisations. Financial plans are based on estimated spending and income over the next four years and the report of the Chief Finance Officer brings Members attention to the processes and risks associated with developing these estimates.
- 6.2.** The Council aims to achieve value for money based on Economy (how much we pay for things), Efficiency (how well we use things) and Effectiveness (how we use things to achieve outcomes). Public feedback and internal and external scrutiny create the necessary framework to hold the Council to account for achieving these aims.
- 6.3.** All councils are legally required to set a balanced budget each year.
- 6.4.** The Budget Setting Process 2023-2027 has enabled a set of proposals to be developed for consultation.
- 6.5.** The MTFS report is based on the Provisional Local Government Finance Settlement for 2023/24. This was released on 19 December 2022. The final settlement is expected in early February 2023 with a debate by Members of Parliament in the House of Commons expected in mid-February (after the publication date of this report to Committee) to agree the position.
- 6.6.** The MTFS report continues to include estimated grant allocations in relation to several Specific Grants (**Appendix C, Annex 7 and** Committee specific at **Appendix 4** of this report). These will be refined as appropriate in due course.
- 6.7.** Any changes made as a result of the engagement process and further debate will be reported to Members at the Council meeting on 22 February 2023.

7. Consultation and Engagement

- 7.1. The business planning process involved a series of events during 2022. Details of how this process was managed is included within the **MTFS report Appendix C, Annex 2.**

8. Implications

8.1. Legal

- 8.1.1. The Council should have robust processes so that it can meet statutory requirements and fulfil its fiduciary duty.

8.2. Finance

- 8.2.1. Please see all Sections of this report.

8.3. Policy

- 8.3.1. The MTFS report outlines policy and budget proposals which will impact on service delivery arrangements.
- 8.3.2. The Corporate Plan will drive and inform Council policy and priorities for service delivery. The priorities and actions listed may have direct policy implications will be considered on a case-by-case basis.

8.4. Equality

- 8.4.1. Under the Equality Act 2010, decision makers must show ‘due regard’ to the need to:
- Eliminate unlawful discrimination, harassment and victimisation;
 - Advance equality of opportunity between those who share a protected characteristic and those who do not share it; and
 - Foster good relations between those groups.
- 8.4.2. The protected characteristics are age, disability, sex, race, religion and belief, sexual orientation, gender re-assignment, pregnancy and maternity, and marriage and civil partnership.
- 8.4.3. Having “due regard” is a legal term which requires the Council to consider what is proportionate and relevant in terms of the decisions they take.
- 8.4.4. The Council needs to ensure that in taking decisions on the Medium-Term Financial Strategy and the Budget that the impacts on those with protected characteristics are considered. The Council undertakes equality impact assessments where necessary and continues to do so as proposals and projects develop across the lifetime of the Corporate Plan. The process assists us to consider what actions could mitigate any adverse impacts identified. Completed equality impact assessments form part of any detailed Business Cases.

8.4.5. The proposals within the MTFS include positive and negative impacts. A separate Equality Impact Assessment has been produced and is included in **Appendix C, Annex 3**.

8.4.6. The Corporate Plan's vision reinforces the Council's commitment to meeting its equalities duties, promoting fairness and working openly for everyone. Cheshire East is a diverse place and we want to make sure that people are able to live, work and enjoy Cheshire East regardless of their background, needs or characteristics.

8.5. Human Resources

8.5.1. A number of the proposals will impact on staff. See **MTFS report Appendix C, Section 1** for full list of change proposals.

8.6. Risk Management

8.6.1. The steps outlined in this report mitigate the four main legal and financial risks to the Council's financial management arrangements:

- The Council must set a balanced Budget.
- Setting the Council Tax for 2023/24 must follow a compliant process.
- The Council should provide high quality evidence to support submissions for external assessment.
- That Council borrowing will comply with the Treasury Management Strategy which is underpinned by the Prudential Code.

8.6.2. A risk assessment of the significant proposals being put forward has been carried out by each service and is included as part of the planning process.

8.6.3. It is important to note that the Council faces significant financial challenges in achieving its desired outcomes. Management of risk is embedded within the organisation to ensure the Council can seize opportunities, introduce new, innovative models of service delivery, focus on improving outcomes for residents and review its range of services whilst identifying and controlling any resulting risks. The approach to risk management will continue to be assessed as the Council's plans and financial strategy are implemented.

8.6.4. See **MTFS report Appendix C, Annex 4** for further information.

8.7. Rural Communities

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

8.7.2. The MTFS report provides details of service provision across the borough. See **Appendix C, Section 1**.

8.8. Children and Young People/Cared for Children

8.8.1. The Corporate Plan, along with the ‘Fair’ aim and supporting priorities will have direct and indirect implications for children and young people and cared for children which will be considered individually and in line with the actions required. These impacts will be considered and reported through individual work programmes as they are developed.

8.8.2. See **MTFS report Appendix C, Section 1.**

8.9. Public Health

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

8.9.2. See **MTFS report Appendix C, Section 1.**

8.10. Climate Change

8.10.1. The Corporate Plan has a very strong environmental thread throughout with a specific aim for the Council to be ‘Greener’.

8.10.2. A number of priorities and activities are listed which will support the Council’s commitment of being carbon neutral by 2025, including the ongoing delivery of an Environmental Strategy and a Carbon Action Plan.

8.10.3. Also see **MTFS report Appendix C, Annex 3** for further information.

Access to Information	
Contact Officer:	Alex Thompson Director of Finance and Customer Services (Section 151 Officer) Email: alex.thompson@cheshireeast.gov.uk
Appendices:	Appendix 1 – Forecast Outturn 2022/23 Appendix 2 – Revenue Budget Changes for the Period 2023/24 to 2026/27 Appendix 3 – Capital Programme 2023/24 to 2026/27 Appendix 4 – Revenue Grant Funding Appendix 5 – Earmarked Reserves

Background Papers:	<u>Outturn Report 2021/22 (Finance Sub Committee Meeting)</u> <u>Medium-Term Financial Strategy 2022-26</u> <u>First Financial Review (Corporate Policy Meeting)</u> <u>Financial Review 2022/23 (Finance Sub-Committee)</u> <u>Financial Update 2022/23 (Corporate Policy Meeting)</u> <u>Council 14 December 2022: Domestic Taxbase Report and Council Tax Support Scheme</u> <u>Medium-Term Financial Strategy 2023-27 Consultation</u>
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Appendix 1 - Forecast Outturn 2022/23

1. The Council aims to operate a financial cycle of planning, monitoring and reporting throughout the year. The First Financial Review 2022/23 was reported to Corporate Policy Committee on 6 October 2022 with a Financial Review 2022/23 report going to all other Committees during November.
2. A Financial Review Update was presented at Corporate Policy Committee on 1 December. A forecast outturn of £8.7m net overspend was reported at this meeting (The full report can be found [Agenda for Corporate Policy Committee on Monday, 1 December, 2022, 10.00 am, Item 10 | Cheshire East Council](#)).
3. The outturn position is now forecast to be an overspend of £7.7m. Table 1 shows a summary of the forecast outturn by Committee.

Table 1: Forecast Outturn 2022/23 summary by Committee

2022/23	Revised Budget	Forecast Outturn	Forecast Variance	Change since Second Review
(GROSS Revenue Budget £474.2m)	(NET) £m	£m	£m	£m
Service Committee				
Adults and Health	121.1	130.0	8.9	0.0
Children and Families	74.2	77.7	3.5	(0.5)
Corporate Policy	40.6	41.0	0.4	(0.0)
Economy and Growth	23.6	22.8	(0.8)	(1.0)
Environment and Communities	44.4	47.3	2.9	1.2
Highways and Transport	13.8	13.6	(0.2)	(0.7)
Sub-Committee				
Finance Sub	(317.7)	(324.7)	(7.0)	-
TOTAL	-	7.7	7.7	(1.0)

Table 2: Forecast Outturn 2022/23 for Adults and Health Committee

2022/23	Revised Budget	Forecast Outturn	Forecast Variance
(GROSS Revenue Budget £474.2m)	(NET) £m	£m	£m
SERVICE DIRECTORATES			
Adult Social Care - Operations	117.5	126.1	8.6
Commissioning	3.6	3.9	0.3
Public Health	-	-	-
Adults and Health Committee	121.1	130.0	8.9

4. There is a forecast overspend of £8.9m for Adults and Health Committee. Whilst there is no overall net financial variance to the forecast shown in the second review, Members may wish to note the following changes:
 - Increased care commitments, within Adults, Health and Integration, are being offset by income, for example, from direct payment reimbursements and external grants.
5. This forecast may be subject to variation in the final quarter, as budget managers will continue to take robust actions to control costs and reduce non-essential expenditure to improve this position further.
6. Individual pressures identified above are reflected in the MTFS for 2023/24 to 2026/27. Any betterment to the forecast outturn position should be utilised to replenish reserves in line with the priority of the Corporate Plan.

Appendix 2 - Revenue Budget Changes for the Period 2023/24 to 2026/27

Executive Director Commentary:

The inflationary pressures affecting the whole of the economy have a bigger impact on Adult Social Care than the economy in general; the rate of pay inflation in the sector is higher than average, energy utilisation in care settings is very significant and fuel costs affect the cost of delivering domiciliary care. The budget proposals set out here for consultation reflect the need to identify ways of managing and addressing these pressures during 2023/24.

During 2022/23 Adults, Health and Integration has faced additional costs driven by four factors: price increases for commissioned care, an increase in activity due to an increase in the number of people seeking, and eligible for social care, an increase in the complexity of need for individuals eligible for and receiving care and support, and continuing NHS hospital pressures to support discharge.

The 2022/23 budget strategy has been to reduce expenditure appropriately and contain costs wherever possible. This has been achieved by working with NHS partners, the voluntary sector, and providers to prevent people from being admitted to hospital, increasing our use of technology, working with the voluntary sector to delay the use of care provision, supporting unpaid carers to enable them to do more, and providing extra funding to domiciliary care providers to avoid the use of

expensive residential and nursing care. This approach underpins the budget strategy for 2023/24.

In preparing the 2023/24 budget it is estimated that the growth requirement for Adult Social Care will be £23m based on forecast of demographic growth and the full year effect of the 2022/23 pressures. Some of this will be funded by the £6m growth already earmarked by the Council and built into the MTFS to address a growing ageing population and the increased complexity of need that is being experienced. The Council has also committed a further £2m increase in the departmental budget to meet the cost of price increases. In addition, Government is providing further specific grant of £5.2m to meet Adult Social Care pressures. However, the increase in Council funding and the additional grant funding is still not sufficient to offset the total cost pressures forecast by the Department and therefore additional measures to those already built into the MTFS will be enacted to achieve a balanced budget.

The 2023/24 budget strategy builds on the primary ambition to support people to be independent and remain in their own homes, increasing the use of technology, and working with the voluntary sector developing non-care, community-based support. Domiciliary care will be focused on the most personal

elements of care. The department will work with colleagues in the NHS to implement the Home First approach to hospital discharge. In this context the plan focuses on returning to pre-pandemic levels of short-term bed usage. The department will also continue the implementation of its Learning Disability Strategy, moving away from buildings-based care provision to more personalised approaches for day opportunities and respite care and working with NHS colleagues seeking more sustainable approaches to meeting the long-term needs of working age people who draw on care and support.

There are some short-term and non-recurrent approaches built into the budget to enable a balanced position in 2023/24, including the ongoing use of grant to fund the work of the Communities Team in supporting people from Afghanistan and Ukraine.

The budget strategy contains a number of risks, including an assumption that the current level of grant will be available to fund the costs of supporting people from Afghanistan and Ukraine in 2023/24. It also assumes that the specific grant for Adult Social Care can be used to offset the growth and price pressures already being incurred rather than funding additional activity. It also assumes that growth in activity and prices have stabilised. A number of these proposals are subject to formal public consultation.

The budget strategy for 2024 to 2027 will need to deliver further cash savings and improve productivity to ensure a long-term sustainable service. It will build on the work of 2023/24, focusing on:

- investing in the employed and commissioned workforce to attract people to social care and create the opportunities for fulfilling careers in the sector;
- supporting people to be independent through investment in extra care and specialist housing to support people at all phases of their lives;
- increasing the use of technology and exploring the opportunities presented by the development of artificial intelligence to improve efficiency and productivity to free the people who work in health and care services to do the work only they can do;
- working in partnership with people who use services, carers, and colleagues in the NHS, voluntary sector and commissioned provider services to develop new ways of working and new models of care; and
- ensuring that we understand the impact and benefit of what we do so that we invest in services that deliver the outcomes people need in the most cost effective way possible.

Proposals to vary the Budget in the Adults and Health Budget are focused on these areas:

Adults and Health Committee Policy Proposals	2023/24 £m*	2024/25 £m	2025/26 £m	2026/27 £m
<p>[1] Demand in Adult Social Care - unit cost inflation [NEW]</p> <p>Growth already experienced to be funded by the Council, arising from price increases in the commissioned care market.</p> <p>Inflation costs arising from the national economic position, specifically, the rate of pay inflation arising from the increase in the National Living Wage compounded by the constrained labour market driving up private sector pay, energy costs in residential and nursing care settings, and fuel costs for domiciliary care.</p> <p><i>Impact on service budget =</i> +12.652</p>				
<p>[2] Demand in Adult Social Care – complexity [NEW]</p> <p>Growth already experienced, to be funded by the Council, arising from demographic changes including an ageing population and increased levels of need for care and support for adults of a working age.</p> <p>Cheshire East Council is experiencing an increase in the number of people seeking, and eligible for social care, and an increase in the complexity of need of individuals eligible for and receiving care and support. This is reflective of the long-term demographic forecasts, which anticipate a faster rate of growth in Cheshire East than the national average.</p> <p><i>Impact on service budget =</i> +10.351</p>				

*Values represent a +/- variation to the [Cheshire East Council approved budget for 2022/23](#)

Subsequent years are the incremental change from the previous year

Adults and Health Committee Policy Proposals	2023/24 £m*	2024/25 £m	2025/26 £m	2026/27 £m
<p>[3] Investment in Adult Social Care [MTFS 22-26 [34]]</p> <p>Forecast growth, to be funded by the Council, arising from demographic changes including an ageing population and increased levels of need for care and support for adults of a working age.</p> <p>Items 1 and 2 above reflect the real expenditure increases incurred by adult social care during 2022/23 up to November 2022. This future growth has been calculated with reference to relevant data from detailed population information including children reaching the age of 18 who will transition into adult services imminently and is shown for each year of the full MTFS period.</p> <p><i>Impact on service budget =</i></p>	+5.400	+7.600	+4.000	+4.000
<p>[4] Pay inflation [MTFS 22-26 [3&4]]</p> <p>This proposal includes incremental increases for eligible staff and nationally negotiated pay awards. Average increases are forecast at c.5% for 2023/24. This may not apply evenly across pay bands due to implications of the Living Wage. The proposals recognise the additional delayed impact of the 2022/23 pay negotiations that also affect the 2023/24 budget.</p> <p><i>Impact on service budget =</i></p>	+3.155	+1.269	+1.089	+1.116

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Subsequent years are the incremental change from the previous year

Adults and Health Committee Policy Proposals	2023/24 £m*	2024/25 £m	2025/26 £m	2026/27 £m
[5] Care Fee Uplifts in Adult Social Care [MTFS 22-26 [35]] Forecast growth, to be funded by the Council, arising from price increases in the commissioned care market. <i>Impact on service budget =</i>				
	+2.000			
[6] Direct Payment (Personal Assistants) Uplift [NEW] It is proposed that the hourly Direct Payment Rate for people employing personal assistants be increased from £11.50 to £13.96 to meet the cost of their legal employer responsibilities, linked to increases to the National Living Wage. Care fee uplifts enable the Council to meet its statutory duties under the Care Act. <i>Impact on service budget =</i>				
	+0.691			
[7] Revenue grants for Adult Social Care [NEW] Specific grants for social care to address hospital discharge. The corresponding expenditure is reflected in the investment to Adult Social Care proposal 3. <i>Impact on service budget =</i>				
	-3.600	-2.480		
<i>*Values represent a +/- variation to the Cheshire East Council approved budget for 2022/23 Subsequent years are the incremental change from the previous year</i>				

Adults and Health Committee Policy Proposals	2023/24 £m*	2024/25 £m	2025/26 £m	2026/27 £m
[8] Home First Strategy - increased care at home capacity [NEW] It is proposed that, the Council works with the NHS to implement the Home First Strategy approach to hospital discharge, reducing the usage of short-term beds to pre-pandemic levels. This will be achieved, in part, by maximising the use of block booked beds and increasing care at home capacity. <i>Impact on service budget =</i>	-4.000			
[9] Pension Costs Adjustment [NEW] This item relates to pension contributions funded by the Council. Contributions can be reduced now. This results from a successful financial strategy to secure stability in the funding of future pension liabilities. The effect is a reduction in overheads in pay cost budgets following a change in the employer's contribution rate confirmed by the Cheshire Pension Fund. <i>Impact on service budget =</i>	-2.082	-0.493	-0.517	
[10] Learning Disabilities Future Service Development and Review [MTFS 22-26 [7&49]] It is proposed to develop alternative approaches to commissioned long-term care and support for people with a learning disability, in partnership with other local authorities and the NHS as appropriate. <i>Impact on service budget =</i>	-1.750			
<i>*Values represent a +/- variation to the Cheshire East Council approved budget for 2022/23 Subsequent years are the incremental change from the previous year</i>				

Adults and Health Committee Policy Proposals	2023/24 £m*	2024/25 £m	2025/26 £m	2026/27 £m
[11] Client contribution yield offsetting growth [NEW] Increase in income from client contributions arising from the inflation increase for pensions and benefits paid to individuals. Offsets against expenditure growth in proposal 3. <i>Impact on service budget =</i>	-1.200	-0.800	-0.800	
[12] Home First Strategy - alternative care provisions [NEW] It is proposed that, the Council works with the NHS to implement the Home First Strategy, increasing the use of technology, working with the voluntary sector developing non-care, community-based support, increasing support to carers, and focusing the use of domiciliary care on the most personal elements of care only. <i>Impact on service budget =</i>	-1.000			
[13] Market Sustainability and Fair Cost of Care - Grant Income [MTFS 22-26 [40]] Specific grant for Adult Social Care to support market sustainability, related offsetting expenditure is included within proposal 2. <i>Impact on service budget =</i>	-0.979		+0.979	
<i>*Values represent a +/- variation to the Cheshire East Council approved budget for 2022/23</i> <i>Subsequent years are the incremental change from the previous year</i>				

Adults and Health Committee Policy Proposals	2023/24 £m*	2024/25 £m	2025/26 £m	2026/27 £m
[14] Resettlement Revenue Grants [NEW] Revenue grant that will fund the Communities team whilst they support refugees from Ukraine and Afghanistan. <i>Impact on service budget =</i>	-0.850	+0.850		
[15] Communities Team [MTFS 22-26 [36]] Our Communities Team will continue to expand the work it does supporting people to stay at home, reducing their reliance on care services, but in the short-term they will continue to support refugees from Ukraine and Afghanistan and this work will be funded from the ring-fenced specific grant. <i>Impact on service budget =</i>	-0.750			
[16] Direct Payment - Audit Recoveries [NEW] To recover further excess Direct Payments funds from people who hold a Direct Payment, in accordance with the Council's Direct Payment policy, via the completion of a telephone assessment. This increases the recovery budget from £1m per annum to £1.75m. It is envisaged that completing the exercise in this way will achieve three important outcomes: increased response rate, recovery of excess funds and revision to personal budget values. <i>Impact on service budget =</i>	-0.750			
<i>*Values represent a +/- variation to the Cheshire East Council approved budget for 2022/23 Subsequent years are the incremental change from the previous year</i>				

Adults and Health Committee Policy Proposals	2023/24 £m*	2024/25 £m	2025/26 £m	2026/27 £m
[17] ASC Transformation Earmarked Reserve Release [NEW] Release of Adult Social Care transformation reserve in 2023/24. <i>Impact on service budget =</i>	-0.500	+0.500		
[18] Maximisation of Supported Living [NEW] It is proposed that as part of the review of the Council's Learning Disability Service offer that we identify ways in which our Care4CE can provide care and support to improve value for money. This includes the review and maximisation of our Supported Living Networks. <i>Impact on service budget =</i>	-0.369	-0.369		
[19] Productivity and Efficiency in Adult Social Care [MTFS 22-26 [30]] It is proposed that further opportunities for shared posts and contracts with the NHS will be identified to take full advantage of the opportunities of integration to deliver improved quality and value for money. <i>Impact on service budget =</i>	-0.271			
<i>*Values represent a +/- variation to the Cheshire East Council approved budget for 2022/23 Subsequent years are the incremental change from the previous year</i>				

Adults and Health Committee Policy Proposals	2023/24 £m*	2024/25 £m	2025/26 £m	2026/27 £m
[20] Building Based Short Breaks [NEW] It is proposed that as part of the review of the Learning Disability service offer, and consistent with the strategy to move away from buildings-based care, the service at Warwick Mews is decommissioned. This will not affect individuals' rights or access to appropriate respite care provision. <i>Impact on service budget =</i>				
	-0.250			
[21] Adults and Health Non-Essential Commissioning/Contracts [NEW] It is proposed that a review of non-statutory and commissioned services is undertaken to identify less expensive means of service delivery or to reduce service provision. A review of a number of services including VCFSE infrastructure support and community grants (also see proposal 38) <i>Impact on service budget =</i>				
	-0.245			
<i>*Values represent a +/- variation to the Cheshire East Council approved budget for 2022/23</i> <i>Subsequent years are the incremental change from the previous year</i>				

Adults and Health Committee Policy Proposals	2023/24 £m*	2024/25 £m	2025/26 £m	2026/27 £m
[22] Building Based Day Services [NEW] It is proposed that as part of the review of the Learning Disability service offer, and consistent with the strategy to move away from buildings-based care, the service at the Stanley Centre is decommissioned. This will not affect individuals' rights or access to appropriate day opportunities. Staff will be redeployed within Care4CE. <i>Impact on service budget =</i>				
	-0.229			
[23] Day Care Review [MTFS 22-26 [38]] Our vision for day opportunities is to support safe, purposeful and personalised activities that enable citizens to play a valued role in their community and to live as independently as they choose. Ensuring that vulnerable adults can access activities appropriate to their needs, and with choice and control is paramount. By ensuring that all day opportunities adopt a more personalised and flexible approach we can potentially reduce the level of expenditure and see more people take up Direct Payments. <i>Impact on service budget =</i>				
	-0.150			

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Subsequent years are the incremental change from the previous year

Revenue Budget Financial Table:

ADULTS and HEALTH COMMITTEE - Summary			REVENUE BUDGET			
Service Area	Budget including Policy Proposals					
	Expenditure £000	Income £000	Net £000	2024/25 £000	2025/26 £000	2026/27 £000
Adult Social Care Operations	171,604	-37,393	134,211	138,860	143,554	148,558
Commissioning	12,177	-10,056	2,121	3,549	3,606	3,718
Public Health	17,695	-17,695	0			
Total Cost of Service	201,476	-65,144	136,332	142,409	147,160	152,276
Policy Proposals included above						
Policy Proposals						
Adult Social Care Operations	23,290	-6,529	16,761	4,649	4,694	5,004
Commissioning	-637	-850	-1,487	1,428	57	112
Public Health			0			
Financial Impact of Policy Proposals	22,653	-7,379	15,274	6,077	4,751	5,116

Appendix 3 - Capital Programme

Adults and Health		CAPITAL										
CAPITAL PROGRAMME 2023/24 - 2026/27												
Scheme Description		Forecast Expenditure					Forecast Funding					
		Prior Years £000	Budget 2023/24 £000	Budget 2024/25 £000	Budget 2025/26 £000	Budget 2026/27 £000	Total Budget £000	Government Grants £000	External Contributions £000	Revenue Contributions £000	Capital Receipts £000	Prudential Borrowing £000
Committed Schemes												
Adult Social Care												
Electronic Call Monitoring System		0	389	0	0	0	389	0	0	389	0	0
People Planner System		39	55	0	0	0	94	55	0	0	0	0
Replacement Care4CE Devices		65	28	0	0	0	93	28	0	0	0	0
Total Adults Social Care Schemes		104	472	0	0	0	576	83	0	389	0	0
												472

Appendix 4 – Revenue Grant Funding

Corporate Grants Register 2023-27	National Allocation 2022/23 £m	Revised Forecast 2022/23 £000	Forecast 2023/24 £000	Forecast 2024/25 £000	Forecast 2025/26 £000	Forecast 2026/27 £000	Treatment by CEC
SPECIFIC USE (Held within Services)							
Adults and Health Committee⁽¹⁾							
Additional Better Care (for Adult Social Care)	2,039.256	8,706	8,706	8,706	8,706	8,706	Allocated direct to service
Market Sustainability and Fair Cost of Care Fund	162.000	979	979	979	0	0	Allocated direct to service
Market Sustainability and Fair Cost of Care Fund - topup	not available	0	2,400	4,080	4,080	4,080	Allocated direct to service
Implementation support grant	15.467	98	0	0	0	0	Allocated direct to service
Trailblazer support funding	0.805	162	0	0	0	0	Allocated direct to service
Early assessment funding allocation Part 1	2.127	585	0	0	0	0	Allocated direct to service
Discharge Fund	3,000	1,200	1,200	2,000	2,000	2,000	Allocated direct to service
Multiply - Supported Employment	not available	462	0	0	0	0	Allocated direct to service
Supported Internship Grant	not available	14	29	29	0	0	Allocated direct to service
Syrian Resettlement Programme - brought forward	not available	39	0	0	0	0	Allocated direct to service
Afghan Wrap Around support - brought forward	not available	146	910	0	0	0	Allocated direct to service
Afghan Resettlement support - brought forward	not available	263	288	94	0	0	Allocated direct to service
Homes for Ukraine Scheme	not available	9,450	0	0	0	0	Allocated direct to service
Private Finance Initiative (PFI) credits	not available	4,125	4,125	4,125	4,125	4,125	Allocated direct to service
Journey First and Parents First (originally provided by the European Social Fund but now DWP)	not available	2,500	0	0	0	0	Allocated direct to service
COVID-19 Shielding Grant for the Clinically Extremely Vulnerable Cohort - brought forward	not available	485	0	0	0	0	Allocated direct to service
COVID-19 Emergency Assistance Grant for Food & Essential Supplies - brought forward	not available	40	0	0	0	0	Allocated direct to service
Total	29,254	18,636	20,013	18,911	18,911		

Corporate Grants Register 2023-27	National Allocation 2022/23 £m	Revised Forecast 2022/23 £000	Forecast 2023/24 £000	Forecast 2024/25 £000	Forecast 2025/26 £000	Forecast 2026/27 £000	Treatment by CEC
SPECIFIC USE (Held within Services)							
Adults and Health Committee - Public Health							
Public Health Grant	3,417.400	17,405	17,405	17,405	17,405	17,405	Allocated direct to service
CHAMPS TTCE contact tracer staff - ICT Workforce: Contract Extension Funding	not available	149	0	0	0	0	Allocated direct to service
COVID-19 COMF & T&T - brought forward	not available	5,341	0	0	0	0	Allocated direct to service
DHSC Additional drug and alcohol treatment funding allocations: 2022 to 2023	101.200	347	353	0	0	0	Allocated direct to service
North West Probation Service funding for SMS rehabilitative and resettlement interventions	not available	77	114	0	0	0	Allocated direct to service
CHAMPS Marmot Place Funding - encourage pregnant women to stop smoking	not available	21	0	0	0	0	Allocated direct to service
CHAMPS SMS - inpatient detox	9.740	30	46	0	0	0	Allocated direct to service
CHAMPS Mouth Care Matters programme - to be confirmed	not available	10	0	0	0	0	Allocated direct to service
Total		23,380	17,918	17,405	17,405	17,405	
GENERAL PURPOSE (Held Corporately)							
Adults and Health Committee							
Social Care Support Grant	2,346.368	11,341	12,426	14,676	14,676	14,676	Unring-fenced Grant - Held Centrally
Independent Living Fund	160.600	861	0	0	0	0	Unring-fenced Grant - Held Centrally
Local Reform & Community Voices	34.410	213	207	207	207	207	Unring-fenced Grant - Held Centrally
Social Care in Prisons	10.950	71	73	73	73	73	Unring-fenced Grant - Held Centrally
War Pension Scheme Disregard	12.000	56	60	60	60	60	Unring-fenced Grant - Held Centrally
Total		12,542	12,766	15,016	15,016	15,016	
Total Adults and Health Committee		65,176	49,320	52,434	51,332	51,332	

(1) In respect of Private Finance Initiatives (PFI), Cheshire East Council are currently reflecting the total PFI grant monies received, even though Beechmere Extra Care Housing building, which was destroyed in a fire, no longer stands. No agreement has been reached with the HM Treasury on any possible reduction of grant income and Cheshire East Council continues to pay the residual unitary charge excluding Beechmere to Avantage. Discussions are continuing with the private sector partner, who has recently restructured, along with other relevant stakeholders, for example Central Government and the Nationwide Building Society, with regard to both the reinstatement of Beechmere and the remediation of the other four sites which make up the PFI scheme.

Appendix 5 – Earmarked Reserves

Adults and Health Committee

Name of Reserve	Opening Balance 1st April 2022	Forecast Movement in Reserves 2022/23	Opening Balance 1st April 2023	Forecast Movement in Reserves 2023/24	Forecast Closing Balance 31st March 2024	Notes
	£000	£000	£000	£000	£000	
Adult Social Care Operations						
Adults Directorate	1,020	(450)	570	(460)	110	To support a number of widespread projects within the Adults and Health Directorate. Connected Community Strategy Developments activity has been delayed due to community team focussing on resettlement schemes. Transformation and Improvement of ASC and Care4ce New Model of Care anticipate phasing of appropriation will match the original business case.
DOL's Assessments	397	(397)	0	0	0	Reserve required due to delays in DOLs assessment processing. Anticipated to be fully utilised in 2022/23.
Public Health (LAC funding for 3 years/ Investment in Outcome 5 activities - Adults)	162	(162)	0	0	0	Reserve will be fully utilised by the end of 2022/23, matched off against LAC staff as per the original business case.
Adults Social Care Commissioning						
PFI Equalisation - Extra Care Housing	2,715	80	2,795	0	2,795	Surplus grant set aside to meet future payments on existing PFI contract which commenced in January 2009, and the anticipated gap at the end of the agreement.
NHB Community Grants Staffing	132	0	132	0	132	To support administrative staffing costs in relation to Central Government's New Homes Bonus guidance for community projects.
Public Health						
Public Health Reserve	3,220	(1,347)	1,873	(741)	1,132	Ring-fenced underspend to be invested in areas to improve performance against key targets. Including the creation of an innovation fund to support partners to deliver initiatives that tackle key health issues. Anticipated that the carry forward ringfenced grant will be spent across 2022/23 to 2025/26.
ADULTS AND HEALTH TOTAL	7,646	(2,276)	5,370	(1,201)	4,169	

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Working for a brighter future together

Adults and Health Committee

Date of Meeting: 23rd January 2023

Report Title: Local cost of care

Report of: Helen Charlesworth-May, Executive Director of Adults, Health and Integration

Report Reference No: AH/40/2022-23

Ward(s) Affected: All wards

1. Purpose of Report

- 1.1. In December 2021 (and updated in October 2022) the Government published its policy position on market sustainability for providers of registered residential and nursing care for people 65+ and for registered domiciliary care for people over 18.
- 1.2. The purpose of this report is to set out the work that Cheshire East Council has undertaken to meet those policy requirements and request permission to publish the outcome of that work in a report on the local cost of care, in line with Department of Health and Social Care (DHSC) requirements.
- 1.3. This is a new requirement placed upon all local authorities and the updated policy paper, published by DHSC in October 2022, set out the required content of the report to be published by local authorities.
- 1.4. The completion and reporting of the local cost of care exercises is a pre-requisite of receiving grant funding from DHSC under the Market Sustainability and Fair Cost of Care Fund.
- 1.5. The report contributes to the following aims and objectives in the Council's Corporate Plan:
 - Vulnerable and older people live safely and maintain independence within community settings.

- To prioritise Home First for patients discharged from hospital. Where possible patients are discharged to a home of their choice.

2. Executive Summary

- 2.1 Local authorities are now required to carry out an exercise to identify the local cost of care, for providers of registered residential and nursing care for people 65+ and for registered domiciliary care for people over 18, which it must consult on and publish. Local authorities were required to survey a range of care providers (representative of the local market) to determine and report the median actual operating costs, plus evidence on return on capital and return on operations.
- 2.1. To support this policy the Government has set up a Market Sustainability and Fair Cost of Care Fund. The completion and reporting of the local cost of care exercises is a pre-requisite of receiving grant funding from DHSC under the Market Sustainability and Fair Cost of Care Fund.
- 2.2. As a trailblazer for charging reform, Cheshire East Council was required to submit initial findings from the cost of care exercise to DHSC by 30 June 2022. DHSC has reviewed the Cheshire East submission and confirmed that it meets the requirements. The Department has recently advised that final cost of care exercises must be submitted to DHSC and published on local authority websites by 1st February 2023.
- 2.2. Alongside cost of care exercises, local authorities are required under the funding guidance, to complete, submit and publish a Market Sustainability Plan which demonstrates how they will ensure local care markets are sustainable by 31st March 2023. This will be informed by the findings of the cost of care exercise and will take account of the approved budget.
- 2.3 A draft of the Final Market Sustainability plan will be brought to Adults and Health Committee in March for approval.
- 2.4 The Council commissioned independent consultants to undertake a cost of care exercise in late 2021 and the findings were updated in June 2022 following consultation with care providers. The findings from this exercise, summarised at 6.2 of this report and attached at Appendix A (65+ Care homes) and Appendix B (18+ domiciliary care) have been used to determine the local cost of care. It should be noted that not all providers who were invited to participate in the exercise did so.
- 2.5 The exercise excludes provision of registered residential and nursing care for people aged 18-65 and unregistered services such as supported living arrangements and day care. As a result, the exercise is only a partial analysis of the local care market. It should be noted that it is not possible to isolate or segment the constituent elements of the market in this way.
- 2.6 The analysis indicates increased costs of paying the cost of care as defined by DHSC is £10.34m for residential and nursing provision and £5.2m for domiciliary care provision.

- 2.6 The Council received £979,000 in the first year of Market Sustainability Funding (2022/23). This was used to fund a 6% fee uplift for domiciliary care providers. In December 2022, Cheshire East Council received its provisional grant settlement figures which confirms an allocation of £3.4m for 2023/24 of Market Sustainability Funding subject to grant conditions being met. On the basis of this allocation and the total Market Sustainability Funding for 2024/25, it is estimated that the Council can expect to receive £5.08m for 2024/25.
- 2.7 While this funding will help the Council to increase fee rates for care providers whose fee rates are at the lower end of the scale this is not sufficient to pay all providers the cost of care and a funding gap remains.

3. Recommendations

It is recommended that Adults and Health Committee:

- 3.1. Approve the cost of care reports attached at Appendices A and B for publication on the Council's website and submission to DHSC;
- 3.2. Note that a further report will be brought to Adults and Health Committee in March 2023 for approval of the final Market Sustainability Plan which will be informed by the cost of care findings and take account of the approved budget.
- 3.3. Note the level of risk associated with the funding shortfall between the local Cost of Care and the confirmed and estimated level of Market Sustainability Fund allocations and the mitigating factors as set out in 8.6 of this report;
- 3.4. Delegate authority to the Executive Director of Adults, Health and Integration to make any changes to the report resulting from DHSC feedback prior to its publication on the Council's website.

4. Reasons for Recommendations

- 4.1 The publication of the cost of care exercise is a mandatory requirement of receiving Market Sustainability Funding. If the Council decided not to publish the findings this could result in significant funding being withdrawn which would have a detrimental impact on the Council's MTFS and care markets that are already under extreme pressure due to rising costs, recruitment and retention difficulties and Covid 19 pandemic scarring.

5. Other Options Considered

- 5.1. Doing nothing would have serious consequences for local care markets meaning that they would be unable to increase wages for care staff and compete for staff with other sectors. This in turn presents the risk that the

Council is unable to source an appropriate level of care and support for people with an assessed need under the Care Act 2014 and that there is an adverse impact on the quality of care and support delivered.

Option	Impact	Risk
Do nothing	CEC unable to claim Market Sustainability Funding Barrier to implementation of charging reform Reputational damage with DHSC	Increased handbacks of packages of care Care market failure Increased waiting lists for care Increased quality concerns and safeguarding

6. Background

6.1. Care Act duties

- 6.1.1 Local authorities have a duty under section 5 of the Care Act 2014 to promote the efficient and effective operation of a market in services for meeting care and support needs with a view to ensuring services are diverse, sustainable and high quality for the local population, including those who pay for their own care.
- 6.1.2 Section 4.31 of the Care and Support Statutory Guidance states the following:
- “When commissioning services, local authorities should assure themselves and have evidence that contract terms, conditions and fee levels for care and support services are appropriate to provide the delivery of the agreed care packages with agreed quality of care.
- This should support and promote the wellbeing of people who receive care and support and allow for the service provider’s ability to meet statutory obligations to pay at least the minimum wage and provide effective training and development of staff. It should also allow retention of staff commensurate with delivering services to the agreed quality, and encourage innovation and improvement.
- Local authorities should have regard to guidance on minimum fee levels necessary to provide this assurance, taking account of the local economic environment. This assurance should understand that reasonable fee levels allow for a reasonable rate of return by independent providers that is sufficient to allow the overall pool of efficient providers to remain sustainable in the long term.”

6.2 Cost of Care exercise

- 6.2.1 The Council commissioned independent consultants to undertake a Cost of Care exercise with Care at Home, Accommodation with Care and complex care providers in November 2021 and draft reports containing recommended options were received for the three types of care in January 2022.
- 6.2.2 Although this was completed prior to the publication of Government guidance, the information from care providers obtained from surveys and focus groups as part of the exercise was sufficiently detailed to comply with the guidance and complete the DHSC data submission required.
- 6.2.3 There were some subtle differences in the definition of the cost of care (the Government uses the median cost whereas the Council's analysis used the mean). However, the analysis could be easily adapted to the guidelines and in practice made very little difference to the outcome. Following feedback obtained from care providers at a charging reform webinar held on 8th June, they were given an opportunity to update their surveys or submit a new survey if they hadn't previously responded.
- 6.2.4 The resulting data is set out in the cost of care reports attached as Appendix A (65+ care homes) and Appendix B (18+ domiciliary care) and summarised below for the two different care types.

6.2.5 65+ care homes

Fully completed surveys were received from 28 local care home providers and a further 11 providers partially completed a survey. This represents a completed response rate of 34% and a participation rate of 42% of those invited to complete the survey. From past experience this level of response is good and this has been verbally confirmed by the care home representative body Care England.

- 6.2.6 The table below shows the findings for the cost of care, the current standard contract rates and the current average rates paid for each of the four care home bed types.

Bed type	Standard contract rate	Average rate paid (22/23)	Cost of Care
+65 residential	£489.53	£718.22	£852.15
+65 residential with enhanced needs	£579.04	£753.37	£891.09

+65 nursing	£533.18	£792.61	£825.57 (excl. Free Nursing Care)
+65 nursing with enhanced needs	£550.41	£879.76	£925.62 (excl. Free Nursing Care)

FNC = *Funded Nursing Care costed at £209.19 per week*

- 6.2.7** Cheshire East Council now operates a Dynamic Purchasing System (DPS) which allows care providers who have successfully applied to the DPS to submit a price for delivering individual packages of care. Consequently, the average rates paid are higher than the standard contract rates and more aligned to the cost of care exercise. There are now relatively few placements paid at the Council's Standard Contract rates. In most cases these are placements that were awarded prior to the introduction of the DPS.
- 6.2.8** Nonetheless the cost to uplift all placements currently below the cost of care would be £10.338 million per year. This is significantly above the anticipated additional monies from the Market Sustainability Fund and any increase arising from an increase in social care council tax precept.

6.2.9 18+ domiciliary care

A total of 34 Care at Home providers fully completed the survey and a further 20 partially completed the survey representing a response rate of 33% and a participation rate of 52%.

- 6.2.10** Analysis using the Government guidance reveals the local cost of care to be £22.50 per hour with Councils required to report on the cost of care for 15 minute, 30 minute and 45 minute calls as below (although it is recognised that it is Cheshire East Council's policy not to commission 15 minute calls):

15 Minute	£7.56
30 Minute	£12.55
45 Minute	£17.53
60 Minute	£22.50

- 6.2.11** The cost to match the cost of care rates for 18+ domiciliary care providers would be £5.2 m.

6.5.6.3 Consultation and Engagement

- 6.5.1** Engagement with care providers was integral to the cost of care exercise. Providers were invited to participate via a survey which collected financial and

cost information and via workshop sessions. Telephone support was also available to care providers. Response rates for each sector are set out in section 4 of this report and are relatively good for engagement with the care sector.

- 6.5.2** Providers were consulted on the original findings of the cost of care exercise via a webinar held in early June 2022. As a result of the consultation a further opportunity was given for providers to participate in the exercise or update their figures. This resulted in some slight revisions to the data and the revised data was submitted to DHSC on 1 July 2022.

7. Implications

7.1. Legal

- 7.1.1** The Care Act places a duty on local authorities to facilitate and shape the whole publically-funded and self-funded care and support market. The legislation also requires authorities to provide choice that delivers outcomes and improves wellbeing. Relevant features of the Act include obligations on Councils to:

- Promote the efficient and effective operation of a market in services for meeting care and support needs;
- Ensure sustainability of the market;
- Ensure that sufficient services are available for meeting the care and support of adults in its area.
- When commissioning services councils must assure themselves and have evidence that the contract terms, conditions and fee levels for care and support services are appropriate to provide the delivery of the agreed care packages with agreed quality of care.
- Understand the business environment of providers offering services in their area and seek to work with providers facing challenges and understand their risks.
- Not undertake any actions which may threaten the sustainability of the market as a whole, for example, by setting fees below an amount which is not sustainable for the provider in the long term.

- 7.1.2** The Care Act places an expectation on the Council that the fees for all types of care should take account of both the actual cost of good quality care and the need to ensure a diverse provider market. It is clear that fees need to be set at such a level to allow providers to recover reasonable costs and remain competitive.

7.2. Finance

- 7.2.1.** It has been confirmed that the Council can expect to receive £3.4m through Market Sustainability Funding for 2023/24 and it is estimated that it could receive £5.08m for 2024/25. These figures have been included in the MTFS which is about to go out for consultation.

- 7.2.2. Growth funding of £2 million to uplift care fees has also been agreed in 2023/24 as part of the Council's Medium Term Financial Strategy from last year's MTFS process.
- 7.2.3. The recommendations in this report to publish the information do not commit the LA to any price increases, or to match rates to the cost of care. However, the risk to be noted is that publication of the rates may result in providers interpreting that as an opportunity to request higher rates by those who are currently receiving payments below the FCOC levels.
- 7.2.4. The calculations in section 6 of this report are to provide an idea of the potential scale of the increase in costs should the Council decide to pay rates at a higher level equal to the FCOC output rates.
- 7.2.5. Communications linked to the publications will need to be robust and help providers to understand the purpose and limitations of the FCOC work and outputs, as the FCOC is only one element to be used by Councils when setting fee rates.
- 7.2.6. There is no certainty of Market Sustainability Funding post 2024/25. If the fund is not continued this will represent a significant financial risk to the Council as care providers will expect funding levels to be maintained. The Council currently has a balanced four year budget position and is about to go out to consultation on the 2023/24 to 2026/27 MTFS. In the absence of additional external funding, the cost to sustain investment in the care market post 2024/25 jeopardises this balanced position.

7.3. **Policy**

- 7.3.1. The recommendations in this report align with the Council's objectives to support people to remain as independent as possible for as long as possible and to prioritise a Home First approach for people who are discharged from hospital.

7.4. **Equality**

- 7.4.1. An Equality Impact Assessment has not been completed for this report but will be completed for the Market Sustainability Report which will be presented to Committee in March 2023.

7.5. **Human Resources**

- 7.5.1. There are no Human Resource implications for Council staff.

7.6. **Risk Management**

- 7.6.1. If the Council's assumptions around funding allocations for 2024/25 are correct this leaves a £6 million gap between the estimated local cost of care and the available funding from the Market Sustainability Fund.
- 7.6.2. There is a risk that, having participated in the cost of care exercise, care providers will expect to be paid the cost of care regardless of whether or

not this is affordable for a local authority or the authority receives the funding required from Government departments. There is also a possibility of legal challenge in this regard possibly resulting in judicial review. To mitigate against this risk, a number of caveats have been included in the reports within the introductory statement.

- 7.6.3.** There is no certainty of Market Sustainability Funding post 2024/25. If the fund is not continued this will represent a significant financial risk to the Council as care providers will expect funding levels to be maintained. The Council currently has a balanced four-year budget position and, in the absence of additional external funding, the cost to sustain investment in the care market post 2024/25 jeopardises this balanced position.
- 7.6.4.** The care market is currently facing unprecedented challenges resulting from increasing costs and workforce shortages. The Council is under constant pressure from the market to increase fee rates with some providers telling commissioners that delivering care in Cheshire East is no longer sustainable. There is, therefore, a need to take urgent action to support the care market through the provision of increased funding in the short term and through service redesign in the longer term. If the Council decides not to publish the cost of care findings it will not be eligible for additional funding to support the market. Given the current and increasing pressures in the market as highlighted by the cost of care exercise this could have implications for the Council's ability to meet its statutory duties under the Care Act 2014.
- 7.6.5.** The Council can look to mitigate these risks through continuing to work with system partners to redesign services and/or identify other funding opportunities, re-prioritise funding within the Medium Term Financial Strategy and reviewing Adult Social Care services to re-prioritise funding in favour of statutory provision ensuring that the Council continues to meet its duties under the Care Act 2014.

7.7. Rural Communities

- 7.7.1.** Rural communities are disproportionately affected by the current challenges in the care at home market due to lower numbers of residents in rural areas willing to work in care and the increased travel times between care calls which has an impact on fuel costs and, in some cases, wages as not all care providers pay for "downtime". This is reflected in the costs of individual packages of care.

7.8. Children and Young People/Cared for Children

- 7.8.1.** Government guidance is that the Market Sustainability Plan should focus on care homes that cater for people aged 65 and over and domiciliary care providers that cater for people aged 18 and over. There is, therefore, no

statutory impact on Children and Young People or cared for children. However, as noted above different segments of the care market do not operate in isolation.

7.9. Public Health

- 7.9.1.** The recommendations in this report could have a positive impact on public health as the Market Sustainability Funding should improve the quality and availability of care services locally.
- 7.9.2.** Good quality care not only improves experiences for individuals and families but can help to maintain independence and prevent worsening of health in the future.
- 7.9.3.** Those in our most deprived areas have a shorter life expectancy but also spend more years in poor health and therefore there is increased need for care in these areas. This can also be the case for many traditionally marginalised groups. Future work will need to ensure that changes to care funding do not exacerbate existing inequalities across Cheshire East and adequately support our residents with the greatest needs.

7.10. Climate Change

- 7.10.1.** Efficient delivery of domiciliary care services requires the use of a vehicle for carers to travel from call to call. Some providers are trialling the use of more energy efficient transport e.g. electric bikes although these can present a challenge in the winter months.
- 7.10.2.** Contribution to social value including environmental outcomes is measured as part of the commissioning processes.

Access to Information	
Contact Officer:	Joanne Sutton, Acting Head of Commissioning Joanne.sutton@cheshireeast.gov.uk 0781 1821005
Appendices:	Appendix A – 65+ Care Home cost of care report Appendix B – 18+ domiciliary care cost of care report
Background Papers:	Market Sustainability and fair cost of care fund 2022 to 2023 guidance: https://www.gov.uk/government/publications/market-sustainability-and-fair-cost-of-care-fund-2022-to-2023/market-sustainability-and-fair-cost-of-care-fund-purpose-and-conditions-2022-to-2023

Appendix A

Cheshire East Council Local Cost of Care report

65+ Care Homes

Introduction

This document has been produced in response to DHSC requirements for local authorities to ascertain the cost of care in their local area. It draws on information supplied by providers of care homes for older people in the local area originally in November 2021 and updated in June 2022. No changes have been made to the data from that supplied by providers e.g. to adjust for assumed occupancy levels, return on capital or operations or funding paid to providers during and after the Covid pandemic.

Cheshire East Council makes no assurances as to the accuracy of the data since not all care home providers responded to the cost of care exercise. It should also be borne in mind that the exercise was completed following a worldwide pandemic and may not be reflective of how the market is currently operating.

While the Council acknowledges that the cost of care is impacted by inflationary pressures since June 2022, this is mitigated by the fact that the Council has not made adjustments to the data which would have the effect of reducing the cost of care.

The cost of care exercise did not take into account all care settings and, therefore, does not give a complete portrayal of costs across all sectors.

The Council also acknowledges its duties under the Care Act 2014. However, these cannot be viewed in isolation from other pressures on local authority resources, the duty on all Councils to deliver a balanced budget and the duty to obtain value for money as referenced in sections 4.27, 4.60 and 4.61 of the Care and support statutory guidance.

The information obtained by the cost of care exercise will be used to inform but not replace future fee setting exercises and commissioning activity. Any decisions around fees will need to take into account the wide range of services, complexity of service provision, geographical locations of service, availability of resources and the statutory responsibility of the Council to deliver a balanced budget.

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July 18th Refresh

1.0 Response Rate

There were 28 completed surveys and a further 11 that were part completed. This represents a **completed response rate of 34%** and a participation rate of 48% of those invited to complete the survey

2.0 Return on Capital

The Return on Capital is £47.97 per resident per week.

The Local Housing Allowance (LHA) rate for a category A one-bedroom dwelling where the tenant has exclusive use of only one bedroom with shared use of other facilities in South Cheshire (the Broad Rental Market Area (BRMA) for Cheshire East) is £64.90/week. The average cost of fixtures/fittings/maintenance is £16.93 per week. Therefore, the return on capital is £48.20 per resident per week.

3.0 Count of Observations

3.1 65 plus Care Homes Places without Nursing (£/resident/week)

	Count of Observations	Lower Quartile	Median	Upper Quartile
Care Home Staffing				
Nursing Staff	24		0	
Care Staff	24	297.07	328.91	362.21
Therapy Staff (Occupational & Physio)	24	22.92	24.45	28.78
Activity Co-ordinators	24	19.18	21.45	24.85
Service Management (Registered Manager/Deputy)	24	29.92	31.74	36.46
Reception & Admin staff at the home	24	22.11	26.17	28.94
Chefs / Cooks	24	32.32	36.89	40.12
Domestic staff (cleaning, laundry & kitchen)	24	40.74	43.84	48.10
Maintenance & Gardening	24	12.14	15.42	16.32
Other care home staffing (agency)	24	57.43	65.72	74.01
Staff TOTAL		533.83	594.59	643.48
Care Home Premises				
Fixtures and Fittings	24	2.65	2.80	3.91
Repairs and Maintenance	24	9.18	10.02	14.04
Furniture, Furnishings and Equipment	24	3.22	3.88	6.22
Other Care Home Premise Costs	24	0	0	0
Premise Total		15.05	16.70	24.17
Care Home Supplies and Services				
Food Supplies	24	16.84	18.62	22.80
Domestic and Cleaning Supplies	24	5.95	6.28	8.92

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July 18th Refresh

Medical Supplies (excluding PPE)	24	3.92	4.42	6.04
PPE	24	4.02	4.31	5.65
Office Supplies	24	1.25	1.36	2.12
Insurance	24	3.32	3.42	4.15
Registration Fees	24	2.15	2.44	2.79
Telephone and Internet	24	1.19	1.90	2.99
Council Tax / rates	24	34.78	41.19	48.14
Electricity, gas, water	24	54.62	65.24	76.91
Trade and Clinical Waste	24	1.02	1.47	3.79
Transport and Activities	24	1.96	2.15	4.99
Other care home supplies and services costs	24	2.24	2.87	4.45
Supplies and Services Total		133.26	155.67	193.74
Head Office				
Central / Regional Management	24	7.50	8.30	9.84
Support Services (finance / HR / legal / marketing etc.)	24	0.61	0.91	1.79
Recruitment, Training & Vetting (incl. DBS checks)	24	0.95	1.12	1.64
Other head office costs (please specify)	24	0	0	0
Return on Operations	24	34.78	38.61	47.19
Return on Capital	24		48.20	
Head Office Total		92.04	97.14	108.66
TOTAL		774.18	864.1	970.05
Number of location level responses received	24			
Number of locations eligible to fill in the survey	24			
Number of residents covered by the responses	494			
Number of carer hours per resident per week	16.41			
Number of nursing hours per resident per week	0			
Average carer basic pay per hour		9.60	10.20	10.50
Average nurse basic pay per hour	n/a			
Average occupancy as a percentage of active beds	86%			
Freehold valuation per bed				

3.2 65 + Care Homes Places without Nursing, Enhanced Needs (£/resident/week)

	Count of Observations	Lower Quartile	Median	Upper Quartile
Care Home Staffing				

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Nursing Staff	12		0	
Care Staff	12	334.03	368.14	396.11
Therapy Staff (Occupational & Physio)	12	21.82	24.30	28.18
Activity Co-ordinators	12	16.92	18.74	22.11
Service Management (Registered Manager/Deputy)	12	31.03	34.13	39.13
Reception & Admin staff at the home	12	22.45	26.78	28.99
Chefs / Cooks	12	32.18	36.02	39.64
Domestic staff (cleaning, laundry & kitchen)	12	42.19	47.12	53.14
Maintenance & Gardening	12	12.10	15.51	16.82
Other care home staffing (please specify)	12	65.61	68.17	78.19
Staff TOTAL		578.33	638.91	702.31
Care Home Premises				
Fixtures and Fittings	12	2.67	2.88	4.22
Repairs and Maintenance	12	9.16	10.12	14.32
Furniture, Furnishings and Equipment	12	3.12	4.32	6.14
Other Care Home Premise Costs	12	0	0	0
Premise Total		14.95	17.32	24.68
Care Home Supplies and Services				
Food Supplies	12	16.91	18.13	22.87
Domestic and Cleaning Supplies	12	6.14	6.47	9.13
Medical Supplies (excluding PPE)	12	3.93	4.49	6.31
PPE	12	4.02	4.14	5.52
Office Supplies	12	1.24	1.36	2.11
Insurance	12	3.38	3.49	4.16
Registration Fees	12	2.19	2.44	2.75
Telephone and Internet	12	1.20	1.96	2.92
Council Tax / rates	12	34.65	41.16	47.15
Electricity, gas, water	12	52.64	65.15	76.14
Trade and Clinical Waste	12	1.09	1.42	3.84
Transport and Activities	12	1.79	1.91	4.94
Other care home supplies and services costs	12	2.33	2.84	4.61
Supplies and Services Total		131.51	154.96	192.45
Head Office				
Central / Regional Management	12	7.54	8.20	9.85
Support Services (finance / HR / legal / marketing etc.)	12	0.69	1.04	1.82
Recruitment, Training & Vetting (incl. DBS checks)	12	0.99	1.11	1.69

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Other head office costs (please specify)	12	0	0	0
Return on Operations	12	34.24	36.89	47.10
Return on Capital			47.48	
Head Office Total		90.94	94.72	107.94
TOTAL		815.73	905.91	1,027.38
Number of location level responses received	12			
Number of locations eligible to fill in the survey	12			
Number of residents covered by the responses	185			
Number of carer hours per resident per week	19.12			
Number of nursing hours per resident per week	0			
Average carer basic pay per hour		9.60	10.20	10.50
Average nurse basic pay per hour	n/a			
Average occupancy as a percentage of active beds	88%			
Freehold valuation per bed				

3.3 65+ Care Home Places with Nursing (£/resident/week)

	Count of Observations	Lower Quartile	Median	Upper Quartile
Care Home Staffing				
Nursing Staff	9	156.14	172.45	202.62
Care Staff	9	318.71	337.82	351.49
Therapy Staff (Occupational & Physio)	9	21.14	25.17	29.28
Activity Co-ordinators	9	19.19	21.56	24.89
Service Management (Registered Manager/Deputy)	9	31.91	33.77	37.42
Reception & Admin staff at the home	9	22.16	26.18	28.21
Chefs / Cooks	9	32.11	36.41	39.62
Domestic staff (cleaning, laundry & kitchen)	9	42.17	47.03	52.18
Maintenance & Gardening	9	11.63	15.71	16.74
Other care home staffing (please specify)	9	51.41	62.94	69.18
Staff TOTAL		706.57	779.04	913.01
Care Home Premises				
Fixtures and Fittings	9	2.68	2.99	4.04
Repairs and Maintenance	9	9.22	10.12	14.19
Furniture, Furnishings and Equipment	9	3.09	4.23	6.17

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Other Care Home Premise Costs	9	0	0	0
Premise Total		14.99	17.34	24.40
Care Home Supplies and Services				
Food Supplies	9	17.24	18.81	22.62
Domestic and Cleaning Supplies	9	5.91	6.37	8.92
Medical Supplies (excluding PPE)	9	3.83	4.32	6.07
PPE	9	4.16	4.44	5.72
Office Supplies	9	1.29	1.38	2.17
Insurance	9	3.39	3.48	4.08
Registration Fees	9	2.19	2.49	2.73
Telephone and Internet	9	1.15	1.98	3.18
Council Tax / rates	9	34.88	41.11	48.13
Electricity, gas, water	9	57.19	65.82	75.91
Trade and Clinical Waste	9	1.34	1.61	3.83
Transport and Activities	9	2.01	2.29	4.06
Other care home supplies and services costs	9	2.15	2.88	4.07
Supplies and Services Total		136.73	156.98	191.49
Head Office				
Central / Regional Management	9	7.13	8.39	10.99
Support Services (finance / HR / legal / marketing etc.)	9	0.71	1.14	2.11
Recruitment, Training & Vetting (incl. DBS checks)	9	1.12	1.42	2.98
Other head office costs (please specify)	9	0	0	0
Return on Operations	9	36.50	40.11	49.52
Return on Capital	9		47.56	
Head Office Total		93.76	98.62	113.90
TOTAL		952.05	1,051.98	1,242.80
Number of location level responses received	9			
Number of locations eligible to fill in the survey	9			
Number of residents covered by the responses	261			
Number of carer hours per resident per week	14.65			
Number of nursing hours per resident per week	7.65			
Average carer basic pay per hour		9.60	10.20	10.50
Average nurse basic pay per hour		17.00	17.74	18.80
Average occupancy as a percentage of active beds	91%			

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Freehold valuation per bed				
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3.4 65+ Care Home Places with Nursing, Enhanced Needs (£/resident/week)

	Count of Observations	Lower Quartile	Median	Upper Quartile
Care Home Staffing				
Nursing Staff	8	166.92	184.35	208.36
Care Staff	8	374.08	401.24	446.31
Therapy Staff (Occupational & Physio)	8	22.24	28.63	30.17
Activity Co-ordinators	8	19.61	21.93	26.21
Service Management (Registered Manager/Deputy)	8	36.75	42.34	47.35
Reception & Admin staff at the home	8	21.51	25.82	28.62
Chefs / Cooks	8	32.83	36.04	38.41
Domestic staff (cleaning, laundry & kitchen)	8	42.56	47.26	52.14
Maintenance & Gardening	8	12.15	14.19	16.72
Other care home staffing (please specify)	8	64.36	74.18	82.83
Staff TOTAL		793.01	875.98	977.12
Care Home Premises				
Fixtures and Fittings	8	2.58	3.02	4.75
Repairs and Maintenance	8	9.34	10.42	14.89
Furniture, Furnishings and Equipment	8	3.13	4.04	6.62
Other Care Home Premise Costs	8	0	0	0
Premise Total		15.05	17.48	26.26
Care Home Supplies and Services				
Food Supplies	8	18.54	22.34	26.72
Domestic and Cleaning Supplies	8	6.32	6.72	9.38
Medical Supplies (excluding PPE)	8	4.03	4.90	6.92
PPE	8	4.11	4.25	5.52
Office Supplies	8	1.21	1.32	2.13
Insurance	8	3.47	3.92	4.67
Registration Fees	8	2.17	2.46	2.77
Telephone and Internet	8	1.21	1.93	2.88
Council Tax / rates	8	34.59	41.11	47.14
Electricity, gas, water	8	54.73	65.27	76.42
Trade and Clinical Waste	8	1.11	1.44	3.86
Transport and Activities	8	1.82	1.94	4.91
Other care home supplies and services costs	8	2.39	2.68	4.69
Supplies and Services Total		135.70	160.28	198.01
Head Office				

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Central / Regional Management	8	7.55	8.29	9.94
Support Services (finance / HR / legal / marketing etc.)	8	0.78	1.23	1.89
Recruitment, Training & Vetting (incl. DBS checks)	8	1.04	1.21	1.86
Other head office costs (please specify)	8	0	0	0
Return on Operations	8	32.47	36.45	46.06
Return on Capital			47.42	
Head Office Total		89.26	94.60	107.17
TOTAL		1,033.02	1,148.34	1,308.56
Number of location level responses received	8			
Number of locations eligible to fill in the survey	8			
Number of residents covered by the responses	201			
Number of carer hours per resident per week	17.69			
Number of nursing hours per resident per week	8.24			
Average carer basic pay per hour		9.60	10.20	10.50
Average nurse basic pay per hour		17.00	17.74	18.80
Average occupancy as a percentage of active beds	89%			
Freehold valuation per bed				

4.0 Median Values (£/resident/week)

	+65	+65 Enhanced Needs	+65 Nursing	+65 Nursing, Enhanced Needs
Nursing Staff	0	0	172.45	184.35
Care Staff	328.91	368.14	337.82	401.24
Therapy Staff (Occupational & Physio)	24.45	24.30	25.17	28.63
Activity Co-ordinators	21.45	18.74	21.56	21.93
Service Management (Registered Manager/Deputy)	31.74	34.13	33.77	42.34
Reception & Admin staff at the home	26.17	26.78	26.18	25.82
Chefs / Cooks	36.89	36.02	36.41	36.04
Domestic staff (cleaning, laundry & kitchen)	43.84	47.12	47.03	47.26
Maintenance & Gardening	15.42	15.51	15.71	14.19
Other care home staffing (please specify)	65.72	68.17	62.94	74.18

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Staff TOTAL	586.27	628.69	766.19	867.22
Fixtures and Fittings	2.80	2.88	2.99	3.02
Repairs and Maintenance	10.02	10.12	10.12	10.42
Furniture, Furnishings and Equipment	3.88	4.32	4.23	4.04
Other Care Home Premise Costs	0	0	0	0
Premise Total	16.32	16.96	16.96	17.13
Food Supplies	18.62	18.13	18.81	22.34
Domestic and Cleaning Supplies	6.28	6.47	6.37	6.72
Medical Supplies (excluding PPE)	4.42	4.49	4.32	4.90
PPE	4.31	4.14	4.44	4.25
Office Supplies	1.36	1.36	1.38	1.32
Insurance	3.42	3.49	3.48	3.92
Registration Fees	2.44	2.44	2.49	2.46
Telephone and Internet	1.90	1.96	1.98	1.93
Council Tax / rates	41.19	41.16	41.11	41.11
Electricity, gas, water	65.24	65.15	65.82	65.27
Trade and Clinical Waste	1.47	1.42	1.61	1.44
Transport and Activities	2.15	1.91	2.29	1.94
Other care home supplies and services costs	2.87	2.84	2.88	2.68
Supplies and Services Total	153.49	151.86	154.47	156.9
Central / Regional Management	8.30	8.20	8.39	8.29
Support Services (finance / HR / legal / marketing etc.)	0.91	1.04	1.14	1.23
Recruitment, Training & Vetting (incl. DBS checks)	1.12	1.11	1.42	1.21
Other head office costs (please specify)	0	0	0	0
Return on Operations	38.61	36.89	40.11	36.45
Return on Capital	48.20	47.48	47.56	47.42
Head Office Total	96.07	93.58	97.14	93.56
TOTAL	852.15	891.09	1,034.76	1,134.81
Number of location level responses received	24	12	9	8
Number of locations eligible to fill in the survey	24	12	9	8
Number of residents covered by the responses	494	185	261	201
Number of carer hours per resident per week	16.41	19.12	14.65	17.69
Number of nursing hours per resident per week			7.65	8.24
Average carer basic pay per hour	10.20	10.20	10.20	10.20

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Average nurse basic pay per hour			17.74	17.74
Average occupancy as a percentage of active beds	86%	88%	91%	89%
Freehold valuation per bed				

5.0 Data Collection and Inflation

The results were collected in November and December 2021 and refreshed in June 2022 to account for price increases since the first survey in November 2021.

6.0 Questions Asked

- 1.) Business Name
- 2.) Are you part of a wider group?
- 3.) Name of the group?
- 4.) Do you provide? (tick all that apply)
 - a. +65 Residential Care
 - b. +65 Residential Care, Enhanced Needs
 - c. +65 Residential Care with Nursing
 - d. +65 Residential Care with Nursing, Enhanced Needs
- 5.) Which area in Cheshire East is your home located? - see the map below to help you answer the question
 - a. Knutsford, Wilmslow and Poynton
 - b. Macclesfield
 - c. Congleton, Holmes Chapel
 - d. Sandbach, Middlewich and Alsager
 - e. Crewe
 - f. Nantwich and rural
- 6.) Please tell us the number of beds in your home for each of the following categories:
 - a. +65 Residential Care
 - b. +65 Residential Care, Enhanced Needs
 - c. +65 Residential Care with Nursing
 - d. +65 Residential Care with Nursing, Enhanced Needs
- 7.) What are your current occupancy rates for the beds in each of the following categories?
 - a. +65 Residential Care
 - b. +65 Residential Care, Enhanced Needs
 - c. +65 Residential Care with Nursing
 - d. +65 Residential Care with Nursing, Enhanced Needs
- 8.) How many Full Time Equivalent Staff (FTEs) do you have for the following categories of care?
 - a. +65 Residential Care
 - b. +65 Residential Care, Enhanced Needs
 - c. +65 Residential Care with Nursing
 - d. +65 Residential Care with Nursing, Enhanced Needs
- 9.) Looking across your workforce please let us know how many staff (FTEs) you have working in each of the following roles
 - a. Nursing
 - b. Care
 - c. Senior Care Staff / Registered Managers

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- d. Management
- e. Administration / Reception
- f. Therapy Staff
- g. Activity Co-ordinators
- h. Chefs / Cooks
- i. Domestic Staff / Cleaners
- j. Maintenance / Gardeners

10.) Let us know the basic rate of pay for the following roles:

- a. Carers
- b. Nurses

11.) How much do you pay agency staff for the same roles?

- a. Carers
- b. Nurses

12.) Please provide the following information about the total staff costs for delivering a service in Cheshire East – please base on your last full year accounts

- a. Total salary cost
- b. National Insurance
- c. Pension contributions

13.) What is the average leave entitlement for a full time member of staff (in days)

14.) What is the average number of days training undertaken by a full time member of staff in a year?

15.) How do you cover staff when they are on leave or training?

16.) What does it cost you per day to cover leave and training?

17.) What is the average number of sick days for a FTE in a normal year?

18.) Please provide the following annual cost information about your business overheads based on your last full years accounts (£ spent in the last full years accounts) - work in Cheshire East

- a. Staff recruitment and retention
- b. Training and supervision (not including cover)
- c. Apprenticeship levy
- d. CQC registration fees
- e. Rent,
- f. Rates
- g. Utilities
- h. IT
- i. Telephony (including broadband)
- j. PPE
- k. Consumables
- l. Transport and activities
- m. Stationary and postage
- n. Cost of finance (loan repayments inc. mortgage)
- o. Insurance
- p. Professional fees (legal and accountancy)
- q. Marketing
- r. Equipment and Assistive Technology
- s. Medical supplies
- t. Agency costs
- u. Central / head office recharges

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- v. Trade and clinical waste
- w. Other

19.) Please provide the following financial information for your Cheshire East business for the last three full financial year:

- a. Total Turnover
- b. Total Overhead
- c. Profit / Surplus

20.) How has covid affected your insurance?

- a. Pre covid insurance premium (£/annum)
- b. Current insurance premium (£/annum)

21.) Please indicate which date bracket your building was originally built in:

- a. After 2015
- b. 2000 – 2014
- c. 1980-2000
- d. 1950 – 1980
- e. 1900 – 1950
- f. Pre 1900

22.) Please indicate how long ago the building last had a major refurbishment:

- a. Within the last three years
- b. Between 3 and 10 years ago
- c. Between 10 and 10 years ago
- d. More than 20 years ago

23.) How has Covid-19 impacted on your care home business?

24.) What do you see as the main trends and challenges facing providers over the next three years?

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Appendix B

Cheshire East Council – Local Cost of Care report

18+ Domiciliary Care

Introduction

This document has been produced in response to DHSC requirements for local authorities to ascertain the cost of care in their local area. It draws on information supplied by providers of domiciliary care for adults in the local area originally in November 2021 and updated in June 2022. No changes have been made to the data from that supplied by providers e.g. to adjust for return on operations or funding paid to providers during and after the Covid pandemic.

Cheshire East Council makes no assurances as to the accuracy of the data since not all domiciliary care providers responded to the cost of care exercise. It should also be borne in mind that the exercise was completed following a worldwide pandemic and may not be reflective of how the market is currently operating.

The cost of care exercise did not take into account all care settings and, therefore, does not give a complete portrayal of costs across all sectors.

While the Council acknowledges that the cost of care is impacted by inflationary pressures since June 2022, this is mitigated by the fact that the Council has not made adjustments to the data which would have the effect of reducing the cost of care.

The Council also acknowledges its duties under the Care Act 2014. However, these cannot be viewed in isolation from other pressures on local authority resources, the duty on all Councils to deliver a balanced budget and the duty to obtain value for money as referenced in sections 4.27, 4.60 and 4.61 of the Care and support statutory guidance.

The information obtained by the cost of care exercise will be used to inform but not replace future fee setting exercises and commissioning activity. Any decisions around fees will need to take into account the wide range of services, complexity of service provision, geographical locations of service, availability of resources and the statutory responsibility of the Council to deliver a balanced budget.

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July 18th Revision

1.0 Response Rate

There were 34 completed surveys and a further 20 that were part completed. This represents a full **response rate of 33%** and a participation rate of 52%.

2.0 Number of Appointments per week by visit length

	15 mins*	30mins	45 mins	60 mins
Lower Quartile	39	475	104	82
Median	57	696	187	109
Upper Quartile	69	802	245	131

* This information was supplied by care providers. Cheshire East Council **does not commission 15 minute care calls** and investigates all complaints of short calling by care providers.

3.0 Return on Operations

The **Return on Operations is 2.11%**. This was calculated by asking providers for their total cost of operations, head office costs and profits made in the last full financial year. This enabled the return on operations to be calculated as the average percentage markup on the cost of operations and head office costs.

4.0 Count of Observations (£/hour)

	Count of Observations	Lower Quartile	Median	Upper Quartile
Care Worker Costs				
Direct care	29	9.94	10.54	11.22
Travel time	29	1.10	1.37	2.55
Mileage	29	1.04	1.52	2.75
PPE	29	0.34	0.41	0.54
Training (staff time)	29	0.24	0.28	0.34
Holiday	29	1.24	1.36	1.60
Additional non-contact pay costs	29	0.00	0.03	0.27
Sickness/maternity and paternity pay	29	0.25	0.30	0.56
Notice/suspension pay	29	0.00	0.04	0.08
NI (direct care hours)	29	0.71	0.92	1.09
Pension (direct care hours)	29	0.28	0.32	0.50
Business Costs				
Back office staff	29	2.52	2.61	2.78
Travel costs (parking/vehicle lease et cetera)	29	0.02	0.06	0.09
Rent/rates/utilities	29	0.37	0.49	0.59
Recruitment/DBS	29	0.13	0.24	0.45
Training (third party)	29	0.12	0.18	0.36
IT (hardware, software CRM, ECM)	29	0.24	0.31	0.43
Telephony	29	0.11	0.18	0.22

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Stationery/postage	29	0.05	0.07	0.09
Insurance	29	0.09	0.16	0.19
Legal/finance/professional fees	29	0.17	0.23	0.30
Marketing	29	0.09	0.14	0.42
Audit and compliance	29	0.07	0.11	0.18
Uniforms and other consumables	29	0.01	0.06	0.13
Assistive technology	29	0.01	0.03	0.04
Central/head office recharges	29	0.02	0.21	0.97
Other overheads	29	0.11	0.14	0.16
CQC fees	29	0.07	0.13	0.16
Return on Operations	29	0.12	0.45	1.02
TOTAL		19.46	22.89	30.18
Number of location level responses received	34			
Number of locations eligible to fill in the survey	34			
Carer basic pay / hour		9.92	10.54	11.43
Minutes of travel per contact hour		3	5	9.5
Mileage payment per mile		25p	35p	38p
Total direct care hours / annum		13,312	19,964	86,632

5.0 Median Values (£/hour)

Care Worker Costs	Median Values
Total Care Worker Costs	16.78
Direct care	10.54
Travel time	1.37
Mileage	1.52
PPE	0.41
Training (staff time)	0.28
Holiday	1.36
Additional non-contact pay costs	0.03
Sickness/maternity and paternity pay	0.30
Notice/suspension pay	0.04
NI (direct care hours)	0.92
Pension (direct care hours)	0.32
Business Costs	
Total Business Costs	5.27
Back office staff	2.61
Travel costs (parking/vehicle lease et cetera)	0.06
Rent/rates/utilities	0.49
Recruitment/DBS	0.24
Training (third party)	0.18
IT (hardware, software CRM, ECM)	0.31
Telephony	0.18
Stationery/postage	0.07

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Insurance	0.16
Legal/finance/professional fees	0.23
Marketing	0.14
Audit and compliance	0.11
Uniforms and other consumables	0.06
Assistive technology	0.03
Central/head office recharges	0.21
Other overheads	0.14
CQC fees	0.13
Return on Operations	0.45
TOTAL	22.50
Carer basic pay / hour	10.62
Minutes of travel per contact hour	5
Mileage payment per mile	35p
Total direct care hours / annum	19,964

6.0 Cost Per Visit

15 Minute*	£7.56
30 Minute	£12.55
45 Minute	£17.53
60 Minute	£22.50

* The reporting of a cost per visit for 15 minute calls is a DHSC requirement. Cheshire East Council does not commission 15 minute care calls.

7.0 Data Collection and Inflation

The results were originally collected in November and December 2021. They were then refreshed in June 2022 after providers were given a chance to update the data they originally submitted. This ensures the figures in the FCOC exercise are based on the latest costs after the inflationary impact of the preceding six months.

8.0 Questions Asked

The following are the questions asked of providers in a survey sent to them for completion@

- 1.) Business Name
- 2.) Are you part of a wider group?
- 3.) Name of the group?
- 4.) Please provide the registered postcode from which you manage the work in Cheshire East
- 5.) What percentage of your work in Cheshire East (hours of care provided) is based in each of the following areas? - see the map below to help you answer the question
 - a. Knutsford, Wilmslow and Poynton
 - b. Macclesfield
 - c. Congleton, Holmes Chapel
 - d. Sandbach, Middlewich and Alsager

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- e. Crewe
 - f. Nantwich and rural
- 6.) What is the average number of miles travel between each visit?
- 7.) What is the average length of time for travelling between each visit (in minutes)
- 8.) What mileage rate do you pay staff?
- 9.) What is the average car parking cost each week for delivering care in Cheshire East?
- 10.) What is the total number of care hours provided for each of the following purchasers in Cheshire East? (base your answers on the last full week)
- a. Cheshire East Council
 - b. Self-funders
 - c. Other local authorities
 - d. The NHS
- 11.) How many appoints do you have a week of the following lengths?
- a. 15 minutes
 - b. 30 minutes
 - c. 45 minutes
 - d. 60 minutes
- 12.) How many service users do you support who receive direct payments?
- 13.) Do service users who receive direct payments pay a top up?
- 14.) If they do pay a top up, what amount? (£/hour)
- 15.) How many Full Time Equivalent (FTE) staff do you have working for you?
- 16.) How many of these are new recruits in the last 12 months?
- 17.) Looking across the workforce, please let us know how many staff you have in each of the following roles:
- a. Management
 - b. Back Office / Admin
 - c. Care Worker
 - d. Senior Care Worker
 - e. Nurse
 - f. Other
- 18.) If other, please state job roles
- 19.) Please let us know the rates of pay you work to for the following roles: (£/hour)
- a. Care Worker
 - b. Senior Care Worker
 - c. Nurse
- 20.) Please let us know the rates of pay you work to for the following roles at a weekend or bank holiday: (£/hour)
- a. Care Worker
 - b. Senior Care Worker
 - c. Nurse
- 21.) How much do you pay for agency staff for the same roles during the day? (£/hour)
- a. Care Worker
 - b. Senior Care Worker
 - c. Nurse
- 22.) How has your usage of agency staff changed over the last 18 months?
- 23.) Please provide the following information about the total staff costs for delivering a service in Cheshire East – please base on your last full year accounts
- a. Total salary cost

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- b. Total National Insurance Cost
 - c. Total pension contribution
- 24.) What is the average leave entitlement for a full time member of staff (in days)
- 25.) What is the average number of days training undertaken by a full time member of staff in a year?
- 26.) How do you cover staff when they are on leave or training?
- 27.) What does it cost you per day to cover leave and training?
- 28.) What is the average number of sick days for a FTE in a normal year?
- 29.) Please provide the following annual cost information about your business overheads based on your last full years accounts (£ spent in the last full years accounts) - work in Cheshire East
- a. Staff recruitment and retention
 - b. Training and supervision (not including cover)
 - c. Apprenticeship levy
 - d. CQC registration fees
 - e. Rent, rates and utilities
 - f. IT
 - g. Telephony (including broadband)
 - h. PPE
 - i. Consumables
 - j. Stationary and postage
 - k. Cost of finance (loan repayments inc. mortgage)
 - l. Insurance
 - m. Professional fees (legal and accountancy)
 - n. Marketing
 - o. Equipment and Assistive Technology
 - p. Medical supplies
 - q. Agency costs
 - r. Central / head office recharges
 - s. Other
- 30.) Please provide the following financial information for your Cheshire East business for the latest full financial year?
- a. Total Turnover
 - b. Total Overhead
 - c. Profit / Surplus
- 31.) How has covid affected your insurance?
- a. Pre covid insurance premium (£/annum)
 - b. Current insurance premium (£/annum)
- 32.) What hourly rate do you charge for self-funders? (£/hour)
- 33.) How has Covid-19 impacted on your care at home business?
- 34.) What do you see as the main trends and challenges facing providers over the next three years?

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Working for a brighter future together

Adults and Health Committee

Date of Meeting: 23rd January 2023

Report Title: CEP Dementia Plan - Final Version

Report of: Nichola Thompson, Director of Commissioning & Integration

Report Reference No: AH/07/2022-23

Ward(s) Affected: ALL

1. Purpose of Report

- 1.1. The purpose of this report is to update Adults and Health Committee on the final version of the Cheshire East Place Dementia Plan (including the easy read version). As part of this report, there will be a request for permission to fully adopt the final version of the plan for publication.
- 1.2. This proposal meets the Council's priority within the Corporate Plan to:

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

2. Executive Summary

- 2.1 The plan is informed by what people have told us about their experiences either as a person living with dementia or as a carer and is written for those people; specifically, those with memory concerns, those with a dementia diagnosis, their families and carers and the organisations supporting them. Other stakeholders who have also been involved in developing this plan include, Dementia Friendly Community members, individuals living with dementia and their Carers, local health, social care, and voluntary organisations.

- 2.2** This report builds on the previous report taken to Adults and Health Committee in January 2022 (see Appendix) which requested permission to formally consult on the draft version of the plan.
- 2.3** Once the plan becomes a finalised document, there will be engagement events to promote and create awareness with stakeholders including those living with dementia and their carers / families.
- 2.4** Following the approval of the plan, a fully costed implementation plan will be completed.
- 2.5** The draft CEP Dementia Plan (including an easy read version) was out for consultation from the 23rd of March until the 15th of June 2022.
- 2.6** Commissioners from Cheshire East Council and NHS Cheshire and Merseyside ICB have both analysed the response report supplied to them from Cheshire East Council Research and Consultation team and have met to discuss next steps. (See Appendix)

3. Recommendations

- 3.1.** That Committee provide permission to adopt this plan as the final version.

4. Reasons for Recommendations

- 4.1.** The plan sets out the Cheshire East Place ambitions to support people to live well with dementia. One of Cheshire East's Corporate Plan objectives is to "Reduce the reliance on long-term care by improving services closer to home and providing more extra care facilities, including dementia services". It also reflects the national strategic direction outlined in the Prime Minister's Challenge on Dementia which detailed ambitious reforms which were to be achieved by 2020.
- 4.2.** Cheshire East Council and NHS Cheshire and Merseyside ICB have drafted the Cheshire East Place Dementia Plan to identify and consider local support needs in relation to dementia and to map service provision with a view to ensuring that the right services are delivered, in the right place, for the right people at the right time. The aim is to make a real and positive difference to the lives of people living with dementia in Cheshire East and to ensure that people with dementia and their carers receive high quality, compassionate, and timely care whether they are at home, in hospital or in a care home. The overarching vision is to make Cheshire East a truly dementia friendly community.

- 4.3.** Included as a separate part of the plan are a set of Action Plans which set out the work which is to take place between 2023 and 2027 to improve outcomes and services to those living with dementia and their carers / families.

5. Other Options Considered

- 5.1.** Another option would be not to adopt this version as the final plan for publication. However, this would not demonstrate an inclusive approach, transparency, or good practice. Furthermore, it could damage the reputation of the Council and other key stakeholders.

5.2.

Option	Impact	Risk
Do nothing	<p>Doing nothing could lead to a lack of trust in the Council and key stakeholders from people living with dementia, their carers and families.</p> <p>Future consultations may be impacted.</p>	<p>Dementia support services could be undermined if the plan is not developed. Gaps in services may not be identified and dementia support services may not have the opportunity to share the impact and learning of dementia interventions and the benefits these can bring to Cheshire East may not be realised.</p> <p>For example:</p> <ul style="list-style-type: none"> • There needs to be a joined-up approach across the whole dementia journey. • Those living with dementia and their carers feel they don't have a voice at a strategic level with the Council. • Too much information is online.

		<ul style="list-style-type: none"> • More young onset dementia and age-appropriate services / activities are required. • There is a need to address the difficulties faced by those socially isolated, for example access to appropriate dementia friendly transport
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6. Background

- 6.1. A Dementia Steering Group was created in January 2021. Membership consists of Dementia Friendly Community Leads, Dementia leads from each of the local Hospitals, Alzheimer's Society, Dementia Reablement Team, Carers Hub, End of Life Partnership and Cheshire Fire Service. This group has been instrumental in shaping the draft plan. They have provided vital information to support the drafting of the document and will take ownership of the implementation of the Action Plans, to ensure there is a consistent approach to developing dementia services across the borough.
- 6.2. Commissioners have also engaged with front line organisations such as the Carers Hub and My Cheshire Without Abuse. As a result of this engagement a project group has been established which is working on supporting and improving awareness and knowledge of practitioners, residents and all those involved in pathways relating to Domestic Abuse and individuals living with dementia / carers. The group works in partnership with each other to agree strategic objectives, review current provision and develop best practice to ensure residents affected by dementia / carers, can get the care, and support they need
- 6.3. Due to the covid pandemic, face to face engagement with those living with dementia and their carers was limited, but the Council's Community Development Officers spoke to individuals from such community cohorts as ethnic minorities, to obtain their feedback on their experiences of dementia, and these have been incorporated into the draft plan. Representatives from ethnic minority communities also provided feedback via the Dementia Survey:

- | | |
|---|----------|
| <ul style="list-style-type: none"> • Asian / Asian British • Mixed: White and Black Caribbean / African / Asian | 2%
1% |
|---|----------|

- | | |
|-----------------------|----|
| • Other ethnic origin | 1% |
| • Rather not say | 5% |

- 6.4.** A formal consultation process took place between 23rd March and 15th June 2022, which provided a further opportunity for stakeholders to comment on the contents of the draft document. An opportunity to work in a co-productive approach on specific actions will be progressed once the final version of the plan and ambition action plans are published. This will take the form of the development of targeted task and finish groups which will look at specific actions and how to take this forward.
- 6.5.** To ensure that as many people as possible could take part in the consultation process, the Commissioners ensured that all the stakeholders who attend the Dementia Steering Group had sight of the consultation link and how to access it. There are representatives from some of the Dementia Friendly Communities in the Cheshire East area who are part of the group, they ensured that those living with dementia and their carers who they support were aware of the consultation and had the opportunity to participate in the consultation.
- 6.6.** It was identified that there was a need for “hard copies” of both the dementia plan and the easy read version to be available to residents. Therefore, there was information on the consultation, whereby, individuals could request a hard copy of the plan. Commissioners engaged 10 of the main libraries in Cheshire East, providing them with hard copies available for the public to take away and complete. This was also promoted by the Dementia Friendly Community leads, Dementia Reablement team etc.
- 6.7.** As a result of the engagement and consultation, there were some common themes which have been identified as gaps / issues, these are:
- There needs to be a joined-up approach across the whole dementia journey.
 - Those living with Dementia and their Carers feel they don't have a voice at a strategic level with the Council.
 - Too much information is online.
 - Lack of Bereavement Support and signposting.
 - A need for Early onset Dementia and age-appropriate services / activities.
 - A need for Early onset support for those people who also have Learning Disabilities – as above, also understanding of the specific issues they may face.
 - Care at Home and Accommodation with Care providers being trained to Tier 2 level, to further enable understanding around those living with dementia and their differing needs.

- Difficulties faced by those socially isolated, for example access to appropriate dementia friendly transport.
 - Dementia Friends awareness for such individuals as Community Groups, Voluntary sector, Health and Social care workers etc.
 - Cheshire East Council staff members ALL need to be Dementia Friends.
- 6.8.** The points above and the consultation feedback (below) have been used to inform the plan and ambitions action plans. Commissioners are working with stakeholders to develop solutions to the points identified which will include such things as, the development of focus groups especially around those action areas which addresses the needs of specific cohorts of the community, such as ethnic minorities, learning disabilities and young onset dementia, also including befriending services to address social isolation and signposting services to ensure that people with dementia and their carers are able to access available and appropriate support.
- 6.9.** Dementia Friends Sessions are already in place for Members, Leadership team and staff members across Cheshire East Council, this is to ensure that as a Council we are moving towards becoming a Dementia Friendly Organisation.

7. Consultation and Engagement

- 7.1.** Prior to the formal consultation period of the draft dementia plan, numerous aspects of engagement took place with local stakeholders, such as Carers Hub, Body Positive, Dementia Friendly Community leads and the council's Community Development officers. For example, due to the covid pandemic, face to face engagement with those living with dementia and their carers was limited, but our Community Development Officers spoke to individuals from such community cohorts as ethnic minorities, to obtain their feedback on their experiences of dementia, and these have been incorporated into the dementia plan / action plans.
- 7.2.** As part of the development of the Cheshire East Place (CEP) Dementia Plan there has been engagement and consultation which has taken place to shape the final version.
- 7.3.** The dementia survey formed one element of a comprehensive Consultation and Engagement plan for the Plan development.
- 7.4.** It was supplemented by face-to-face group engagement which took place throughout parts of Cheshire East by our Dementia Friendly Community Leads and or members of the councils Community's Team / Dementia Reablement team, throughout August 2021. This consisted of a questionnaire which individuals were asked to complete. The findings of all engagement measures have been factored in the further development of the draft plan.

7.5. An Easy Read version of the plan was also published as part of the consultation.

7.6. As part of the consultation there were a total of 59 responses

- 40 main survey responses
- 17 easy ready survey responses
- 2 emails

Out of the 40 respondents who answered the main survey:

- 18 were carers, close family or a relative of a local resident living with dementia
- 11 were interested Cheshire East residents
- 1 was an elected Cheshire East Ward Councillor, or Town/Parish Councillor
- 4 were healthcare professionals,
- 3 were care home providers
- 1 was an employee of Cheshire East
- 1 was answering on behalf of a group organisation or club
- 1 was a volunteer

Out of the 17 respondents who answered the easy read survey

- 11 were females
- 12 were aged 65 or older

Overall, 24 out of 38 respondents agreed the plan was easy to understand and 27 out of 39 agreed it takes account of all the right evidence.

23 respondents provided an overall comment regarding the dementia plan. The comments received are summarised by theme below:

- Need more support / providers
- Needs more detail / awareness to those who don't fit the standard template
- Document is long / not easy to read

Those who answered the easy read version of the survey were asked if they thought there is anything else we can do to support those living with dementia, their families or their carers. 9 respondents chose to leave a comment. The comments received are summarised into 3 key themes:

- Improve support and care

- Improve training and staffing
- Improve communication

7.6 We have taken into consideration the comments and feedback from the engagement and consultation and applied them where appropriate. The main changes as a result of the consultation which we have made are:

- We have made the document smaller
- We have made the information easier to find
- As detailed in **6.7** above, we have further developed the ambition action plans which sit alongside the plan.
- There is more information detailed in the plan and ambition action plans around those who do not fit “the standard template”

8. Implications

8.1. Legal

8.1.1. Legal advice will be sought as the plan develops. Where the plan identifies a need to commission and procure services this will be undertaken in accordance with CEC Contract Procedure Rules and, where applicable, Contract Procurement Regulations 2015. Where any in kind support (including training) and/or grant funding be made available, consideration will be given to applying the criteria under the Council's corporate grants policy, to ensure organisations are treated in a fair manner. The data of the responders will be retained in accordance with the principles of the Data Protection Act 2018, and identities subject to anonymisation.

8.1.2. The plan demonstrates the Council's adherence and commitment to its legal duties under the Care Act 2014. Any specific issues arising as the plan develops, will be the subject of specific requests for legal advice as required.

8.2. Finance

8.2.1. There are no financial implications requiring changes to the Medium-Term Financial Strategy (MTFS) as a result of the recommendation in this report.

8.2.2. The services which support the implementation and delivery of the plan will continue to be bound by the financial limits within the Councils MTFS.

8.3. Policy

- 8.3.1. This draft plan aligns with one of Cheshire East's Corporate Plan objectives, which is to "Reduce the reliance on long-term care by improving services closer to home and providing more extra care facilities, including dementia services".
- 8.3.2. The draft plan reflects the national strategic direction outlined in the Prime Minister's Challenge on Dementia which detailed ambitious reforms to be achieved by 2020.

8.4. Equality

- 8.4.1. An Equality Impact Assessment will take place prior to the publication of the final Cheshire East Place Plan

8.5. Human Resources

- 8.5.1. There are no Human Resource implications arising from this report.

8.6. Risk Management

- 8.6.1. There are no Risk Management implications arising from this report.

8.7. Rural Communities

- 8.7.1. One of the issues raised within the draft plan is the impact of dementia on those who find themselves socially isolated, this would include those living in rural areas. The strategy looks at how isolation can be reduced with appropriate transport or peer support groups and sights the Rural Action Plan as a document to be considered.

8.8. Children and Young People/Cared for Children

- 8.8.1. The plan looks at how we can ensure that young people are part of the community support for people living with dementia, and also how we can work with those in education to improve their awareness around dementia.

8.9. Public Health

- 8.9.1. Dementia has a significant impact on individual and population health and wellbeing in Cheshire East. Support provided by services is crucial for those already living with dementia and this plan both acknowledges the often-avoidable difficulties faced by those affected by dementia and provides a welcome step forward in improving support for those living with dementia, their families and carers.

8.9.2. It is important to note that to reduce the population-level impact of dementia, we also need to actively work on prevention by supporting and enabling our residents to reduce their risk of developing dementia in the first place; a healthy diet, regular physical, mental and social activity, low alcohol consumption, and not smoking all reduce the risk of developing dementia.

8.10. Climate Change

8.10.1. There are no Climate Change implications arising from this report

Access to Information	
Contact Officer:	Joanne Cliffe Joanne.cliffe@cheshireeast.gov.uk 07785 556499
Appendices:	Appendix A - Final CEP Dementia Plan Appendix B - Final Easy Read CEP Dementia Plan
Background Papers:	Appendix C - Previous Committee Report Appendix D - Dementia Friends Awareness Sessions Briefing Appendix E - Dementia Plan Consultation Report Appendix F - Questionnaire used to engage to inform Plan



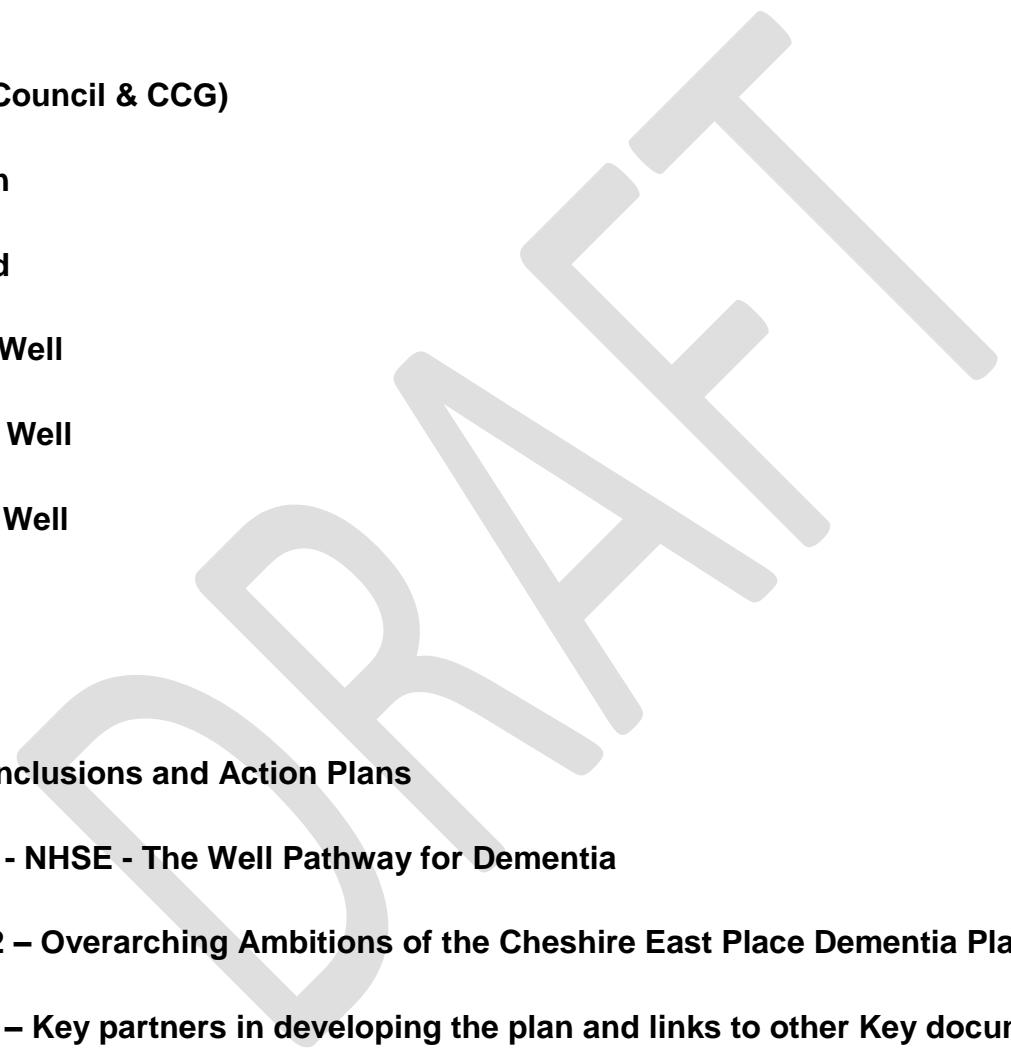
Cheshire and
Merseyside
Health and Care Partnership



CHESHIRE EAST PLACE DEMENTIA PLAN 2023 to 2027



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2. Introduction

This plan has been developed by Cheshire East Council in partnership with Cheshire and Merseyside Integrated Care Board (ICB), local providers and service users. The plan aims to consider local support needs in relation to dementia and review current service provision to identify and promote good practice and to address any gaps or areas for improvement. Our aim is to ensure we have the right services, in the right place, for the right people at the right time. The new plan builds on the implementation of our first Joint Dementia Commissioning Work plan (2014-2017) and on the 5 themes of “The Well Pathway for Dementia” (NHS England, 2016).

This Dementia Plan has been developed both pre and post the Covid 19 pandemic which has shone a light on the needs of people affected by Dementia. In addition, the Health and Social Care sector has been moving through a period of local and national transition as our previous Cheshire Clinical Commissioning Group has now changed to the Cheshire and Merseyside ICB as part of the establishment of an Integrated Care System and new ways of working.

Our plan sets out the Cheshire East ambition to support people to live well with dementia. One of Cheshire East’s Corporate Plan objectives is to *“Reduce the reliance on long-term care by improving services closer to home and providing more extra care facilities, including dementia services”*. It also reflects the national strategic direction outlined in the Prime Minister’s Challenge on Dementia which details ambitious reforms, including plans to improve Dementia Diagnosis Rates (DDR). In August 2022 the Prime Minister announced that he would be launching a “national dementia mission”, to tackle dementia, the mission includes an additional £95 million in research and clinical trial funding. This will create opportunities for people to take part in research and we can support and encourage residents to take part in this where appropriate.

The focus of our plan is to move towards the delivery of more personalised and integrated care and support for those affected by dementia. This involves; improving dementia awareness across all parts of society, early diagnosis, providing good information and advice when it is needed so that people can be involved in their care planning, and improving care pathways and communication so that all services work together to ensure people access the services they need at the right time.

We have based the plan on the NHS England Well Pathway for Dementia which provides a structure we can use to review our current performance and identify areas for improvement. The Framework puts the individual and their carer at the centre of service development and implementation across health and social care. Each element of the Framework is dealt with in a separate section within the plan and will inform the development and implementation of a local dementia ambition action plan. The elements of the Framework are.

- Preventing Well
- Diagnosing well
- Supporting Well



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- Living Well
- Dying Well

We are committed to minimising the impact of dementia whilst transforming dementia care and support within the community of Cheshire East, not only for the person with dementia but also for the individuals who care for someone with dementia. We want the wellbeing and quality of life for every person with dementia to be uppermost in the minds of our health and social care professionals

Our Vision

Our vision is to make a real and positive difference to the lives of people affected by dementia, living in and visiting Cheshire East. We want to ensure that people living with dementia and their carers, receive high quality, compassionate and timely care whether they are at home, in hospital or in a care home.

The impact of dementia on the individual and their family can be substantial and distressing. The Council, the Cheshire and Merseyside ICB and our partners intend to lead the way in engaging with and providing support to people with dementia and their families and carers as early as possible and will aim to develop and commission services that meet assessed needs in a timely manner. This will be done by working in partnership with all relevant stakeholders, including individuals living with dementia, their carers, and families.

We will continue to strive to make Cheshire East a truly dementia friendly place to live.

In supporting this vision, we have set out a range of outcomes that we want to achieve as part of our commitment to people living with dementia and their carers, in Cheshire East.

1. People living with dementia and their carers and families will feel understood and empowered
2. People living with dementia will be able to remain living within their own home and in their own community for as long as possible
3. People living with dementia and their carers will feel included and listened to and will be fully involved in decision making both at a personal and strategic level
4. People living with dementia and their carers will know how and where to access support in their community
5. People living with dementia will receive a timely diagnosis and personalised and holistic support following diagnosis.
6. People living with dementia will be supported to plan effectively for their own future

Delivering the Plan

The plan is informed by what people have told us about their experiences either as a person living with dementia or as a carer and is written for those people. We have also reviewed local and national good practice and aim to use this learning to improve services for those with memory concerns, those with a dementia diagnosis, their families and carers and the organisations supporting them. Other stakeholders who have also been involved in developing this plan include, Dementia Friendly Community members, individuals living with dementia and their Carers, Body Positive, Care Community members, local health and social care providers, and voluntary organisations. We would like to thank everyone involved for taking the time to support this important work.

It is essential that a collaborative approach is taken across health, social care, community, voluntary and private providers, together with local people to achieve our objectives. Meeting the challenges faced needs a commitment and willingness towards innovation and learning. There needs to be a focus on community led support and prevention.

A Cheshire East Dementia Steering Group made up of people from a range of partner organisations and dementia friendly community leads was established to develop the plan for people who are living with dementia and their carers. The group's role has been to agree/propose strategic objectives, review current provision and develop best practice to ensure local people affected by dementia can get the care and support they need.

This work has been informed by the voices of people living with dementia, their carers, all cohorts of the community and any wider partnerships. There will be further regular opportunities for individuals, groups, and communities to feedback their own views and experiences when it comes to delivering this plan and to ensure any response to the actions detailed within the plan are co-produced effectively.

There are action plans which support implementation of each element, these look at how we can work more collaboratively as partners to deliver the proposed outcomes within existing resources. However, there may also be more ambitious targets set out within the action plans which can be used for making the case for any additional funding should this become available in the future.

3. Background

Dementia is a progressive, non-curable disease that affects around 670,000 people in England alone. It costs society an estimated £26 billion each year. Dementia is a term used to describe a set of symptoms linked with progressive neurological (brain) disorders and may include memory loss, difficulties with thinking, problem-solving or language. The specific symptoms the person with dementia experiences will depend on the part of the brain which is damaged and the type of disease which has caused the dementia. Alzheimer's disease is the most common cause of dementia. Other types include Vascular Dementia, Mixed Dementia and Dementia with Lewy Bodies. There are also other forms of dementia associated with excessive alcohol consumption such as Wernicke- Korsakoff Syndrome. They are all life limiting diseases

An estimated 25% of hospital beds are occupied by people with dementia and their hospital stays tend to be on average one week longer. Further, approximately 75% of people living in care homes have dementia. It is also the leading cause of death.



National Picture



Cheshire East Dementia Health Needs and Priorities

In Cheshire East there are estimated to be 5,725 people over the age of 65 living with dementia (*NHS Digital*).

- 18% of Cheshire East's population is over the age of 65.
- In Cheshire East we have 23% of our population who are over 65 compared to 16% nationally.
- one in 20 people in Cheshire East over 65, has a form of dementia
- one in five people over 80 has a form of dementia
- 65% of people living with dementia are likely to be women
- 65% of the estimated prevalence of people with Dementia in Cheshire East have a recorded diagnosis
- There were 113 adults aged between 30 and 64, predicted to have Early Onset Dementia within Cheshire East in 2020 (Projecting Adult Needs and Service information (PANSI))
- 3,840 people have received a dementia diagnosis in Cheshire East (*NHS Digital*)

Local Community Led Provision - Celebrating Success

Cheshire Dance @ Leighton Hospital

In THIS Moment – dance and dementia

<https://cheshiredance.org/Dance&Dementia/index.html>

Museums (Nantwich, Congleton, and Silk)

An example of the work that the museums are involved in is Nantwich Museum hold a Dementia friendship group

Dementia Friendly Sandbach (DFS) (Dementia Wristbands)

For those who choose, they are simple and robust. DFS ordered about 300 initially and give them out free of charge. DFS are also looking to promote their use to local businesses and shops, to help them to support their customers living with dementia.



Bollington, Disley and Poynton – Time to Talk

These free, fortnightly drop-in sessions at Poynton, Disley and Bollington are aimed at people who are concerned about their memory, are living with dementia, carers or those concerned about a family member or friend

Dementia Buddy Scheme (CW12 area) – Congleton Partnership, Congleton Lions and The Good Deeds Trust

The Dementia Buddy Guardian Angel devices help support families and carers looking after someone living with dementia

<https://www.congleton-tc.gov.uk/dementia-buddy-scheme/>

The Nantwich Thursday Club –Young Onset Dementia Group

This is a free dementia friendly social group for loved ones, carers, and family. They meet every fortnight at St Mary's Church Hall, Nantwich you can drop in between 10am and 12.30pm

SWAY Project (started in Alsager).

This is a project with the local high school where art students meet a couple, where one is living with dementia and creates an online memory box which can be adapted as their journey progresses

Holmes Chapel Tea Dance

This is an afternoon of Ballroom, Line, and 'exercise' dancing, along with tea and cakes. Held at the Community Centre on the fourth Friday of every month

Some examples of local support available to those living with dementia and their carers / families





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Dementia Plan Survey

Between 17th July 2020 and August 14th, 2020, Cheshire East Council conducted a survey to gain information from those affected by Dementia to support the development of the Cheshire East Place Dementia Plan. The aim was to learn how those living with dementia, their carers and families feel about current services and to get their views on how they might be improved. The survey asked respondents to give their views on several statements based on the five key NHSE dementia principles.

- *Preventing Well*
- *Diagnosing Well*
- *Living Well*
- *Supporting well*
- *Dying Well.*

The findings from the survey have been incorporated into this plan and informed the action plans where it is appropriate. More detail is provided in the relevant sections of the plan. The link to the full survey can be found here: <https://www.cheshireeast.gov.uk/pdf/Council-and-democracy/Consultations/Dementia-results/Dementia-Survey-Report-Final-PDF-290KB.pdf>



Face to Face Engagement Activity August 2021

What people said

It took me 3 years to get a diagnosis, and no one told me about any other services that could help. By chance I got referred to Alzheimer's Society from Salford Hospital I have so many questions"

Younger Person with dementia

"I do think about it (planning), but he is now not in the right place to discuss it. It would have been a useful conversation early on. It's needed."

Carer

At present I feel I do have support and am much more aware of who and when to contact for advice and help. The carers section earlier on were helpful in getting some funding – i.e., Carers Allowance, Rate's reduction etc. Still wish there were easier ways to obtain respite and to be perhaps put with other people in a similar situation.

Carer

Very happy to have found Poynton Golden memories Group and I get information there – wish I had known about it earlier.

Carer

Alsager Partnership Organisation run a Memory Cafe at the Library once a month and also run an afternoon Tea and Games Session once a month for people living with Dementia. The information available at these venues is so important as well as the safe social atmosphere for people to enjoy. Representatives from various organisations drop in should people need that contact. For example: Cheshire East Carer's Hub; Alzheimer's Society; Cheshire East Social Work Dept. These Organisations with their support have helped us on our journey.

Person living with dementia and their Carer

At an annual health check some 9 months after diagnosis, a different GP asked would we like to be referred to the Memory Clinic at Crewe. This was a good action as the Memory Clinic Consultant runs a Clinic at our surgery. This was a very positive move for us, and we felt we were coming out of the dark. We got a lot of support - Reablement Support Worker called at our home over 3-week period to check our situation and provided information that could be of help to us. In particular she arranged for Age Concern person to call to help us with any benefits we were entitled to and helped us complete the form process. We would have benefitted from this referral immediately on diagnosis!

Person living with dementia and their Carer

Getting information post-diagnosis - the most effective way was from meeting settings with peers going through the same process. The initial hurdle was getting up the courage to attend the first such meeting with potentially a bunch of strangers.....

Person living with dementia and their Carer

I am constantly having to chase up things and am told different things by different people or that they do not know the answer and I have to ring someone else. Services need to be seamless and supportive. There should be a flow chart or information given to say what to do when something happens

Carer





4. PREVENTING WELL

"By 2025, there will be an estimated 7,514 people over the age of 65 living with dementia in Cheshire East. However, dementia doesn't just affect older people. We estimate by 2025 there will also be approximately 1,991 people aged between 30 and 64 living with dementia in the North West". *Taken from the Alzheimer's Society's Cheshire East Local Dementia Profile July 2019.*

With the incidence of dementia growing, the negative impact on individuals and their families and increasing pressures on services it is important that we adopt a more proactive approach to communicating the risks of developing dementia and promoting healthier lifestyles. The first stage of the NHS Dementia Well Pathway focuses on the importance of prevention, reducing the risk of dementia. It considers the need to research and apply best practice and to consult with those affected by the illness so that we are continuously reviewing and improving provision. This plan will develop a range of actions to achieve this.

Prevention

In most cases dementia has several causes, known as risk factors. Some of these risk factors, like age and genetics are beyond our control and cannot be changed. But adopting a healthier lifestyle can help to ensure our brains stay healthier for longer, and so reduce our risk, or delay the onset of dementia. A key focus for this plan is therefore finding ways we can engage and encourage people at risk of dementia to make changes that may reduce the likelihood of developing the disease.

Learning from people affected by dementia and developing good practice

As noted earlier, this plan has been produced in partnership with people affected by dementia and a range of other stakeholders, including commissioners, and providers from the statutory and voluntary sectors. It is intended that this collaborative approach will continue as we develop and implement our local action plan. We wish to build on our learning about the needs of local people who are affected by dementia and will consult with them on a regular basis to ensure that the services we provide meet local need. We will also regularly seek out and review best practice developed in other areas, or by local providers, and amend our action plan on a regular basis to reflect any agreed changes in direction and our ongoing learning.

Research

Current treatments for dementia are limited. It is therefore important that we support efforts to reduce the impact of dementia and the ongoing challenge to find a cure. The Prime Minister has recently announced plans to invest £95 million into dementia research. We will promote the

benefits of supporting this research and encourage individuals to take part in any local or national initiatives which may lead to improvements in the care and treatments available to people affected by dementia. Information on dementia research, can be found at, [Join Dementia Research](#) ([Join dementia research - register your interest in dementia research: Home \(nihr.ac.uk\)](#))

What we already know

Healthy living is good for your physical and mental health. Reducing the risk of dementia or delaying its onset, can be influenced by a wide range of lifestyle factors. Establishing and maintaining a healthy lifestyle is important to help lower the risk of dementia, particularly vascular dementia. Encouraging people (particularly in their forties and fifties) to reduce their risk of dementia will support them in living longer, healthier lives.

There are several lifestyle factors that can increase the risk of dementia:

- A sedentary lifestyle (exercise in older people is associated with a slower rate of decline in memory and some thinking skills that occur with ageing)
- Excessive alcohol consumption (10% of the dementias are related to alcohol)
- Eating a poor diet high in saturated fat, sugar and salt and obesity in midlife.
- Smoking
- Other risk factors that could contribute to the risks are - hearing loss, sight loss, hypertension, depression, and social isolation

To reduce the risk of dementia or delay its onset, the National Institute for Health, and Care Excellence (NICE) suggest that you make some lifestyle changes to address the factors detailed above.

Cheshire East Council already promotes healthier lifestyles through the 'One You Cheshire East' Service <https://www.oneyoucheshireeast.org/>. This is a free health and lifestyle service which enables local residents who require support to; eat well, drink less, move more, lose weight and become smoke free through dedicated classes. There is also the "Live Well" website which supplies information and advice on a range of subjects <https://www.cheshireeast.gov.uk/livewell/livewell.aspx>. In addition, Alzheimer's Research UK has launched [**Think Brain Health**](#), which is a new awareness campaign to empower people to keep their brains healthy throughout life and ultimately, help reduce their risk of dementia, <https://www.alzheimersresearchuk.org/brain-health/think-brain-health/>

Information from the Alzheimer's Society's website advises that sight and hearing loss are both more common as you get older. For a person with dementia, this can cause extra problems, such as confusion about what's happening around them and problems with communication. This

indicates a need to improve awareness that some of the issues people may be experiencing could be linked to an undiagnosed form of sight or hearing loss, and not their dementia.

Our consultation identified a number of difficulties associated with the lack of knowledge around how dementia can be prevented or delayed, a summary of which is provided below.

Key Issues and Challenges

- Some of those consulted reported being unaware of the available information on healthy lifestyles or the advice regarding ways to delay the onset dementia.
- Some services, information and advice are only available online; this causes a problem for those individuals who do not have access to the internet or for those who find technology difficult to manage.
- The fear of a dementia diagnosis and the associated stigma can prevent people from going to their GP about symptoms they may be worried about.
- Many people manage to live well with Dementia, but there are very few positive messages about the benefits of diagnosis and the available support.
- A one size fits all approach does not suit the differing needs of those at risk of developing dementia.
- There is limited awareness of Young Onset dementia, the risks, symptoms to look out for etc
- Education and early support are needed for those living with dementia and their carers, including those individuals identified as being 'at risk' from developing Dementia.
- People with dementia who also have sight or hearing loss may have difficulty with communication and are at greater risk of feeling isolated.

Ambitions (Outcomes) for the Preventing Well pathway

To address the issues identified and achieve the ambitions set down in the NHSE Preventing Well guidance we have agreed several key actions and outcomes. Our overarching aim is to work with our partners to encourage and support local residents to lead a healthier lifestyle, (particularly those aged 40 and over) to prevent or delay the onset of dementia wherever possible. It is also our intention to support any research initiatives which may contribute to a reduction in the incidence or impact of dementia. Our action plan will reflect the work needed to achieve this.

5. DIAGNOSING WELL

The Prime Minister's Challenge on Dementia 2020 sets out the UK Government's strategy for transforming dementia care. One of the key aims of this national strategy is to improve arrangements for timely assessments and diagnoses. The plan includes recommendations for:

- Improving diagnosis, assessment and care for people living with dementia
- Ensuring that all people living with dementia have equal access to diagnosis
- Providing all NHS staff with training on dementia appropriate to their role
- Ensuring that every person diagnosed with dementia receives meaningful care.

Most patients concerned about memory loss will first approach their GP, who may then refer the patient on to the local Memory Service for assessment and diagnosis. Until recently the Dementia Diagnosis Rate (DDR) in Cheshire East was above the national target of 67%. However, the recent pandemic has meant that across the country health and social care services were focused on the demands of COVID. Some memory assessment services were reduced, and people generally were reluctant to approach their GPs to discuss any concerns during this difficult period. This caused the Cheshire East diagnosis rate to drop below the national target.

However, as services start to return to normal the number of people being diagnosed is increasing again. It is believed that of those estimated to be living with dementia in Cheshire East, approximately 65% have received a diagnosis (June 2021). Whilst it is good news that we are improving, there remains a significant number of people still to be diagnosed. This may be due to several factors; perhaps a lack of awareness about the illness, fear of the diagnosis and its implications or it may be due to delays or other problems within the care system. We are aware that obtaining a diagnosis can be more difficult in some areas; waiting times for a diagnosis can vary and availability of post diagnostic support is inconsistent. Whatever the reason, those who have undiagnosed dementia are unlikely to be accessing the support they need.

The table below shows the changing percentage of people diagnosed in East Cheshire since October 2019.

5,725

estimated prevalence of dementia in over-65s

3,836

target diagnoses based on prevalence

3,840

current number of dementia diagnoses among over-65s

4

difference from dementia diagnosis target

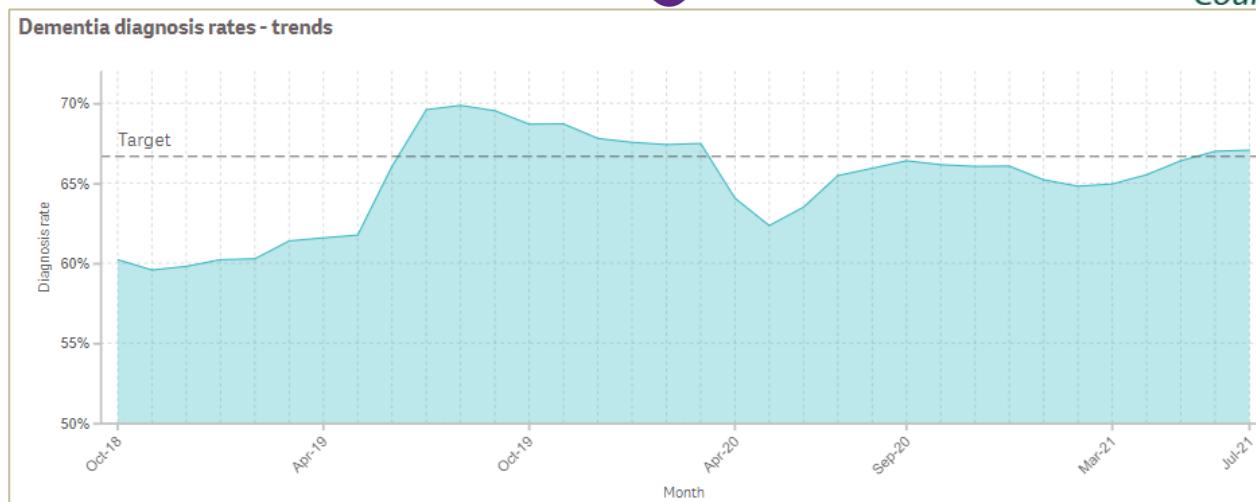


Table 1. East Cheshire Diagnosis Rates – Oct 2019 to June 2021 (Source NHS Digital)

The Benefits of a Timely Diagnosis.

The NHSE Well Pathway advocates, “Timely, accurate diagnosis” to enable personalised care planning and regular review. Dementia is a life limiting condition and receiving a dementia diagnosis can be devastating for the individual and for those who care for them. However, it can also be a relief to get an explanation for changes in memory or behaviour. On diagnosis the patient and carer should therefore be treated with compassion and understanding.

Getting a timely diagnosis is crucial to the person affected by dementia because s/he can:

- Access appropriate medical treatment and regular reviews
- Gain an understanding of the condition and take part in planning their care
- Get information, advice, support, and training on how to manage the condition and seek support when it is needed.
- Apply for any relevant benefits and allowances
- Plan and make any necessary legal and environmental adjustments,
- Learn about other services, for example, safe and well checks from the Fire Service.

The Prime Ministers Challenge (2020) states that, “GPs should play a leading role in ensuring coordination and continuity of care for people with dementia”. It is therefore important that we work with and support our local GPs to assess and diagnose the simpler presentations of dementia and to refer patients with more complex symptoms in a timely way to Memory Services for assessment and diagnosis. This will ensure that patients are offered prompt treatment, guidance, signposting to appropriate support services and opportunities for regular review.

As noted earlier the current diagnosis rate across Cheshire East is increasing, however by working more closely with Primary Care and our local Memory Services there is scope to improve this further. There are two Memory Services in Cheshire provided by Cheshire and Wirral Partnership Trust (CWP). Historically these have developed slightly different service models; we will work with both services to ensure that a standard pathway and response is in place across the Cheshire East footprint.

Raising Awareness of Dementia to Improve Diagnosis Rates

Ensuring people get a diagnosis is not the sole responsibility of GPs or Memory Services. As noted in the section Preventing Well, there is a need to raise the profile of dementia within our communities so that people live healthier lifestyles. However, increasing awareness of dementia and showing that people can live well with the illness might also improve patient confidence and may encourage more people to seek a diagnosis when they have concerns. This might be achieved by improving information, advice and support services and making our communities more dementia friendly.

The Prime Ministers Challenge (2020) recommends that “all clinical pathways should be tailored to people’s personal circumstances, considering culturally specific beliefs, needs and values, as well as supporting carers and families of people with dementia.” It is therefore important that we review our performance in this area and take steps to address any inequity or gaps within current care pathways.

For instance, we know that certain groups in society have a greater risk of developing dementia or may be less aware of the illness or less inclined to seek a diagnosis. They may also have particular needs or concerns which should be catered for in the information and services we provide.

Whilst age is the highest risk factor for developing dementia there is evidence to suggest that people from black African and Caribbean communities may be at a higher risk of developing dementia. Dementia can also affect people in their 40s, 50s, and 60s and because of their age they find it more difficult to get a diagnosis and/or age appropriate support; approximately 5% of people with Alzheimer's are under 65. People with Downs Syndrome are particularly vulnerable to developing young onset dementia.

For older Lesbian, Gay Bi and Transexual+ (LGBT) people, living with dementia can be additionally stressful. Not only is this group of people less likely to have family members and children to provide support. They are also more likely to be single and live on their own. Many from the LGBT+ community fear that mainstream care services will not be willing or are not able to understand how to meet their needs.

We therefore need to make provision for these groups in our communication and engagement plans to ensure they are aware of the risks of developing dementia and to encourage them to seek a diagnosis. Through regular consultation we must also ensure that the services we provide take account of their specific needs.

Raising Awareness Amongst Staff to Improve Diagnosis Rates

There is also a need to ensure that all health and social care staff are aware of dementia, can identify the signs of dementia and are able to encourage patients to seek a diagnosis or access appropriate information, advice, and support. All staff should therefore receive training relevant to their role, so that the Cheshire East workforce across the dementia care system has the right skills, behaviours, and values to support people living with dementia and is equipped to do so.

Identification of Carers

As already noted, the drive to improve the diagnosis rate is not an end in itself; improving the support available to people once diagnosed is equally important. Improving diagnosis rates also enables us to identify Carers so that they can be registered as such on the GP record system. This will enable GPs to signpost carers to information, advice, and support services at an early stage such as local Carers Wellbeing Programmes.

Planning for the future

One of the advantages of getting an early diagnosis is that it provides an opportunity for those affected to start planning at an early stage, before capacity is lost. It enables the person and their carer(s) to understand how the illness will progress and to be fully involved in decisions about their care and support, including their preferences at end of life. These conversations may be difficult but shouldn't be regarded as a "one off" event, as circumstances change so may the care preferences. Staff providing support should therefore be equipped to manage these conversations whenever the need arises, with confidence and compassion. (More detail about Planning and Caring Well can be found within the Dying Well (Planning and Caring Well) pathway).

Our consultation exercise highlighted a number of issues associated with getting a diagnosis, a summary of which is provided below.



Key Issues and Challenges

- Long waits for an assessment and diagnosis in some areas of Cheshire East.
- Low rates of diagnosis among people from BAME communities
- Younger people report difficulties getting a diagnosis (under 65s)
- There is a need to improve the diagnosis rates of those individuals living in Care Homes (Accommodation with Care)
- Care pathways vary depending on where you live meaning different arrangements for those seeking a diagnosis.
- Early signs of dementia not recognised in people with learning disabilities.
- Inconsistencies in the way information is provided at the point of diagnosis - some people receive more information than they can cope with, others not enough.
- Information on the early signs of dementia and the benefits of getting a diagnosis should be more accessible and actively promoted.

Ambitions (Outcomes) for the Diagnosing Well pathway

To address the issues identified and achieve the ambitions set down in the NHSE Diagnosing Well guidance we have agreed several key actions and outcomes. The key aim for this part of the plan is to ensure residents of Cheshire East who are concerned they may have dementia are able to get a prompt assessment and diagnosis so they can access the support they need and plan for the future. Our action plans will reflect the work needed to achieve this.

6. SUPPORTING WELL

Our mental and physical health are important whether we are living with a health condition or caring for someone with a health condition. It is recognised that carers, families, and friends support individuals with dementia living in their own homes. It also needs to be recognised that there are cases where isolation and depression are common amongst those living with dementia and those caring for someone with dementia, this was highlighted as one of the main issues facing these individuals during the Covid 19 pandemic. It is, therefore, vital to ensure we provide the right care and support at the right time, in the right manner, in the right place to those living with dementia and their carers.



Information taken from the Alzheimer's Society - Local Dementia Profile – Cheshire East July 2021 show that:

- The value of dementia support contributed by unpaid carers in Cheshire East is £169.7m
- 46.1% of all carers reported caring for someone living with dementia in Cheshire East
- In Cheshire East 51.2% of carers spend 100 hours or more per week providing care

The NHSE Well Pathway advocates, “access to safe, high quality health and social care for people with dementia and carers” to enable those living with dementia to stay in their own home for as long as possible.

Integrated Pathway of Support

Dementia needs to be seen as a long-term condition that requires on-going management over a period of years. Inevitably it is very common for people with dementia (including their carers) to also have other long-term conditions. Therefore, it is essential that people with dementia, their families and carers know how to access support as their dementia or other health conditions progress. This requires an integrated pathway of support, including between community and hospital provision. The person with dementia and those around them need to be put at the centre of their care

Examples of Dementia Support Services and equity of support

In Cheshire East we have the Dementia Reablement Team which offers help and support for individuals in the early stages of dementia following a formal diagnosis, and their families and carers. The service places a strong emphasis on empowering people with early dementia to have the confidence to manage independently, and for families and carers to take positive risks to ensure they continue to lead a good quality of life.

We also have Dementia Support Workers in some parts of Cheshire East, these workers listen to people's stories and help to develop an individual plan coordinating support and services around the needs of the patient and carer. The aim is to help those living with dementia and those caring for them to live well and as independently as possible.

This service is not available throughout the Cheshire East footprint and indicates the need for equal access to services across the Borough.

What we already know

People living with dementia and their families need to be confident that, when a need arises, they can readily access support without having to make multiple approaches to varying organisations / services. As part of this plan, we are looking at how to improve the pathways and ensure that all services and support can work collaboratively.

We also acknowledge that not everyone who lives with dementia engages when they have support needs, therefore, improved awareness, seamless pathways and effective signposting is required to enable this to take place more effectively.

Young Onset

We acknowledge that much of the support is designed for older people living with dementia and is often not suitable for those with young onset dementia. This means that people with young onset dementia can find themselves isolated within the community, therefore we will work towards ensuring that the support given to those with young onset dementia is age appropriate.

There is also a need to ensure that those individuals who are working at the time of diagnosis (including carers) maintain their employment for as long as possible and encourage our communities and workplaces to work together to help make adjustments for people with a dementia diagnosis or caring responsibilities.

Support at Home

As the condition progresses and /or there are other health conditions to be considered, it may become necessary for the person living with dementia to access some extra care and support to enable them to live at home safely. People living with dementia / their carers and especially professionals and any staff involved in the delivery of their care, all need to consider the Mental Capacity Act (2005) processes when making care and support decisions. There is also a need to ensure a good understanding of dementia, including future decision making considerations, relevant to any role they perform or support they provide; therefore, good quality education and training are an essential part of the Supporting Well pathway.

There is a need to ensure that staff in all areas of Health and Social Care are aware of the wider issues in relation to the specific needs of those from the following cohorts, and work in an appropriate manner to ensure they are fully supported:

- LGBT+
- Ethnic Minorities, religious minority communities and Gypsy, Roma, and Traveller communities



- Sensory Impairment
- Learning Disabilities
- Young Onset

The overall vision is that people living with dementia stay and are cared for in their own home for longer. Where possible, people will be discharged to a home of their choice with the Mental Capacity Act and best interest decision making process followed where needed.

Our consultation identified a number of difficulties associated with the current support available, a summary of which is provided below.

Key Challenges and Issues

- People living with dementia and their carers / families feel that there is insufficient information, advice and support available, especially when the dementia has reached an advanced stage.
- People living with dementia who have additional health conditions have difficulty finding out what is available because services often work independently of each other.
- In some areas of Cheshire East, there are systems that are complicated and disjointed where people can get 'lost' along the way, particularly when their needs change.
- Delays in discharging people with dementia safely from hospital, there is a need to improve the Home First offer to residents.
- Equity of services across the Borough is required.
- We also need to consider individuals changing circumstances and how they can be supported.
- The care market should be able to respond to the changing needs of people living with dementia and support them to live well.
- Follow up support is described as "a bit hit and miss" with many looking for support and advice online or from others living with dementia and their families / carers rather than from the health care system.
- Increased awareness of carers who have their own health issues (which may include dementia) is also required.
- People with dementia from minority, religious minority communities and Gypsy and Traveller communities, Learning Disability and LGBT+ community can feel that mainstream services don't know how to meet their needs.
- Training for staff on equality and diversity is required to ensure that they are aware of the issues faced by specific cohorts of community, and they have the knowledge, skills, and confidence to provide appropriate support.
- Support for those living with young onset dementia is limited.
- There is a lack of age-appropriate activities, supported volunteering opportunities, groups and support to stay in employment for those living with Young Onset Dementia and those also living with a Learning Disability.
- Knowledge and application of advance care planning, anticipatory care and Lasting Power of Attorney is limited in some areas.

- Some staff have limited knowledge of the Mental Capacity Act (2005) and Best Interest decision making processes. These are applied when an individual with reduced capacity needs support to make decisions about their care or when a decision has to be made on their behalf, for example when an individual's dementia is advanced.

Ambitions (Outcomes) for the Supporting Well pathway

To address the issues identified and achieve the ambitions set down in the NHSE Supporting Well guidance we have agreed a number of key actions and outcomes. The key aim for this part of the plan is to ensure residents of Cheshire East who are living with dementia and their carers, are supported effectively and have access to safe, high quality health and social care. Our action plans will reflect the work needed to achieve this

7. LIVING WELL

Since the launch of Cheshire East Council's Joint Commissioning Work plan and the former Prime Minister, David Cameron's, 'Challenges on Dementia' there have been significant improvements in terms of raising awareness about Dementia and creating tangible opportunities to improve the lives of people with dementia, their families, and carers, but there is still more to be done around this.

The NHSE Well Pathway advocates, "People with dementia can live normally in safe, and accepting communities" to enable those living with dementia and their carers to feel included and engaged in their community and are supported to live happy and fulfilled lives. They will also have access to clear and easily accessible information and advice.

What we already know

There is potential for people with dementia to live meaningful and satisfying lives, but this requires support from all those people and services surrounding the person including their own community.

Breaking down the stigma of dementia is key and initiatives such as Dementia Friendly Communities can help people to access their local communities and reduce the risk of social isolation and loneliness.

We know that in some cases, people living with dementia and their carers can feel a sense of isolation, especially those living in rural areas, therefore, we will pay particular attention to this aspect when we look at addressing measures to prevent social isolation. We will therefore engage with those living and working in such areas to investigate the issues and problems experienced by those affected by dementia. For example, we will link into the work identified in the Cheshire East Rural Action Plan 2022 – 2026 as it looks at what is needed to address social isolation in our rural areas.

We also know that individuals who are working at the time of diagnosis (including carers) may need to maintain their employment for as long as possible, therefore we will encourage our communities and workplaces to work together to help make adjustments for people with a dementia diagnosis or caring responsibilities.

Community and Voluntary sector

We need to ensure that our communities are committed to supporting our residents living with dementia and their carers, and that they are empowered to adapt to accommodate and meet their needs. There needs to be a focus on community led support, prevention, and a strengths-based approach to services, where individuals are enabled to see the value they bring to the community, we will therefore work with community / voluntary providers to maximise community provision as a tool to support people living with dementia and their carers. We will also look at how provision from other sources, such as the local hospices, can actively support those living with dementia and their carers.

Information and advice

Ensuring that people living with dementia and their carers have access to the right information and advice will play an important part in allowing them to engage and participate in community life and activities. We therefore need to make sure that information and advice is clear and easily accessible for people living with dementia and their carers so that they can access community services independently. There is a need to ensure that people living with dementia can physically access support, groups and services via public and local charity transport which is dementia friendly.

Those living with dementia, their carers, and families, also need to access Out of Hours support, especially as some work and need to source support out of working hours.

Benefits

As people's circumstances change, they may need to maximise their income, therefore, may need support in accessing appropriate benefits (see reference on page 17)

Dementia Friendly Communities

There has been a great deal of innovative work that has taken place within the local Dementia Friendly Communities (see examples on page 8), for example Schools being encouraged to include dementia awareness in their work programmes, and numerous dementia friends awareness sessions taking place with the pupils of the schools, leading to the creation of dementia friendly generations.

The development of dementia friendly communities is also a key element of the work required to meet the challenge around dementia, and one which we have already seen great achievements being made within our current Dementia Friendly Communities.

Co-production

It is important that we enable and empower residents living with dementia to have a voice and say in shaping their community and the support that they receive. We will ensure that we work in co-production with them as well as their carers / families, to help shape and design services and support so that they have choice and control over the decisions and services that affect them, this also includes encouraging individuals to get involved in dementia research.

Accommodation

Having good quality, safe and familiar accommodation is a key feature to “Living Well” for everyone, but it is particularly important for people affected by dementia. As the population ages and needs evolve and increase, there will be a requirement to adapt care and support services and to develop more innovative housing and care options which support people to remain as independent as possible for as long as possible. The Council recognises this in the Corporate Plan where there is a commitment to reducing “reliance on long term care by providing services closer to home and providing more extra care housing facilities, including dementia services.” The Council has also been working with the Housing Options Team to ensure provision is made for those living with dementia. This is supported by the Councils’ Vulnerable and Older People’s Housing Strategy which can be found here [Vulnerable and older persons housing strategy \(cheshireeast.gov.uk\)](http://vulnerableandolderpersonshousingstrategy.cheshireeast.gov.uk) and the Housing Supplementary Planning Document which can be found at [Housing Supplementary Planning Document \(cheshireeast.gov.uk\)](http://housing.supplementaryplanningdocument.cheshireeast.gov.uk).

For those people who are unable to live at home, a residential or nursing home setting may be more appropriate. Support should be easily accessible for the person and their families and carers to be able to make the right decision about their future accommodation and care planning.

Care Homes

There are almost 100 care homes in Cheshire East, supporting over 4,000 older people, 70 to 80% of whom are likely to have dementia. They are also likely to have other mental and physical health problems and the evidence suggests that people with dementia living in a care home are more likely to go into hospital with avoidable conditions (such as urinary infections, dehydration, and pressure sores) than residents without dementia. The length of stay in hospital is also likely to be longer. Despite the increasing prevalence of dementia in care home residents there is a concern that diagnosis rates are still low.

The recent pandemic significantly increased the challenges care homes were already facing, like rising management costs, recruiting and retaining staff, and accessing community services for residents with increasingly complex needs. However, the pandemic also raised the profile of care homes and highlighted the need for health and social care sectors to work more closely with care homes.

As our population ages and the number of people developing dementia increases so will the need for more care home beds and different models of supported living. This is currently being addressed in other local plans and strategies as noted earlier. However, because of the high prevalence of people affected by dementia already living in care homes, we think it important to discuss current provision and plans to build on this.

The Enhanced Health in Care Homes Model

The important role of care homes is recognised in the NHS Long Term Plan and in a national and local ambition to strengthen the support for those who live and work in and support care homes.

The details of how this might be achieved are set down in the Enhanced Health in Care Homes (EHCH) Model, which is currently being implemented across England. This approach moves away from traditional reactive models of care and support, towards proactive care that is centred on the needs of individual residents, their families, and staff.

The EHCH Framework identifies several areas commissioners and providers should focus on to achieve these aims, one of those priority areas is dementia. The Framework recommends those steps which may be taken to enhance the identification and management of dementia in care homes and have been used to inform the proposed care home outcomes, which are detailed in our action plan. The EHCH Framework can be found here; <https://www.england.nhs.uk/wp-content/uploads/2020/03/the-framework-for-enhanced-health-in-care-homes-v2-0.pdf>.

A Strategic Approach to Supporting Care Homes

Cheshire and Merseyside Integrated Care Board (formerly Cheshire Clinical Commissioning Group) established a strategic group to support and oversee the implementation of the recommendations in the EHCH Framework. The group meets monthly, and membership is made up of colleagues from health, social care and voluntary sector organisations to ensure an integrated approach to improving support for care home staff and residents.

Primary Care and Care Homes

In addition to the framework, the application of the EHCH Model outlines the way GPs and community teams should provide services to care homes. These changes are aimed at every care home and include:

- Alignment to a named Primary Care Network
- A named clinical lead
- A weekly 'home round' or 'check in' with those residents prioritised for review
- Person-centred holistic health assessments of residents' needs (to include physical, psychological, functional, social, and environmental needs and personal goals)
- Personalised care and support plan(s), based upon their holistic assessment
- Structured medication reviews

These requirements are captured in local and national GP contracts and have been implemented across Cheshire.

Current Support for Cheshire East Care Homes

Local commissioners and providers from health and social care have worked together to develop several initiatives which provide information, advice, and support to care home staff. They include a recently developed Care Home Support Service aimed at working with care home managers to identify specific staff training needs and to develop bespoke solutions. Examples include support to improve end of life care, signposting to other care and support services, leadership skills training for managers and dementia training for care staff.

In addition to the above, an Advanced Dementia Support Service is available on a consultancy basis for formal and informal carers, including care home staff. This service is aimed at people in the latter stages of their dementia journey, maybe approaching end of life and/or

experiencing complex symptoms or behaviour. The service supports carers to develop strategies to manage this complexity and to enable people with dementia to die at home if they wish.

In addition to the services established to support care homes, the Council also holds a regular forum with care home managers to discuss any issues of concern, to provide support and to share any good practice.

Technology in Care Homes

The recent pandemic challenged services to change their way of working to limit the spread of infection. To support this, care homes were provided with i-pads to facilitate virtual consultations with GPs and other health professionals. The i-pads also enabled care home residents to stay in touch with family and friends when visiting was restricted.

Funding has been made available to trial RITA (Reminiscence/Rehabilitation Interactive Therapy Activities), in Cheshire care homes. Using an interactive tablet residents can access a range of digital activities which assist residents with memory impairment to recall and share events from their past. The activities include familiar films, news stories, music and games which can aid communication and improve wellbeing.

To improve secure communication between care home and NHS staff, care homes have been supported to set up NHSmail accounts. An NHSmail account also gives care home staff other benefits like access to free NHS online training.

Identifying, monitoring, and responding to changes in resident's health

The recent pandemic highlighted the importance of quickly identifying any deterioration in the physical and mental health of residents, allowing staff to arrange the most appropriate clinical response to limit or prevent further decline. Free training on RESTORE2 and RESTORE2 Mini (an evidence based deterioration tool) has been offered to all Cheshire care homes. Digital options are currently being considered.

Equipment

There is a need to promote and enhance the use of assistive technology, including new technologies that will help keep people safe and independent for longer.

To ensure people living with dementia can live at home for longer, they need to have access to and be aware of what equipment and assistive technology is available to them, that could optimise their wellbeing and independence.

Mental Capacity Act and Best Interest Decision

We will ensure where people's needs have increased and where they can no longer make an informed decision, that these decisions will be made through the legal framework of the Mental Capacity Act (2005) and Best Interest decision making process to support and safeguard individuals and make sure their voice is heard.

Support for unpaid Carers

Unpaid carers, usually family members, provide enormous amounts of support to people living with dementia. Without this support, many people living with dementia would have many restrictions to their lives, or would have to use residential or nursing care, which is usually not what they want. Providing adequate and evidence-based support to carers is crucial if we are to achieve our vision of supporting people living with dementia to live independently for as long as possible.

Examples of some support available to unpaid Carers are:

Cheshire East Carers Hub provides a single point of access for all Carers including both young and adult Carers.

Both of our local Hospices provide support programmes for carers of people living with dementia, and carers can self-refer via the hospice website.

There is also the Cheshire East Carers Forum which aims to be a voice to inform service providers of the needs of carers and their families.
<https://www.cheshireeast.gov.uk/livewell/looking-after-someone/cheshire-east-carers-forum.aspx>

It is vital that Carers are identified and registered at the point of an individual's diagnosis, to ensure the Carers can access such support at an early stage

Dementia and Domestic Abuse

Cheshire East Council and relevant partners have created a Project Team to investigate the current gaps with regards dementia and domestic abuse.

The team found that there were three things that should be considered when looking at this area:

- Identification of changes in behaviour within the relationships of people affected by dementia, which could be regarded as challenging or abusive, (recognition that this is a situational issue, not an element of the disease and that this needs to be resolved or reduced whenever possible. We also acknowledge that communication difficulties are a common symptom of dementia and if a person living with dementia's ineffective attempts to communicate their needs are left unresolved or unaddressed this can result in aggressive behaviour)
- Assessment of risk
- Development of a risk management plan (ensuring that the plan is specific to cover the issues that may be faced by carers and those living with dementia)

No single agency can address all the needs of people affected by, or perpetrating, domestic abuse. For intervention to be effective agencies and partner organisations need to work together and be prepared to take on the challenges that domestic violence and abuse creates. As a result of this the team will be continuing to research and develop areas of this subject within the Cheshire East footprint.

Our consultation identified several difficulties associated with how individuals are currently enabled to live well with dementia, a summary of which is provided below.

Key Challenges and Issues

- People living with dementia and their carers can feel excluded and unable to engage with their local community leading to social isolation.
- Easy and equitable access to peer support, carers groups and community led initiatives is needed to help people to stay connected.
- People with dementia are at greater risk of falling, which can lead to injury, admission to hospital and loss of independence.
- The lack of flexible breaks for carers, local respite / day services impacts on their ability to continue effectively in their caring role.
- Low uptake of services from those from ethnic minority groups.
- Out of hours support (out of working hours and at weekends) is limited.
- Sustaining Dementia Friendly Communities is a challenge in some areas as they tend to rely on the support of volunteers.
- Affordable and regular transport is especially important for those living in rural communities and those unable to drive. However, some transport providers are not currently able to meet the travel needs of people affected by dementia.
- There is a need for greater availability of community housing options suitable for people with dementia.

- Practical and emotional support needs to be available for family carers to support their health and wellbeing, including contingency planning and increased opportunities for peer support and respite care.
- Those living with dementia and their carers do not feel they have a voice at a strategic level.

Ambitions (Outcomes) for the Living Well Pathway

To address the issues identified and achieve the ambitions set down in the NHSE Living Well guidance we have agreed several key actions and outcomes. The key aim for this part of the plan is to ensure that people with dementia can live safely in their own home / care home and within compassionate and accepting communities for as long as possible. Carers (formal and informal) will be supported in their caring role, and all affected by dementia will have equitable and easy access to a range of clear information and advice and local support. Our action plans will reflect the work needed to achieve this.

8. DYING WELL (PLANNING AND CARING WELL)

Dying Well is the final element of the national NHS Dementia Pathway and our own local plan. Whilst we have stressed throughout this plan that people with dementia may, with an early diagnosis and appropriate care and support continue to live well, it is important to understand that the conditions associated with dementia are life limiting. Dementia can be the primary cause of, or a key contributory factor in a person's death. The Dementia Pathway sets out an ambition that "People living with dementia die with dignity in a place of their choosing". This can only be achieved if those with dementia understand their care options and are encouraged to express their preferences whilst they are still able to do so. It is likely that many people will be involved in the care and support of the person with dementia, so it's equally important to ensure that the patient's wishes are recorded in such a way that the information is easily accessible to those who need it.

Preparing for end of life can be a very difficult subject for many, for staff as well as patients and their families. Some respondents in our public survey suggested that we change the title of this part of our plan in the interests of sensitivity. However, the End of Life Partnership (EoLP) circulated a survey on "Dying Matters" in 2021 and one of the overwhelming findings was that as a community we don't talk about end of life enough. One of the aims of this plan is to encourage more open and honest discussions about death and dying, we want to avoid ambiguity and ensure that the importance of this part of the plan is clearly understood. We have therefore retained the title used in the NHSE Dementia Pathway, though we have qualified this by adding the subtitle of Planning and Caring Well.

On average we can expect about 1% of the population to die each year. Whilst some deaths may be unexpected such as deaths caused by accidents, the number of unexpected deaths is far fewer than the number of people who we can predict with some certainty will be in their last year of life. This means that in most cases there are opportunities to plan for end of life wishes and care preferences. Table 2 shows the number of deaths in Cheshire East since 2019 (September 2021) and the numbers dying with and without a dementia diagnosis. It is interesting to note that during this period 12,862 people died, 24% of whom had a dementia diagnosis.

	Died with Dementia	Died without Dementia
2019	900	3010
2020	1034	3240
2021	1198	3480
Total	3132	9730

Table 2 – Deaths in Cheshire East since 2019 (with/without Dementia)

Advance Care Planning (ACP)

Everyone should be involved in decisions about the care and support they would like to receive in the event of ill health, frailty, or disability. Like many long-term conditions, dementia is a life limiting illness; however, the inevitable loss of capacity associated with dementia makes it especially important to ensure discussions about care and support preferences take place early and as frequently as needed, to ensure the patient's choices are recorded and wherever possible respected. It should be recognised that these difficult conversations are part of an ongoing communication process and should not be regarded as a single event. This reduces the likelihood that difficult and emotional decisions are made in crisis when the wishes of the person with dementia may not be known.

Advance care planning (ACP) is the term we use to describe a range of ways we consider future wishes or care preferences. These conversations might involve consideration of treatment options, where an individual wants to be cared for and who s/he would like to involve in decisions about their care. When asked about their care preferences at end of life, people report the most important priority is to have good

pain management, the second is usually to be in a familiar environment with those most important to the patient. It is generally understood that most people would prefer to die at home or in their usual place of residence and care. This is especially important to those with dementia as changes in routine and unfamiliar surroundings can be difficult for them to manage. There is also evidence to suggest that if a person's wishes are respected and a "good death" is achieved, those "left behind" can take some comfort in this. They are more able to cope with the bereavement and are less likely to suffer mental health problems in the longer term.

At the time of writing, 43% (1,717) of those aged over 65, currently living with dementia have an ACP. This compares favourably with the remaining over 65 population who do not have a dementia diagnosis, of whom only 3% have an ACP. However, this means that 57% of those with a diagnosis have not formally recorded any plans regarding their future care.

Whilst advance care planning is to be strongly encouraged to ensure the needs and wishes of those affected by dementia are considered, it should be noted that facing a future with dementia and/or planning for end of life may be too difficult for some and offers to discuss plans for the future are sometimes declined or postponed, and this must be respected. However, it should be made clear that the option to plan for end of life is always available whilst the individual has capacity. Once capacity is limited plans may be made with the support of the carer and/ or an advocate.

Recording Patients Wishes

In Cheshire East we know that approximately 3,766 people are likely to have dementia, of whom 67% have a diagnosis. We record diagnosis data in GP records, we are also able to use the GP information system to record patients care preferences, like where a patient would like to be cared for in the event of a deterioration in their health, who should be involved in decisions about their care and where they would wish to die. We can also use this system to record and report on whether those wishes have been achieved. This data is collected in the Electronic Palliative Care Coordination System (EPaCCS) and is part of EMIS, the GP record system.

Although this information is held in the GP system it may also be accessed by other health care professionals who may be involved in the patients care at a later date. This can help to ensure that staff not directly involved in the advance care planning discussion are aware of the plan. For instance, if a paramedic calling on a patient with dementia can see the patients' recorded wishes this may prevent an unnecessary transfer to hospital when a patient has expressed a wish to die at home with their family. Whilst the information stored on EPaCCS supports care coordination for individuals, the information is also useful strategically for the purpose of planning and commissioning end of life services.

The Gold Standards Framework

The Gold Standards Framework (GSF) is a practical and systematic way of providing the best possible care to people nearing the end of their lives. The GSF provides for a planned system of care in consultation with the patient and those important to him/her. It sets out a series of care standards which support early identification of people at end of life, better coordination, and collaboration between healthcare professionals through multi-disciplinary meetings and care coordination systems like EPaCCS and improved advance care planning discussions. The application of GSF can also optimise out-of-hours' care and prevent crises and inappropriate hospital admissions. The processes and standards in the Gold Standard Framework can be applied in primary and secondary care, in care homes and in the patient's own home.

It is important to note that care and support can be provided to an excellent standard without applying the Gold Standard Framework. However, by applying the Framework consistently to all patients we are better able to monitor performance and patient experience in a more systematic, strategic way.

Where possible a person with dementia will have an ACP, which is recorded on EPaCCs and as they approach end of life will be cared for using the Gold Standards Framework. Table 3 shows the extent to which this was achieved for those who have died since 2019 (with and without dementia). This information shows that we are having more success planning and recording the wishes of people with dementia than we are for those without a dementia diagnosis. However, the information also illustrates quite clearly that there is room for improvement.

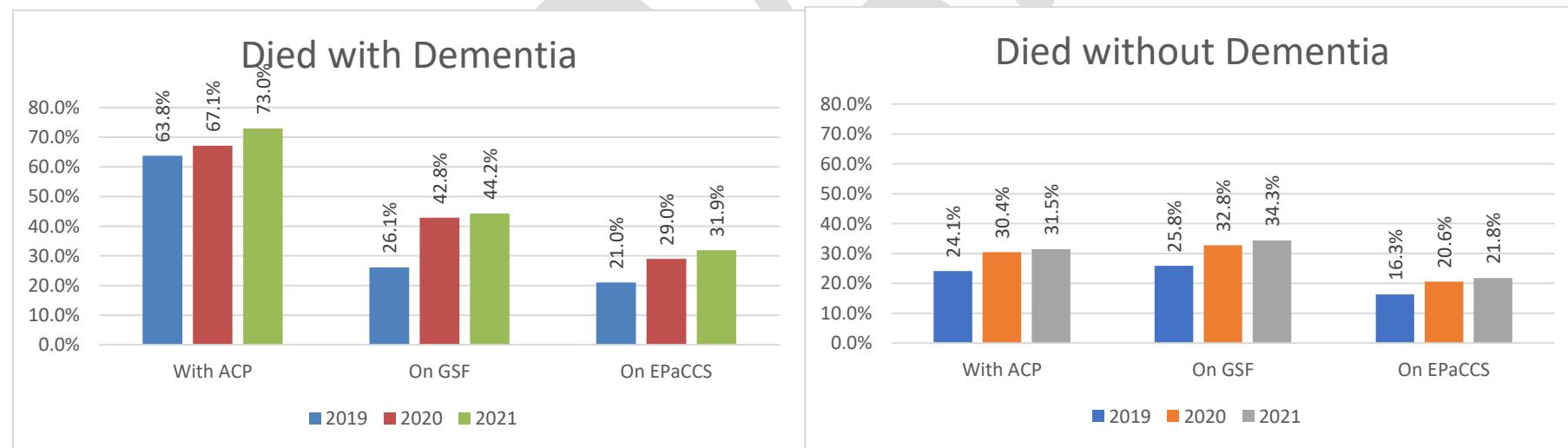


Table 3 - People who have died since 2019 (with and without Dementia) by year and by care element



Current Provision

General palliative and end of life care is currently provided by staff in primary care (GPs and community teams), secondary care (hospitals and hospices) care homes and by informal carers (family and friends). Where a patient's symptoms are complex there may be a need for specialist palliative care provided in hospital, hospices or by specialist palliative care staff in the community. The Palliative Care in Partnership initiative is a new service commissioned by the Integrated Care Board, that aims to provide patients who are approaching the end of their life with care and support in a place of their choosing, usually at home or in their normal place of residence.

Planning with the 'whole family' and establishing that individuals have identified advocates to support them with health and welfare decision making is crucial, to ensure that the wishes of the individual living with dementia are reflected in the actions taken. This approach also assists the person's family as they will be directed to services that can support them once their loved one has passed away, such as bereavement services, as well as the formalities that will need to be carried out. There is a need for individuals to have a good death, which is dignified and comfortable as this can help those who are bereaved to deal with the circumstances better.

Information on caring for someone at end of life and bereavement is available on the End of Life Partnership's (EoLP) e-page. The website [Knowledge Base | The End of Life Partnership \(eolp.co.uk\)](#) provides the following information and advice:

- Making Plans for the Future (Wills, Care Plans)
- Understanding Palliative and End of Life Care
- Understanding Bereavement and Grief
- Looking after yourself or a loved one experiencing bereavement

The End-of-Life Partnership's Advanced Dementia Support Team works across health and social care settings and with families in their own homes, to improve end of life care for people living with advanced dementia. This service can provide support to formal and informal carers, services range from education and training for staff to complex consultancy when an individual's behaviour or symptoms have become difficult to manage.

A variety of important local community initiatives have developed over time to provide ongoing peer support to carers of people affected by dementia. This includes support for those coping with the loss of a loved one who may have moved into a Hospice or a Care home because of their changing needs. Bereavement support is also available for carers in some areas. Carers across Cheshire East should be able to access this type of peer support in their communities.

There are two local hospices providing care and support in Cheshire East, St Luke's Hospice and East Cheshire Hospice. Each have numerous ways of supporting individuals and their carers living with dementia who are also using hospice services. In addition to providing traditional end of life and specialist palliative care, hospices can assist in other ways through the provision of bereavement support, assistance with Advanced Care Planning, alternative therapies, and counselling etc.

We are aware of lots of good practice in Cheshire East regarding this element of the Well Pathway, however respondents to our consultation reported several issues associated with planning for the future, support for carers and the care and support currently available for people with dementia at the end of life. A summary of the feedback received is provided below.

Key Issues and Challenges

- Those affected by dementia (including their carers) need access to clear, consistent, sensitive, and timely information about how their illness may develop so that they understand the implications, for example likely loss of capacity, and are able to prepare for any changes ahead.
- Appropriate care and support should be available for individuals approaching end of life so that where possible they can be cared for and die in their preferred place.
- People diagnosed with dementia should be supported to plan for their changing needs and future care (see advance care planning) at a time that is right for them.
- ACP should include frequent opportunities for review as the condition progresses and end of life approaches.
- Practical information on writing wills and organising power of attorney is needed to support advance care planning.
- Facing a future with dementia and/or planning for end of life may be too difficult for some, offers to support advance care planning may therefore be declined and this should be respected.
- People report a lack of information for family / carers just before, during and after loss (this includes those carers who's loved ones have been placed into a Care Home / Hospice etc).
- There is a need to raise awareness of what support and information is currently available for carers.
- Families and carers may need bereavement support and counselling.
- The need to consider those individuals who are carers but are also living with dementia themselves in anything we do.
- Some services are only available in parts of Cheshire East – there is a need to ensure provision is equitable across the area.
- Cultural considerations are needed when supporting those from ethnic minority groups.

Ambitions (Outcomes) for the Dying Well (Planning and Caring Well) Pathway

To address the issues identified and achieve the ambitions set down in the NHSE Dying Well guidance we have agreed a number of key actions and outcomes. The key aim for this part of the plan is to ensure that people living with dementia and their carers / families are enabled to have early conversations about advanced care planning and end of life decisions. This will ensure that those who need to be, are fully involved in decision making and that their wishes are known and acted upon. Our action plans will reflect the work needed to achieve this.

8. General Conclusions

The Cheshire East Dementia Steering Group has developed several high-level ambitions which set out how we will improve the experience of local people affected by Dementia. These ambitions are referenced in each section of the separate Ambitions Action Plans and our overarching ambitions are summarised together in Appendix 2. They reflect the requirements of the NHSE Dementia Pathway, good practice and most importantly the information provided by those who have taken part in our survey and consultation exercises, e.g., people living with Dementia, their carers and service providers. Each ambition is underpinned by several specific actions which will be carried out in the short, medium, and longer terms.

The Group will continue to meet regularly to monitor and review progress and to ensure the proposed actions are implemented and our ambitions realised. Where necessary plans will be adapted to meet changing needs and to respond to any challenges or new opportunities as they arise. The Group will continue to engage with those affected by Dementia to ensure that we regularly assess and review whether this plan is making a demonstrable difference to the experience of people living with dementia and their carers and families. We know that to really meet the needs of the individual; it is important to listen to them. We will therefore involve people living with dementia and their families in helping us achieve the ambitions set out in this plan and will continue to re-visit our vision to ensure the voice of lived experience not only remains central to the plan but helps to measure the impact of it.

The Steering group will produce an annual report on progress of how work around the action plan is progressing and what we have done and what we need to do, including identifying any issues we may have faced.

Appendix 1 - NHSE - The Well Pathway for Dementia

The Well Pathway for Dementia is the treatment and care pathway that aims to ensure people have a better experience of health and social care support from diagnosis to end of life.



NHS ENGLAND TRANSFORMATION FRAMEWORK – THE WELL PATHWAY FOR DEMENTIA

PREVENTING WELL	DIAGNOSING WELL	SUPPORTING WELL	LIVING WELL	DYING WELL
 Risk of people developing dementia is minimised <p>"I was given information about reducing my personal risk of getting dementia"</p>	 Timely accurate diagnosis, care plan, and review within first year <p>"I was diagnosed in a timely way" "I am able to make decisions and know what to do to help myself and who else can help"</p>	 Access to safe high quality health & social care for people with dementia and carers <p>"I am treated with dignity & respect" "I get treatment and support, which are best for my dementia and my life"</p>	 People with dementia can live normally in safe and accepting communities <p>"I know that those around me and looking after me are supported" "I feel included as part of society"</p>	 People living with dementia die with dignity in the place of their choosing <p>"I am confident my end of life wishes will be respected" "I can expect a good death"</p>
STANDARDS: Prevention ⁽¹⁾ Risk Reduction ⁽⁵⁾ Health Information ⁽⁴⁾ Supporting research ⁽⁵⁾	STANDARDS: Diagnosis ⁽¹⁾⁽⁵⁾ Memory Assessment ⁽¹⁾⁽²⁾ Concerns Discussed ⁽³⁾ Investigation ⁽⁴⁾ Provide Information ⁽⁴⁾ Integrated & Advanced Care Planning ⁽¹⁾⁽²⁾⁽³⁾⁽⁵⁾	STANDARDS: Choice ⁽²⁾⁽³⁾⁽⁴⁾ , BPSD ⁽⁶⁾⁽²⁾ Liaison ⁽²⁾ , Advocates ⁽³⁾ Housing ⁽³⁾ Hospital Treatments ⁽⁴⁾ Technology ⁽⁵⁾ Health & Social Services ⁽⁵⁾ Hard to Reach Groups ⁽³⁾⁽⁵⁾	STANDARDS: Integrated Services ⁽¹⁾⁽³⁾⁽⁵⁾ Supporting Carers ⁽²⁾⁽⁴⁾⁽⁵⁾ Carers Respite ⁽²⁾ Co-ordinated Care ⁽¹⁾⁽⁵⁾ Promote independence ⁽¹⁾⁽⁴⁾ Relationships ⁽³⁾ , Leisure ⁽³⁾ Safe Communities ⁽³⁾⁽⁵⁾	STANDARDS: Palliative care and pain ⁽¹⁾⁽²⁾ End of Life ⁽⁴⁾ Preferred Place of Death ⁽⁵⁾

References: (1) NICE Guideline. (2) NICE Quality Standard 2010. (3) NICE Quality Standard 2013. (4) NICE Pathway. (5) Organisation for Economic Co-operation and Development (OECD) Dementia Pathway. (6) BPSD – Behavioural and Psychological Symptoms of dementia.

RESEARCHING WELL

- Research and innovation through patient and carer involvement, monitoring best-practice and using new technologies to influence change.
- Building a co-ordinated research strategy, utilising Academic & Health Science Networks, the research and pharmaceutical industries.

INTEGRATING WELL

- Work with Association of Directors of Adult Social Services, Local Government Association, Alzheimer's Society, Department of Health and Public Health England on co-commissioning strategies to provide an integrated service ensuring a seamless and integrated approach to the provision of care.

COMMISSIONING WELL

- Develop person-centred commissioning guidance based on NICE guidelines, standards, and outcomes based evidence and best-practice.
- Agree minimum standard service specifications for agreed interventions, set business plans, mandate and map and allocate resources.

TRAINING WELL

- Develop a training programme for all staff that work with people with dementia, whether in hospital, General Practice, care home or in the community.
- Develop training and awareness across communities and the wider public using Dementia Friends, Dementia Friendly Hospitals/Communities/Homes.

MONITORING WELL

- Develop metrics to set & achieve a national standard for Dementia services, identifying data sources and set 'profiled' ambitions for each.
- Use the Intensive Support Team to provide 'deep-dive' support and assistance for Commissioners to reduce variance and improve transformation.

Appendix 2

Overarching Ambitions of the Cheshire East Place Dementia Plan

Throughout the development of this plan and during our consultation with service users, common themes were identified which have been used to shape our overarching ambitions of this plan. They are.

- **Preventing Well**
 - To improve the way we all communicate and work in partnership with others.
 - To raise awareness of Dementia across the Cheshire East footprint to reduce the stigma associated with it and encourage individuals to live a healthy lifestyle which can delay the onset of dementia.
 - To continue our learning about the needs of our local population who are affected by dementia. This would include learning from best practice, reviewing the Ambition Action Plans regularly and promoting and encouraging involvement in research.
- **Diagnosing Well**
 - To make the changes needed to enable people to get their diagnosis as early as possible.
- **Supporting Well**
 - To ensure good information / advice and support is accessible to all (in a format suited to individual needs) throughout their dementia journey, for the person diagnosed and their carers.
 - To ensure that Health, Social Care, and the voluntary sector work together to provide care and support to those affected by Dementia.
- **Living Well**
 - To ensure that a range of different community-based options for people living with dementia and their carers are available, maintained and promoted so that they have more choice over the support they access.
 - To enable and empower residents living with dementia to have a voice and say in shaping their community and the support that they receive.
- **Dying Well (Planning and Caring Well)**
 - To work with partners to enable early conversations with people with dementia and their carers about advance planning and end of life care, so that people can plan and ensure they are fully involved in decisions on care at end of life and that their wishes are known and acted upon.
 - To ensure there are sufficient groups to provide ongoing appropriate peer support for those living with dementia and their carers.
 - To ensure that carers are supported pre and post bereavement.
 - To ensure the Mental Capacity Act and Best interest process is implemented, where necessary, to support in this decision making where early advanced care planning has not been considered/undertaken.



Appendix 3

Key Partners in developing this plan:

Cheshire East Council
Cheshire and Merseyside Integrated Care Board
Alzheimer's Society
Age UK Cheshire East
The End of Life Partnership
Cheshire East Carers Hub
East Cheshire Hospice
St Luke's Cheshire Hospice
Mid Cheshire Hospitals NHS Foundation Trust
East Cheshire NHS Trust
Cheshire and Wirral Partnership
Dementia Friendly Community leads and representatives in Cheshire East
GP Clinical Lead
Cheshire Fire and Rescue Service
Healthwatch (Cheshire East)
East Cheshire Mental Health Forum

Links to other Key Documents

The plan supports the work described in other key local documents including:

Cheshire East Council's Corporate Plan [Corporate Plan \(cheshireeast.gov.uk\)](#)
Cheshire East Partnership Five Year Plan 2019 – 2024 [Layout 1 \(cheshireeast.gov.uk\)](#)
The Joint Health and Wellbeing Strategy 2018 – 2021 [Layout 1 \(cheshireeast.gov.uk\)](#)
Cheshire East Falls Prevention Strategy 2019 – 2022 [Falls Prevention Strategy.pdf \(cheshireeast.gov.uk\)](#)
Cheshire East Council Day Opportunities Strategy 2022 – 2027 [3c. Day Opportunities - Appendix 2 Day Opportunities Strategy.pdf \(cheshireeast.gov.uk\)](#)
All Age Carers Strategy 2021 – 2025 [All Age Carers Appendix 2 Draft All Age Carers Strategy.pdf \(cheshireeast.gov.uk\)](#)
Live Well for Longer Plan
[Rural Action Plan 2022.pdf \(cheshireeast.gov.uk\)](#)
Connected Communities Strategy 2012 – 2025 [Layout 1 \(smartsurvey.io\)](#)
Cheshire and Merseyside Integrated Care Board (ICB) Commissioning Plans.

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Easy Read Version

Cheshire East Place Dementia Plan 2023 to 2027

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This is the easy read version of the plan. Some of the words with special (or specific) meanings **are in orange**. There is a Glossary (Word Book) at the back of this document which explains what these words mean.'

Links to other local documents

The plan links in with work described in other key plans and strategies

Our Vision

- Our vision is to improve the lives of people affected by dementia.
- The Council, **Cheshire and Merseyside Integrated Care Board (ICB)** and our partners intend to work together, to support people with dementia and their families and carers. We will work with individuals living with dementia, their carers, and families.
- The plan is for **everybody** in Cheshire East who lives with dementia, their families, and carers.



Background Information

- In Cheshire East there are estimated to be 5,725 people over the age of 65 living with dementia (*NHS Digital*).
- 18% of Cheshire East's population is over the age of 65.
- 3,840 people have been told they have a form of dementia in Cheshire East (*NHS Digital*)
- 67% of people with Dementia in Cheshire East have a recorded **diagnosis**
- There were 113 adults aged between 30 and 64, predicted to have Early Onset Dementia in Cheshire East in 2020 (Projecting Adult Needs and Service information (PANSI))
- In Cheshire East we have 23% of our population who are over 65. This is higher than in other places.

Dementia is a term used to describe a set of symptoms which may include memory loss, difficulties with thinking, problem-solving or language.

Some recommendations from the general Plan



Below are some of the recommendations from the general plan:

	Improving diagnosis and care for people living with dementia
	Make sure that all people living with dementia have equal access to diagnosis
	Make sure there is good information and advice and support which is available to people and carers
	Better access to information on what can be accessed to help with money
	Provide information that can also be accessed by those who do not have access to the internet or do not like using computers
	Support people living with a Learning Disability or Young Onset dementia to join in services and to stay in work.

	Increase awareness and reduce stigma
	Provide support groups for those living with dementia and their carers (including in rural areas)
	Make sure that people living with dementia can access support, groups and services via public or local charity transport which is dementia friendly (including those living in rural areas).
	Those living with dementia, their carers and families, also need to access Out of Hours support.
	We will work towards having a greater availability of community housing options suitable for people with dementia
	People with a diagnosis of dementia should be given the chance to plan for the future at an early stage.

OUR OVERARCHING PRIORITIES



Preventing Well

- To improve the way, we communicate and work together with others
- To raise awareness of dementia amongst staff and the local people to reduce the **stigma** associated with it
- To continue our learning about the needs of our local population who are affected by dementia

Diagnosing Well

- To make the changes needed to help people to get their diagnosis as early as possible

Supporting Well

- To ensure good information, advice and support is available to **all**, throughout their dementia journey.
- To ensure that Health and Social Care work together to provide care and support to those affected by dementia

Living Well

- To make sure that there are different options for people living with dementia and their carers, which are organised and take place locally.
- To give residents living with dementia the ability, opportunity, authority, and power, to have a voice and say in shaping their community and the support that they receive

Dying Well (Planning and Caring Well)

- To work with partners, to enable early conversations with people with dementia and their carers about **advance planning** and **end of life care**, so that people can plan ahead and ensure they are fully involved in decisions at the end of their life.
- To enable people to die with the care and support they need, in a place they value, with the people important to them close by.
- To make sure there are enough groups to provide ongoing **peer support** for those living with dementia and their carers.
- To ensure that carers are supported **pre and post bereavement**.
- To ensure that the relevant English Law is applied (where necessary) to support any decisions made where early advance planning has not been considered or undertaken.



Our next steps

Our Plan

Ambitions (Priorities)

The Cheshire East Dementia **Steering** Group has developed several high-level **ambitions** which set out how we will improve the experience of local people affected by Dementia. The Steering Group is a partnership group consisting of **statutory**, voluntary and local dementia friendly community representatives.

These are detailed in action plans covering each pathway of the plan.

We have followed the **NHS England Dementia Pathway** when we have developed the plan.

Actions

The action plans have been developed by looking at the good practice we have found and most importantly what people, who have taken part in our survey and exercises, where we asked all the people involved in the dementia journey, what they need and what their concerns are, have said.

Dementia Steering Group

The Group will meet regularly to keep track and discuss items again to ensure we make changes or decisions about any progress.

We will keep checking that this plan is making a difference to the experience of people living with dementia and their carers and families.

General

We know that to really meet the needs of the person it is important to listen to them. So, we will involve people living with dementia and their families in helping us to do this.

We will continue to re-visit our vision to ensure that **lived experience** not only remains central to the plan but helps to measure the impact of it.

Glossary (Word Book)

Advance Planning	Is a way to think ahead
Age-Appropriate	Something which is suitable or right for people of a particular age
Ambitions	What we want to achieve / make happen
Cheshire and Merseyside Integrated Care Board (ICB)	The group who plans and buys healthcare services for the people of Cheshire
Dementia	Dementia is not a specific disease but is rather a general term for the reduced ability to remember, think, or make decisions that gets in the way of doing everyday activities. Alzheimer's disease is the most common type of dementia

Diagnosis	The process of identifying a disease, condition, or injury from its signs and symptoms
End of Life Care	Care given to people who are near the end of life and have stopped treatment to cure or control their disease
Equal	Same for each person
Ethnic Minorities	a particular ethnic group (a group of people with a shared culture, tradition, language, history, etc.)
Inclusively	something done in a way that includes everyone or everything
Lived experience	Someone's personal knowledge about the world gained through direct, first-hand involvement
NHS England Dementia Pathway	A guide to the care and support that a person living with dementia requires at each stage of their journey
Out of Hours	Is time outside of normal working hours.
Overarching	Is something that includes or affects everything or everyone
Peer Support	Is when people use their own experiences to help each other
Pre and post bereavement	Before and after someone dies

Stakeholders	any people or groups who are positively or negatively impacted by a project
Statutory	If something is statutory, it is related to or set by laws
Steering	To steer work started by others. The people who are part of the group use their experiences, skills and knowledge to help make decisions.
Stigma	A set of negative and often unfair beliefs that a society or group of people have about something

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Health and Adults Committee

Date of Meeting: 16 November 2021

Report Title: Cheshire East Place Dementia Strategy

Report of: CLT Lead Officer: CLT Nichola Thompson, Director of Commissioning

Report Reference No: To be confirmed by Democratic Services

Ward(s) Affected: All wards

1. Executive Summary

1.1 The purpose of this report is to inform Members of the Adults and Health Committee of the contents of the Draft Cheshire East Place Dementia Strategy which has been developed in partnership with Cheshire Clinical Commissioning Group, and to seek approval to consult on this version of the document. As this is a joint strategy, it will also require approval by the CCG Programme Development Group.

1.2 The strategy meets the Council's priority within the Corporate Plan to:

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

1.3 The strategy is informed by what people have told us about their experiences either as a person living with dementia or as a carer and is written for those people; specifically, those with memory concerns, those with a dementia diagnosis, their families and carers and the organisations supporting them. Other stakeholders who have also been involved in developing this strategy include, Dementia Friendly Community members, individuals living with dementia and their Carers, Body Positive, Care Community members, local health, social care, and voluntary organisations.

1.4 As part of informing the draft strategy, between 17th July 2020 and August 14th, 2020 Cheshire East Council conducted a survey to gain information to support the draft Cheshire East Place Dementia Strategy. The aim was to ascertain how those living with dementia, their carers and families felt about certain statements based

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on the five key dementia principles which have formed the basis of the draft strategy. During August 2021, members of the Dementia Steering Group held face to face groups with members of the public who are living with dementia and their carers, the feedback from these sessions have also been used to inform the draft strategy.

1.5 In supporting the vision, the draft Strategy sets out several long-term outcomes as part of the Council's commitment to people living with dementia and their carers.

- People living with dementia and their carers and families will feel understood.
- People living with dementia will be able to remain living within their own home and in their own community
- People living with dementia and their carers will feel included and listened to and will be fully involved in their decision making
- People living with dementia and their carers will know how and where to access support in their community
- People living with dementia will receive a timely diagnosis and personalised and holistic support following diagnosis

1.6 It is envisaged that the action plan within the Strategy will be flexible to adapt to changing circumstances and both the strategy and the action plan which sit alongside it have been co-produced with those living with dementia / their carers, and organisations with a stake in the dementia journey.

1.7 Once the Strategy has been out for formal consultation and becomes a finalised document, there will be engagement events to promote and create awareness with stakeholders including members of the public.

1.8 Following the approval of the Strategy, a fully costed implementation plan will be completed.

2. Recommendations

2.1 That Committee approve the draft Strategy for formal consultation.

3. Reasons for Recommendations

3.1 The strategy sets out the Cheshire East Place, ambition to support people to live well with dementia. One of Cheshire East's Corporate Plan objectives is to "*Reduce the reliance on long-term care by improving services closer to home and providing more extra care facilities, including dementia services*". It also reflects the national strategic direction outlined in the Prime Minister's Challenge on Dementia which details ambitious reforms to be achieved by 2020.

- 3.2** There are approximately 5,192 people over the age of 65 living with dementia in Cheshire East and this is set to increase to 7,514 by 2025 (*Cheshire East Local Profile: Alzheimer's Society July 2019*). This will have significant cost implications to the Health and Social Care system.
- 3.3** The impact of dementia on the individual and their family can be substantial and distressing. The Council and Cheshire CCG intend to lead the way in engaging with and providing support to people with dementia and their families and carers as early as possible and will aim to develop and commission services that meet assessed needs in a timely manner. This will be done by working in partnership with all relevant stakeholders, including individuals living with dementia, their carers, and families.
- 3.4** A Joint Dementia Commissioning Work Plan was completed in 2014 between Cheshire East Council and the two Clinical Commissioning Groups (CCGs) otherwise known then as the Joint Commissioning Partnership (JCP). This was a three-year Integrated Commissioning Plan (Strategy) for the JCP, and it set out the commissioning intentions of all partners for 2014-17 for people who have Dementia and their carers within the boundaries of the three organisations.
- 3.5** Since 2017 there has been a considerable amount of innovative activity by members of the community and the Council's Communities team. Key outputs include an increase in dementia friendly communities, more people trained to be dementia friends and there has also been an increase in support groups, dementia cafes etc. As the JCP work plan ended in 2017 there was a gap from Cheshire East Council's point of view in that there had been no other strategy to take its place to capture all of the activity that had taken place / or was currently ongoing, nor to identify where the possible gaps in service delivery may be. As a result, a decision was made in 2019 that Cheshire East needed to develop a dementia strategy.
- 3.6** Cheshire East Council and Cheshire Clinical Commissioning Group have drafted the Cheshire East Place Dementia Strategy to identify and consider local support needs in relation to dementia and to map service provision with a view to ensuring that the right services are delivered, in the right place, for the right people at the right time. The aim is to make a real and positive difference to the lives of people living with dementia in Cheshire East and to ensure that people with dementia and their carers receive high quality, compassionate, and timely care whether they are at home, in hospital or in a care home. The overarching vision is to make Cheshire East a truly dementia friendly community.

4. Background

- 4.1** The Joint Dementia Commissioning Work Plan provided a framework to support the provision of flexible, responsive and equitable services to enable the JCP to work in partnership to improve the care and support given to people with

Dementia and their families and carers and to meet national and local key targets. This work plan was instrumental in launching the Dementia Reablement Service and Dementia Friendly Communities opportunities within the Cheshire East footprint.

4.2 A Dementia Steering Group was created in January 2021. Membership consists of Dementia Friendly Community Leads, Dementia leads from each of the local Hospitals, Alzheimer's Society, Dementia Reablement Team, Carers Hub, End of Life Partnership and Cheshire Fire Service. This group has been instrumental in shaping the draft strategy, they have provided vital information to support the drafting of the document and will take ownership of the implementation of the Strategy Action Plan, to ensure there is a consistent approach to developing dementia services across the borough.

4.3 There are 8 communities within Cheshire East that have been awarded the status of “working to become dementia friendly” through the Alzheimer’s Society’s formal recognition process:

- Alsager
- Poynton
- Sandbach
- Congleton
- Bollington
- Crewe
- Nantwich
- Holmes Chapel

It is worth noting that the Dementia Friendly Community status of “working to become dementia friendly”, is an ongoing process with an annual review required by the Alzheimer’s Society.

4.5 Each of the areas above have named dementia leads who work to make their community dementia friendly, the work they do is highly valued by the communities they support. An example of the good work that is taking place is the exploration of rolling out the ‘SWAY’ software for use in schools, this has been trialled in Alsager and will hopefully be replicated in other areas.

4.6 In addition, Commissioners have also engaged with front line organisations such as the Carers Hub and My Cheshire Without Abuse. As a result of this engagement a project group has been established which is working on supporting and improving awareness and knowledge of practitioners, residents and all those involved in pathways relating to Domestic Abuse and individuals living with dementia / carers. The group work in partnership with each other to agree strategic objectives, review current provision and develop best practice to ensure residents affected by dementia / carers, can get the care, and support they need.

4.7 Due to the covid pandemic, face to face engagement with those living with dementia and their carers has been limited, but our Community Development Officers have spoken to individuals from such community cohorts as ethnic minorities, to obtain their feedback on their experiences of dementia, and these have been incorporated into the draft strategy. Representatives from ethnic minority communities also provided feedback via the Dementia Survey:

- | | |
|--|----|
| • Asian / Asian British | 2% |
| • Mixed: White and Black Caribbean / African / Asian | 1% |
| • Other ethnic origin | 1% |
| • Rather not say | 5% |

4.8 The formal consultation process will provide a further opportunity for stakeholders to comment on the contents of the draft document. An opportunity to work in a co-productive approach on specific actions will be progressed once the strategy and action plans are signed off as final versions. This will take the form of the development of targeted task and finish groups which will look at specific actions and how to take them forward.

4.9 As a result of the engagement and consultation to date, there are some common themes which have been identified as gaps / issues, these are:

- There needs to be a joined-up approach across the whole dementia journey.
- Those living with Dementia and their Carers feel they don't have a voice at a strategic level with the Council.
- Too much information is online.
- Lack of Bereavement Support and signposting.
- Early onset Dementia and age-appropriate services / activities.
- Early onset for those also with Learning Disabilities – as above, also understanding of the specific issues they may face.
- Care at Home and Accommodation with Care providers being trained to Tier 2 level, to further enable understanding around those living with dementia and their differing needs.
- Difficulties faced by those socially isolated, for example access to appropriate dementia friendly transport.
- Dementia Friends awareness for such individuals as Community Groups, Voluntary sector, Health and Social care workers etc.
- Cheshire East Council staff members ALL need to be Dementia Friends.

4.10 These points have been used to inform the Strategy and Action Plan. Commissioners are working with stakeholders to develop solutions to the points identified which will include such things as, the development of focus groups especially around those action areas which addresses the needs of specific

cohorts of the community, such as ethnic minorities, learning disabilities and young onset dementia, also including befriending services to address social isolation and signposting services to ensure that people with dementia and their carers are able to access available and appropriate support.

5. Other Options Considered

5.1 Another option would be to not consult on the draft strategy. However, this would not demonstrate an inclusive approach, transparency, or good practice.

6. Consultation and Engagement

6.1 The dementia survey formed one element of a comprehensive Consultation and Engagement plan for the Strategy development.

6.2 It was supplemented by face-to-face group engagement which took place throughout parts of Cheshire East by our Dementia Friendly Community Leads and or members of our Communities team / Dementia Reablement team, throughout August 2021. The findings of all engagement measures have been fed into the further development of the draft strategy.

6.3 An Easy Read version of the strategy will be published as part of the consultation, along with a Stakeholders Analysis.

7. Implications

7.1 Legal

7.1.1 Legal advice should be sought as the strategy develops. Should the Strategy identify a need to commission and procure services this should be undertaken in accordance with CEC Contract Procedure Rules and, where applicable, Contract Procurement Regulations 2015. Should any in kind support (including training) and/or grant funding be made available, consideration should be given to applying the criteria under the Council's corporate grants policy, to ensure organisations are treated in a fair manner. The data of the responders will be retained in accordance with the principles of the Data Protection Act 2018, and identities subject to anonymisation.

7.1.2 The strategy demonstrates the Council's adherence and commitment to its legal duties under the Care Act 2014. Any specific issues arising as the strategy develops, will be the subject of specific requests for legal advice as required.

7.2 Finance

7.2.1 There are no financial implications requiring changes to the Medium-Term Financial Strategy (MTFS) as a result of the recommendation in this report.

7.2.2 The services which support the implementation and delivery of the strategy will continue to be bound by the financial limits within the Councils MTFS.

7.3 Policy

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7.3.1 This draft strategy aligns with one of Cheshire East's Corporate Plan objectives, which is to "Reduce the reliance on long-term care by improving services closer to home and providing more extra care facilities, including dementia services".

7.3.2 The draft strategy reflects the national strategic direction outlined in the Prime Minister's Challenge on Dementia which details ambitious reforms to be achieved by 2020.

7.4 Equality

7.4.1 An Equality Impact Assessment will take place prior to the publication of the final Cheshire East Place Strategy

7.5 Human Resources

7.5.1 There are no Human Resource implications arising from this report.

7.6 Risk Management

7.6.1 There are no Risk Management implications arising from this report

7.7 Rural Communities

7.7.1 One of the issues raised within the draft strategy is the impact of dementia on those who find themselves socially isolated, this would include those living in rural areas. The strategy looks at how isolation can be reduced with appropriate transport or peer support groups.

7.8 Children and Young People/Cared for Children

7.8.1 The strategy looks at how we can ensure that young people are part of the community support for people living with dementia, and also how we can work with those in education to improve their awareness around dementia.

7.9 Public Health

7.9.1 Dementia has a significant impact on individual and population health and wellbeing in Cheshire East. Support provided by services is crucial for those already living with dementia and this strategy both acknowledges the often-avoidable difficulties faced by those affected by dementia, and provides a welcome step forward in improving support for those living with dementia, their families and carers.

7.9.2 It is important to note that to reduce the population-level impact of dementia, we also need to actively work on prevention by supporting and enabling our residents to reduce their risk of developing dementia in the first place; a healthy diet, regular physical, mental and social activity, low alcohol consumption, and not smoking all reduce the risk of developing dementia.

7.10 Climate Change

7.10.1 There are no Climate Change implications arising from this report

Access to Information	
Contact Officer:	Joanne Cliffe Joanne.cliffe@cheshireeast.gov.uk work mobile – 07785 556499
Appendices:	Draft Cheshire East Place Dementia Strategy Cheshire East Place Dementia Survey Equality Impact Assessment Stakeholders Analysis
Background Papers:	Prime Minister's Challenge on Dementia 2020 Living Well with Dementia - a national Dementia strategy



Working for a brighter future together

BRIEFING REPORT

Corporate Leadership Team

Date of Meeting: 24th August 2022

Report Title: Dementia Friends Awareness Sessions

Report of: Nichola Thompson, Director of Commissioning

1. Purpose of Report

- 1.1. The purpose of this report is to inform CLT of the proposal to provide Dementia Friends Awareness Sessions to Members, Senior Leadership Team and Cheshire East Council Staff.
- 1.2. This proposal meets the Council's priority within the Corporate Plan to:
Reduce the reliance on long-term care by improving services closer to home and providing more extra care facilities, including dementia services

2. Executive Summary

- 2.1. The overarching aim of providing Dementia Friends Awareness Sessions is to enable the Council to become a Dementia Friendly Organisation. These sessions will go some way towards enabling Members and staff to learn a little more about what it's like to live with dementia and then be able to turn that understanding into action. Dementia Friends is about learning more about dementia and the small ways people can help, for example: telling other colleagues and friends about dementia friends or visiting someone you know living with dementia.
- 2.2. The more staff from differing departments across the Council that attend the sessions, the more awareness is raised around the subject. These sessions could also empower teams and staff to possibly look at their processes/ policies and procedures around supporting someone living with dementia. This report will outline the detail behind the proposal to hold such sessions with members and staff.

3. Background

- 3.1. In May 2022, Commissioners from Cheshire East Council, Cheshire West and Chester Council and Cheshire Clinical Commissioning Group met together with the Alzheimer's Society to discuss the possibility of providing Dementia Friends Awareness Sessions for our respective staff members.
- 3.2. A decision was made that each organisation would go back to their senior management to gauge interest and obtain information about how the sessions should be rolled out. At its meeting on the 12th of May 2022, CLT advised that sessions should be held for:
 - A session for all members who want to take part
 - A session for CLT / WLT / WLC
 - Sessions for Cheshire East Council staff

4. Briefing Information

- 4.1. Dementia Friends sessions are friendly and interactive sessions where people can learn more about dementia, how it affects a person and what can you do to help people affected by dementia in your community
- 4.2. The Alzheimer's Society have said they can provide **free** sessions, which could be face to face (maximum 30 people) or virtual (up to 50 people). Each session would last a maximum of 1 hour. Before any of the sessions are to take place the Alzheimer's Society would require one months' notice.
- 4.3. The CLT / WLT and WLC session will be held face to face at 3.30pm on the 18th of October 2022, Committee Suites 1,2 and 3 at Westfields. A virtual session via Microsoft Teams to be held for Members at 1.30pm on the 4th of October 2022. All other sessions would be virtual via Microsoft Teams.
- 4.4. Regarding sessions for staff, the consensus was that to show true Integration the Alzheimer's Society would run the virtual sessions and they would be open to all CEC, CWAC and the former CCCG staff, and for them to all attend together.
- 4.5. The vision is for each organisation to move towards becoming recognised as becoming more Dementia Friendly. Once the sessions are in place and set up it is proposed that the Chief Executive could promote the sessions to CEC staff in her weekly video.
- 4.6. Due to the large number of staff in each department across the organisations, it is proposed that nominations of around 2 members per Department are sought to attend the sessions and cascade the information to other staff members in the first instance. Each Commissioner from the organisations named above will lead on the coordination of each of the

sessions and the Alzheimer's Society will be leading on the delivery of the actual sessions.

- 4.7.** The sessions will be advertised and both staff and members will be asked to register for the session they want to attend. Once CLT approve the contents of this report, the Commissioner for Cheshire East Council will move forward with arranging the sessions.
- 4.8.** The Alzheimer's Society has advised that they would be happy to support with additional sessions if there is greater demand.
- 4.9.** Cheshire East Council Workforce Development Teams have been consulted on the proposal for holding these sessions. They have advised that in terms of the sessions being delivered, they can advertise these through the learning lounge, where staff can then book onto the chosen date/time. They will also work with Commissioners to get the wording right on the advert to ensure we get the right staff to attend, not just Adult Social Care staff and Care4CE. The Alzheimer's Society will advertise the sessions on Eventbrite, and log who attends each session, this would then be fed back to Workforce Development so they can update the information onto the learning lounge, so the delegates individual training records are updated.
- 4.10.** All of this links into the current Draft Cheshire East Place Dementia Strategy Action Plan which states
“Look at how Cheshire East Place can start to work to become Dementia Friendly, including Dementia Friends Sessions, awareness and working with employees, organisations and local groups”.

5. Implications

5.1. Legal

- 5.1.1.** None

5.2. Finance

- 5.2.1.** The Alzheimer's Society have offered to deliver the sessions free of charge, therefore, there are no financial implications.

5.3. Human Resources

- 5.3.1.** Workforce Development have been advised of these sessions. They are happy to support with this piece of work and would like the Alzheimer's Society to log who attends each session and feedback to them which staff have attended which session, where this information will be put against their training on the Learning Lounge.

Access to Information	
Contact Officer:	Joanne Cliffe Joanne.cliffe@cheshireeast.gov.uk 07785 556499
Appendices:	N/A
Background Papers:	 PDF  PDF Introduction to Working-to-become-Dementia Friends pre-dementia-friendly-202



A summary of responses to Cheshire East Council's

Dementia Strategy Consultation

Introduction

Purpose of the consultation

During March / June 2022 Cheshire East Council undertook a consultation to seek views on its draft dementia strategy.

One of Cheshire East's Corporate Plan objectives is to "Reduce the reliance on long-term care by improving services closer to home and providing more extra care facilities, including dementia services". This draft strategy sets out the Cheshire East ambition to support people to live well with dementia.

It has been developed by Cheshire East Council in partnership with Cheshire Clinical Commissioning Group (CCCG), and local stakeholders including those living with dementia and their carers. The strategy aims to consider local support needs in relation to dementia and review current service provision to identify and promote good practice and to address any gaps or areas for improvement.

Consultation promotion and responses

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

In total, 59 responses were received including:

- 40 main survey responses
- 17 easy ready survey responses
- 2 emails

Respondent characteristics

Out of the 40 respondents who answered the main survey:

- 18 were carers, close family or a relative of a local resident living with dementia
- 11 were interested Cheshire East residents, and 1 was an elected Cheshire East Ward Councillor, or Town/Parish Councillor
- 4 were healthcare professionals, 3 were care home providers and 1 was an employee of Cheshire East
- 1 was answering on behalf of a group organisation or club and 1 was a volunteer.

The majority of respondents to the main survey were:

- female (28 out of the 39 who provided an answer)
- aged between 45 – 74 (29 out of 39 respondents)
- of White British / English / Welsh / Scottish / Northern Irish / Irish ethnicity (37 out of 40 respondents)
- considered their religion as Christian or had no religious beliefs (19 and 10 out of 39 respondents respectively)
- 10 stated that their day-to-day activities were limited because of a health problem or disability.

The majority of respondents to the easy read survey were:

- female (11 out of 17 who provided an answer)
- aged 65 or older (12 out of 17).

Analysis of results

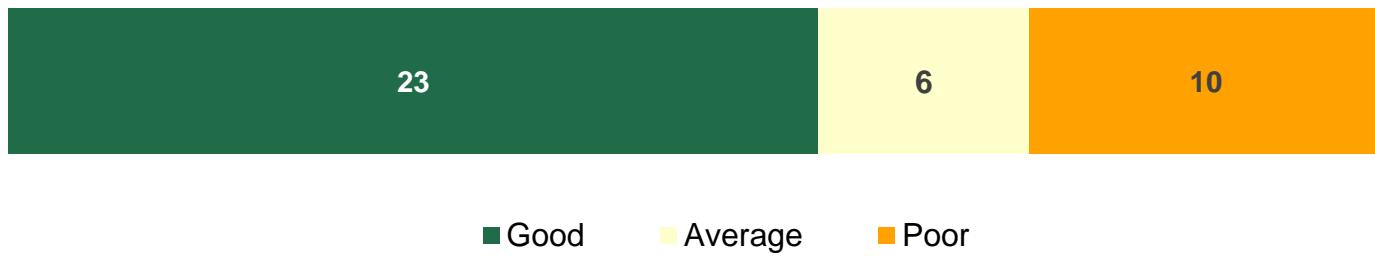
The vision

Our vision is to make a real and positive difference to the lives of people affected by dementia, living in and visiting Cheshire East. We want to ensure that people living with dementia and their carers, receive high quality, compassionate and timely care whether they are at home, in hospital or in a care home.

The impact of dementia on the individual and their family can be substantial and distressing. The Council, the CCCG and our partners intend to lead the way in engaging with, and providing support to people with dementia and their families and carers as early as possible and will aim to develop and commission services that meet assessed needs in a timely manner. This will be done by working in partnership with all relevant stakeholders, including individuals living with dementia, their carers, and families. We will continue to strive to make Cheshire East a truly dementia friendly place to live.

Respondents were first asked how they would rate the overall vision for dementia services in Cheshire East. Just over half of respondents (23 out of 40) rated it as good or very good as Figure 1 shows.

Figure 1: How would you rate the overall vision for dementia services in Cheshire East? (Count)



Respondents who rated the vision as 'poor' were asked how they thought the vision could be improved. 13 respondents left a comment, the comments received are summarised by theme below:

7 respondents provided a specific comment on the vision:

- Advance 'education' should be provided to properly plan for a loved one becoming affected by dementia
- The vision does not adequately acknowledge the absence of communication between some NHS providers - improved communication between relatives/hospitals and GPs is imperative for any plan to stand a chance

- Where is the support for new care home services? Living at home or in extra care is no longer appropriate for those whose needs are great. The majority do not fit with the expectation of modern standards of living this must be addressed as part of the strategy. More Extra Care housing is needed.
- Include reducing levels of dementia by promoting lifestyle changes across the population
- Add a sixth key outcome: People living with dementia will be supported to plan effectively for their future. Key outcome 1 suggest it reads ‘understood and empowered’, outcome 3 suggest it reads ‘decision-making at both a personal and strategic level’.
- Vision is good but doesn’t mean anything unless turned into outcomes that are delivered, in reality would be impossible to carry out.

6 respondents provided a comment regarding current poor care or and service:

- Have to fight for support for the individual living with dementia, the carers and families
- No financial support for carers
- Difficult to know how to access support, seems unavailable or hard to access
- There are geographical differences in provision provided, some services more effective than others
- Have to travel miles to see mother who is in a care home as she was not placed in a setting closer to where live
- Took too long to get a visit from the professional nursing services.

The Overarching Ambitions

Throughout the development of this strategy and during our consultation with service users, common themes were identified which have been used to shape our overarching ambitions of this strategy. They are:

Preventing Well

- To make improvements in the way we communicate and work in partnership with others.
- To raise awareness of dementia amongst staff and the local population to reduce the stigma associated with it.

Diagnosing Well

- To make the changes needed to enable people to get their diagnosis as early as possible.

Supporting Well

- To ensure good information / advice and support is accessible to all (in a format suited to their needs) throughout their dementia journey, for the person diagnosed and their carers.
- To ensure that Health and Social Care work together to provide care and support to those affected by dementia.

Living Well

- To ensure that a range of different community-based options for people living with dementia and their carers are available, maintained and promoted so that people have more choice over the support they access.
- To enable and empower residents living with dementia to have a voice and say in shaping their community and the support that they receive.

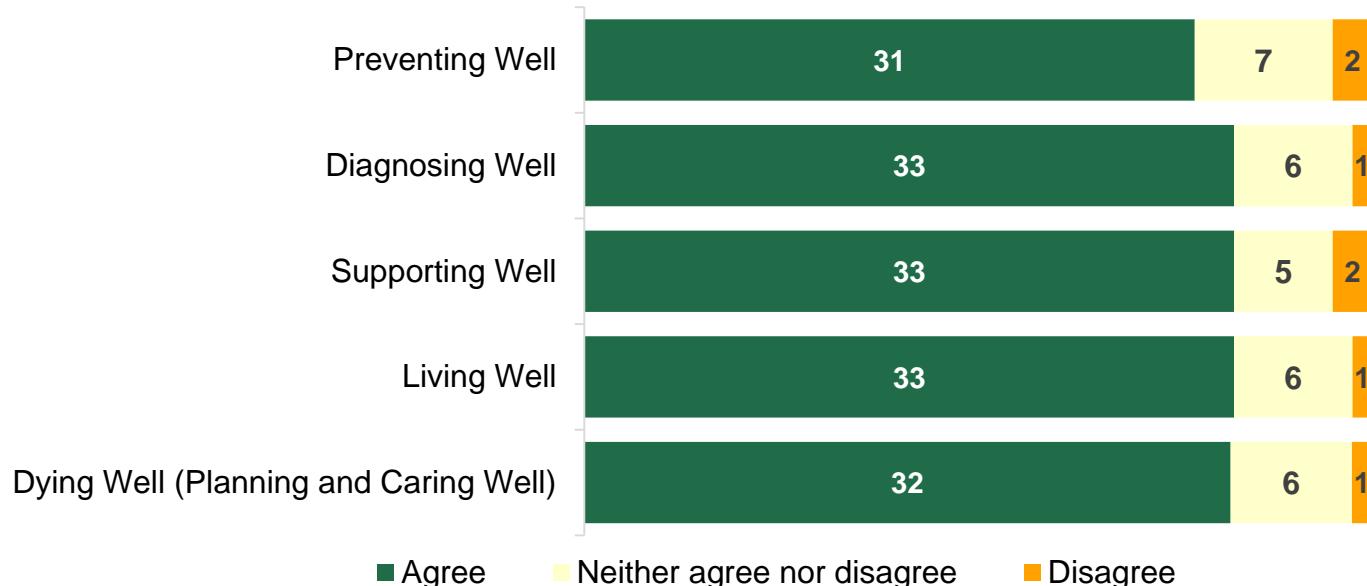
Dying Well (Planning and Caring Well)

- To work with partners to enable early conversations with people with dementia and their carers about advance planning and end of life care, so that people can plan ahead and ensure they are fully involved in decisions on care at the end of their life and that their wishes are known and acted upon.
- To ensure there are sufficient groups to provide ongoing appropriate peer support for those living with dementia and their carers.
- To ensure that carers are supported pre and post bereavement.
- To ensure the Mental Capacity Act and Best interest process is implemented, where necessary, to support in decision making where early advanced care planning has not been considered / undertaken.

The majority of respondents agreed that the overarching ambitions are the right areas to focus on within the Cheshire East dementia strategy (31 or more respondents out of 40 agreed). See Figure 2.

Figure 2: How strongly do you agree or disagree that the overarching ambitions are the right areas to focus on within the Cheshire East dementia strategy?

(Count: total = 39 to 40)



Respondents were asked if they felt there was anything missing from the overarching ambitions. 15 respondents left a comment. The comments received are summarised by theme below:

5 respondents felt there was a need for better support and facilities:

- Need financial support and help claiming benefits
- Need more follow up support with consultant after diagnosis
- Those with younger onset dementia must have access to care that is age appropriate
- The gap of those living with dementia not engaging with support needs to be addressed
- Need to include a clearer recognition of the need to build communities of support so family & friends can carry on living with the person or can stay in daily contact by living in close proximity - people with dementia should be able to walk freely within secure areas - need to progress thinking beyond Extra Care into planning for retirement communities.

4 respondents were concerned that it would be a struggle to implement the ambitions:

- Will struggle to put those in practice - will need complete management change
- Ambitions are optimistic especially in the areas of supporting and living well – without real commitment and investment this will be a paper exercise of dreams

- The importance of GP's working together and any future strategy, will fail without adequate resource
- Sudden changes may have considerable effect on the plans and actions.

6 respondents offered specific suggestions:

- The following in appendix 2 don't seem to align with the main document:
 - Diagnosing Well: 'residents feel encouraged to seek an early diagnosis, and are supported to manage the dementia diagnosis', 'residents with a diagnosis plan effectively for their future'
 - Supporting Well: 'to ensure good information/advice and sufficient quality support ...'
 - Living Well: 'any issues/outcomes for those living in care homes?'
- Suggestions concerning 'Diagnosing Well':
 - Not enough importance put on early diagnosis
 - Consistent with national policy, key factors to achieve success are: achieving national target for diagnosis, individuals with dementia have a care plan & a named support worker and effective joined-up support across Health and Social Care.
- Suggestions concerning 'Supporting Well':
 - Getting health professionals to work together is a key to success in this area.
- Those who don't access NHS services are not tracked or factored in the assessments on need for care home beds. A better alignment with the private sector is needed
- Cut the jargon.

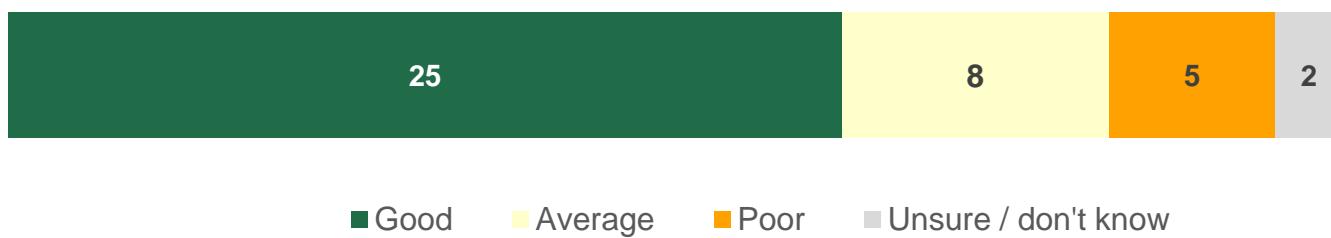
The actions

A set of actions which will help deliver the overarching ambitions of the strategy were also proposed the details of these can be referred to within the [Draft Dementia Strategy pages 38 - 40 \(PDF 1.0 MB\)](#).

Just over one half of respondents (25 out of 40) thought the actions were good as Figure 3 shows.

Figure 3: How would you rate the set of actions given which aim to achieve the overarching ambitions?

(Count: total = 40)



Respondents were asked if they felt there was anything missing from the actions. 12 respondents left a comment. The comments received are summarised by theme below:

5 respondents felt that there was a need for more detail / actions:

- Does not set out how Cheshire East intend to improve the offer for end-of-life care homes, for those that fail the means test for care home payments, or those who don't fit into the tenure model
- Issues that need more attention in the strategy: adapting one's home and considering rehousing rather than a care home, the opportunities of technology, living with poverty, issues of equality and the impact of workforce issues
- Nothing reflecting issue of capacity or affordability of support needs e.g., is staffing recruitment, retention and training at a sufficient level. Advance planning should be a theme in all legs of the strategy, not just about end of life
- Need a timeline for achieving outcomes.

3 respondents felt there was a need for more resource / connectivity:

- All good if the staff can be found to fill the jobs in care
- External care market cannot always respond quickly – the charity providers play an important role and must be recognised in the strategy

- There needs to be more connectivity - felt abandoned after diagnosis, spent a long-time chasing thing up and finding out where we could get help.

Other areas of improvement mentioned include:

- Document isn't accessible or written in a way that makes it very clear (1 respondent).

Easy Read Survey - Plans

17 respondents answered the easy read version of the survey. The survey provided respondents with a set of key plans and asked respondents if they felt they were good plans for those with dementia, their families and carers in Cheshire East. Almost all respondents to the easy read version of the survey agreed that the plans were good.

The plans listed and the full results are as follows:

- Improve the way we talk and work together with others, 16 agreed, 1 stated don't know
- Make more people aware of dementia to help stop any bad or unfair thoughts about it, 17 agreed
- Provide good information, advice and support to everybody, 17 agreed
- Make sure that there are different support options for people living with dementia and their carers that take place close to home, 16 agreed, 1 stated don't know
- Make sure that those living with dementia have a voice and say in shaping their community and the support that they receive, 16 agreed, 1 stated don't know
- Make sure those with dementia and their carers know the options for end-of-life care so that they can plan ahead and be fully involved in decisions when the time comes, 14 agreed, 2 disagreed, 1 stated don't know
- Make sure those near the end of their life have the care and support they need and are able to die in a place they value, with the people important to them close by, 16 agreed, 1 stated don't know
- Make sure there are enough groups to provide support for those living with dementia and their carers, 16 agreed, 1 stated don't know
- Make sure that carers are supported before and after the loss of the person they care for, 16 agreed, 1 stated don't know
- Make sure that the relevant English Law is used to support any end-of-life care decisions, 16 agreed, 1 stated don't know when the person living with dementia or their carers have not been able to make them, 13 agreed, 2 disagreed, 1 stated don't know.

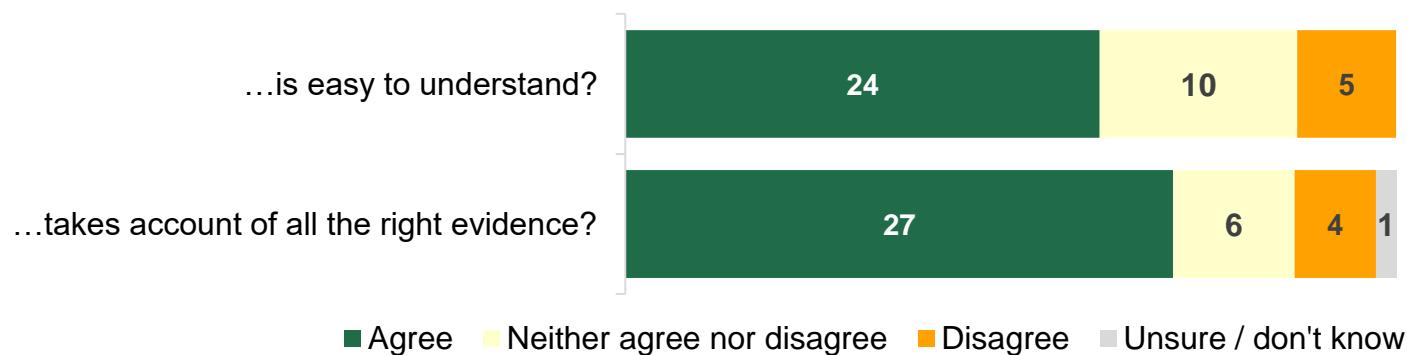
Overall

Finally, respondents were asked some questions regarding the strategy overall – if they feel it is easy to understand, takes account of the right evidence and any other comments they may have.

24 out of 38 agreed the strategy was easy to understand and 27 out of 39 agreed it takes account of all the right evidence as Figure 4 shows.

Figure 4: How strongly do you agree or disagree that the Dementia Strategy...

(Count: total = 38 to 39)



23 respondents provided an overall comment regarding the dementia strategy. The comments received are summarised below:

7 respondents felt there was a need for more support / providers:

- Lack of public transport means it is often difficult to access services. Many older people struggle to access GP services because of the expectation that patients access services online in the first instance. Make access to support easier – employ more nurses and home carers, more support in getting medical reviews at home and more support financially
- There is very little on increasing help, need to provide initial support and follow up. Some individuals manage to live on their own with their own personal network but if there is a sudden change in this support network the person can faces a huge life change and it's to be hoped this can be addressed
- Need adequate provision for affordable extra care accommodation

7 respondents felt there needs to be more detail / awareness of those who don't fit the standard template:

- Needs more attention to the person with dementia - once diagnosed I think you are forgotten
- Doesn't seem to have addressed the needs case for dementia beds and extra care or evaluated what the tenure model is, the correct locations, availability of land

- Encouraging people to register for dementia research is part of empowering those living with dementia - should be embedded in strategy, not just a line in action plan
- Very much focused on the over 60 age group need more of a focus on early onset and learning disability needs can be very different
- Need to recognise that some carers have jobs - they may need a different kind of support - working and juggling care means you can't always spend hours on the telephone chasing support.

5 respondents felt the document was too long / not easy to read:

- Document is difficult to read and comprehend, doesn't seem to have been written with the average person in mind
- For carers who have very limited time, 56 pages are very long to digest
- Is easy to understand but lengthy, very verbose.

Other comments provided include:

- Will struggle to implement – few people are attracted to health and social care roles
- Need a joined-up approach with interfacing strategies and better links with the physical planning of the development of Cheshire East's towns
- General negative comment.

Those who answered the easy read version of the survey were asked if they thought there is anything else we can do to support those living with dementia, their families or their carers. 9 respondents chose to leave a comment. The comments received are summarised below:

5 respondents suggested improvements to support and care:

- Ensure that those who live with dementia are properly diagnosed - there are many forms of dementia
- Make sure the doctors are more caring and listen more carefully to what we say
- Safe homes to stay as Independent as they can for as long as they can
- Introduce RESPECT documents so that end of life wishes/ ceiling of treatment plans are documented and can be shared with others
- Stop pushing the financial side of things to individuals, carers and their relatives.

3 respondents suggested improvements to training and staffing:

- Specially trained social workers who understand all dementia types and the symptoms
- Trained help for later stages of dementia
- Increase the wages for those who work in Care Homes

2 respondents felt there was a need for improved communication:

- Improvements in communicating any help that is available
- Let carers know which care homes are available and the cost

2 email comments were also received, these have been sent to the relevant department for full review and consideration, however, in summary the key points were as follows:

- There doesn't seem to be any mention of the dementia reablement team & all that they can offer families/patients, or any mention of the dementia support workers
- Need to be careful not to induce guilt or shame on people who are diagnosed through no fault of their own. Will supporting those living with dementia to stay within their own home distance those who wish to take up placement in a care setting - does this consider the difficulties that can arise from caring at home. It is vital that Carers are identified & registered at the point of an individual's diagnosis, to ensure access to support at an early stage. Need to encourage more open and honest discussions about death & dying and acknowledge that different decisions are needed at different stages of disease - it is a live planning process that needs review

Summary and Recommendations

Respondents were overall generally happy with the vision, actions and ambitions within the draft strategy.

There were however a few suggestions provided within the comments for review and consideration. A lot of the comments were about the need to improve support, staffing and care options within dementia services whilst others were specific to the strategy document itself.

The research and consultation team recommend that all the comments are reviewed and considered as part of the finalisation of the dementia strategy document.

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Cheshire East Dementia Strategy

Engagement Questionnaire for people living with dementia and their carers

Cheshire East Council and NHS Cheshire CCG are committed to improving the care, support and experience of people with dementia and their family and carers.

To make this happen, it is essential to work with people living with dementia, their families and carers and partner organisations to capitalise on the work we and our partners have already done.

Part of the work being done includes asking you, people living in Cheshire East, about your experiences of your dementia journey so that we can understand what currently works well and what we need to improve and in what ways.

There are no right, or wrong answers so please feel free to tell us as much or as little as you want to.

Preventing Well

Reducing the risk of dementia or delaying its onset, is influenced by a wide range of lifestyle factors. Establishing and maintaining a healthy lifestyle is important to help lower the risk of dementia, particularly vascular dementia. Encouraging people (particularly in their forties and fifties) to reduce their risk of dementia will support them in living longer, healthier lives.

Q: Were you aware that lifestyle changes could reduce your risk of dementia?

- Had your GP ever discussed risk factors and the benefits of a healthy lifestyle?
- Have you heard of the “One You” Cheshire East service?
- Has anyone spoken to you about how you can get involved in Dementia Research?
- Where did you go to for information about dementia prior to your diagnosis?

Diagnosing Well

Working with local GPs is essential to ensure that people are referred in a timely way for assessment and diagnosis and that those worried about their symptoms, or their family/ carers, are provided with relevant information and advice

Improving the support available to people once they have been given the diagnosis is important. It is also important to recognise that contact with clinicians is not restricted to GPs; there are a range of other professionals, for example, opticians and pharmacists, who can be alerted to dementia related problems

Q: What was your experience of receiving your diagnosis?

- How was your experience with your GP?
- How was your experience with Memory Clinic?

- Did you get the opportunity to ask questions and did you feel your voice was heard and your questions answered?
- What other organisations did they signpost you to for information and support after your diagnosis?
- When did your GP add you (carer) to their Carer register?
- Were you invited for a review with your GP?
- Do you feel you have been given adequate support throughout your diagnosis?
- What suggestions do you have that would improve the diagnosis process?

Living Well

Once a diagnosis of dementia has been made it is important that people with dementia and their carers and family have easy access to information and support to enable them to live independently. People with dementia should live in a supportive community, with access to appropriate housing and a transport system that will allow them to stay connected to their community.

Carers should have access to flexible breaks, respite and day services to allow them to continue in their caring role.

Q: What support were you offered post diagnosis and what support do you feel would have been most helpful?

- What information was provided at point of diagnosis? Was it too much or not enough?
- Where were you signposted to for further information about your diagnosis?
- What further support would you like to receive to improve the quality of your life?
- Do you feel confident and supported enough within your community to allow you to continue with activities and hobbies?
- Do you fully understand your diagnosis and do you have any unanswered questions about living with dementia?

Dying Well (Planning and Caring Well)

Planning for end of life is important for anyone with a life limiting condition. For a person with dementia, it is important to have these conversations early and as often as possible, so they can make their own decisions for themselves.

Q: What support, information and options have been discussed with you regarding your future care and wishes?

- Have you heard of and discussed making an Advanced Decision?
- When you do feel the right time to discuss this would be?
- How comfortable would you be to have this discussion with your family? Do you think this discussion would be easier if led by a professional?
- What bereavement support would you expect to receive, or would you find a bereavement service useful?

Please tell us any additional information that you would like us know, that you feel would make life easier for you, either as a person living with dementia or a carer of someone living with dementia.

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Working for a brighter future together

Adults, Health and Integration Committee

Date of Meeting: 23 January 2023

Report Title: Adult Social Care Performance Scorecard - Quarter 2
2022/23

Report of: Helen Charlesworth-May, Executive Director – Adults,
Health and Integration

Report Reference No: AH/22/2022-23

Ward(s) Affected: All Wards

1. Purpose of Report

- 1.1. To provide Adults and Health with an overview of performance against the core indicator set within the Adults Social Care service. This report covers a range of the corporate objectives under the overarching corporate priority of a fair authority.

2. Executive Summary

- 2.1 This report provides an overview of Quarter 2 performance for Adults Social Care services for the relevant indicators for the reporting year of 2022-23.

3. Recommendations

- 3.1. The Adults and Health Committee is asked to:
- 3.1.1 note the performance of Adults Social Care Services for Quarter 2
 - 3.1.2 provide scrutiny in relation to the performance of Adults Social Care

4. Reasons for Recommendations

- 4.1. One of the key focus areas of Adults and Health Committee is to review performance and scrutinise the effectiveness of services for Adults' requiring Social Care support.

5. Other Options Considered

5.1. Not applicable.

6. Background

- 6.1. This quarterly report provides the committee with an overview of performance across Adult Social Care Services. This report relates to Quarter 2 of 2022-23 (1 July 2022 - 30 September 2022).
- 6.2. The performance scorecard includes 35 separate measures covering all areas of the Service and notable performance against Service areas are shown in the following sections. Each measure reported shows the Year End Outturn position at the end of 21/22 and the figure for 22/23.
- 6.3. The following indicators have been highlighted for consideration, please note the number below is the indicator number on the attached score card

1.3 - The rising number of individuals in short term residential/nursing care is inextricably linked with the ongoing capacity issues in the domiciliary care market. Compared to Q2 in 2021/22 we have 65 more individuals in short term residential/nursing care. Whilst this is a national problem Cheshire East continues with a proactive recruitment campaign in conjunction with providers to increase capacity.

2.2 – The percentage of assessments that result in any commissioned service (including long-term, short-term and telecare) is 76%.

2.8 - Number of Contacts resulting in a New Referral – overall around 68% of contacts are resulting in a referral. The rising numbers is having a knock-on effect on the capacity to complete assessments and reviews in a timely fashion. New Safeguarding referrals particularly impact against this due to the time required to investigate.

2.8 - Current forecasts suggest that there will be slightly over 1% increase in referrals to Adults' Social Care on last year, based on numbers seen in the first half of the year. This is having an impact on teams and the workloads of individual members of staff. We are currently considering how we can address this through self-assessment and alternatives for domiciliary care.

2.9 - The percentage of Clients who have received Long Term Support for 12 months continuously that have been reviewed continues to reduce and is now also beginning to have an impact on clients who have received long term support for 24 months who have been reviewed in the last 24 months. Positively around 1 in 4 of these cases will have had other forms of contact that doesn't meet the formal definition of a review but nevertheless will flag should additional services be warranted.

3.4 – The % of clients that do not require an ongoing package of care after a period of community reablement support has shown an increase of 8.5% since Q1 of this year. Case studies show that where individuals go into short term residential/ nursing provision, before we can provide reablement in the community, there becomes an increased reliance on service and a reduction in independent living capabilities.

4.6 - The mobilisation of the new telecare contract has resulted in some short-term data quality issues and is showing a reduction in the numbers of individuals being supported just by telecare. This continues to be addressed.

5.2 - The increasing number of S117 clients provides pressure on the sufficiency of suitable placements and services in this specialist service area. In line with the pressures on the domiciliary care market this is forming the requirements for the local authorities commissioning activity.

7. Consultation and Engagement

7.1. Not applicable.

8. Implications

8.1. Legal

8.1.1. There are no direct legal implications.

8.2. Finance

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

8.3. Policy

8.3.1. There are no direct policy implications.

8.4. Equality

8.4.1. Members may want to use the information from the performance indicators to ensure that services are targeted at more vulnerable Adults.

8.5. Human Resources

8.5.1. There are no direct Human Resources implications.

8.6. Risk Management

8.6.1. There are risks associated with some performance measures, e.g. increases in demand and gaps in service provision.

8.7. Rural Communities

8.7.1. There are no direct implications to Rural Communities however these areas can be more difficult to source sufficient community care.

8.8. Children and Young People/Cared for Children

8.8.1. No direct implication to Children and Young People/Cared for Children

8.9. Public Health

8.9.1. There are no direct implications for Public Health.

8.10. Climate Change

8.10.1. This report does not impact on climate change.

Access to Information	
Contact Officer:	Bev Harding, Business Intelligence Manager Bev.Harding@cheshireeast.gov.uk
Appendices:	Adults Quarterly Score Card – Q2 2022-23
Background Papers:	None

Adult Service Score Card 2022-23

Indicator	Benchmarking Indicators	Year end 2021-22	Quarter 1 2022-23	Quarter 2 2022-23	Quarter 3 2022-23	Quarter 4 2022-23	Year to date 2022-23
1.1	Total number of individuals currently in permanent residential/ nursing care 18-64	186	183	175			175
1.2	Total number of individuals currently in permanent residential/ nursing care 65+	1,134	1,134	1,170			1,170
1.3	Total number of individuals currently in short-term residential/ nursing care	147	181	191			191
1.4	Weekly number of Domiciliary Care Hours	16,587	16,576	16,669			16,669
	Core Service Activity						
2.1	Number of New case Contacts	12,780	3,061	3,436			6,497
2.2	Assessments that result in any commissioned service (including long-term, short-term and telecare)	1,933	464	414			878
2.3	Number of Assessments completed in the period	2,427	573	546			1,119
2.4	Number of Support Plan Reviews Completed	3,866	872	851			1,723
	% of all new contacts (other than safeguarding) where the Client had any other contact in the previous 12 months	36.8%	33.9%	35.0%			34.9%
2.5							
2.6	Number of service users in receipt of a community based service	4,748	4,617	4,543			4,543
2.7	Proportion of services users in receipt of a community based service	84%	81%	79%			79%
2.8	Number of Contacts resulting in a New referral	8,837	2,129	2,347			4,476
	% of Clients who have received Long Term Support for 24 months continuously that have been reviewed in the last 24 months	90.7%	87.6%	87%			87%
2.9							
	Care4CE						
3.1	Number of community support reablement referrals received	1,152	296	201			497
3.2	Number of mental health reablement referrals received	2,703	648	725			1,373
3.3	Number of dementia reablement referrals received	1,111	283	227			510
3.4	% of community support reablement completed with no ongoing package of care	66.1%	55.3%	63.8%			59.6%
3.5	% of mental health reablement referrals where individual engaged	73%	72%	73%			73%
	Active Service Users						
4.1	Total number of individuals on the visual impairment register	2,021	2,147	2,209			2,209
4.2	Total number of Clients with an active service other than Telecare (18-25)	223	226	233			233
4.3	Total number of Clients with an active service other than Telecare (26-64)	1,338	1,337	1,339			1,339
4.4	Total number of Clients with an active service other than Telecare (65-84)	1,499	1,520	1,522			1,522
4.5	Total number of Clients with an active service other than Telecare (85+)	1,195	1,209	1,206			1,206
4.6	Total number of Clients only receiving a Telecare service	1,682	1,537	1,475			1,475
4.7	Total number of Clients receiving any service - including Telecare (65+)	4,274	4,166	4,109			4,109
	Risk Enablement						
5.1	Number of mental health act assessments completed	628	166	179			345
5.2	Number of S117 clients (includes Z65 MH Aftercare)	993	1,006	1,007			1,007
	Number of Substantiated (including partially Substantiated) S42 Enquiries concluding with a 'Type' of						
5.3	Domestic Abuse	67	10	16			26
5.4	Number of new Safeguarding Concerns received in a period (events not individuals)	4,959	1,151	1,369			2,520
5.5	Number of new S42 Safeguarding Enquiries starting in a period	1,603	295	257			552
5.6	Number of new Other (non-S42) Safeguarding Enquiries starting in a period	215	16	25			41
5.7	S42 Enquires concluded in the period	1,514	246	297			543
5.8	S42 Enquires concluded for which the client expressed their desired outcomes	1,001	165	205			370
	Of S42 Enquires completed that the client expressed their desired outcomes, the number that were fully achieved (not partially achieved)						
5.9		634	86	138			224
5.10	Number of concluded S42 Enquires where outcome of enquiry was substantiated/ partially substantiated	904	153	184			337
	Finance Figures	Year end 2021-22	Periods 1-3	Periods 4-6	Periods 7-9	Periods 10-13	Year to date
6.1	All Costs Gross Actuals	£131,803,491	£32,174,865	£33,321,685			£65,496,550
6.2	External Gross Costs	£123,192,550	£30,135,074	£31,195,762			£61,330,836
6.3	Internal Gross Costs	£8,353,759	£2,031,782	£2,118,988			£4,150,770
6.4	Other Gross Costs	£257,182	£8,009	£6,936			£14,945

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Working for a brighter future together

Adults and Health Committee

Date of Meeting: 23rd January 2023

Report Title: Notice of Motion: Cost of Living Plan

Report of: Helen Charlesworth-May | Executive Director – Adults, Health and Integration

Report Reference No: AH/39/2022-23

Ward(s) Affected: All Wards

1. Purpose of Report

- 1.1. This report is requesting that Adults and Health Committee discuss the Notice of Motion (Appendix 1) that was proposed to Full Council on the 19th October 2022 by Cllr J Clowes and Seconded by Cllr T Dean
- 1.2. This report also provides Adults and Health Committee members with an update regarding the Council's approach to the Cost-of-Living Crisis and the interventions that are underway at the time of writing this report (21st December 2022). A further report around impact of interventions will be presented back to Committee at later date.
- 1.3. The content within this report demonstrates the following strategic priorities:
 - A council which empowers and cares about people

2. Executive Summary

- 2.1. To date, officers have been working cross departmentally to have a greater understanding of the impact of the cost-of-living crisis, on local residents and businesses, on the Council's financial resilience and the impact it is having on staff and their personal resilience and the impact on recruitment and retention. Council officers have been working hard to understand the impact that the cost-of-living crisis is having and set the objective "to

minimise the impact that the cost of living (CoL) crisis has on residents, business and the Council's financial position to ensure we can continue to deliver essential services". We have based our approach on increasing our reach and offer within the resources that are available to the Council aiming to minimise further impact to the Council's financial situation. The interventions that the Council has put into place are being regularly reviewed to assess impact by an internal cost of living steering group that meets bi-weekly and chaired by the Head of Service for Communities and Integration. The work done by the Council to date has been to reflect this objective with the resources we have available.

3. Recommendations

- 3.1.** Adults and Health Committee to make a decision to accept or reject the Notice of Motion (in full or in part) that was proposed to Full Council on the 19th October 2022 by Cllr J Clowes and Seconded by Cllr T Dean and subsequently referred to Adults and Health Committee
- 3.2.** Whilst considering this Notice of Motion, acknowledge the work done to date by officers on the cost of living crisis, which includes the approach taken (Para 6.6), how we have increased our reach (Para 6.7), how we are monitoring the immediate increase in need (Para 6.8), the interventions we have introduced (Para 6.9) and how we are monitoring the impact the cost of living crisis is having going forward (Para 6.10).

4. Reasons for Recommendations

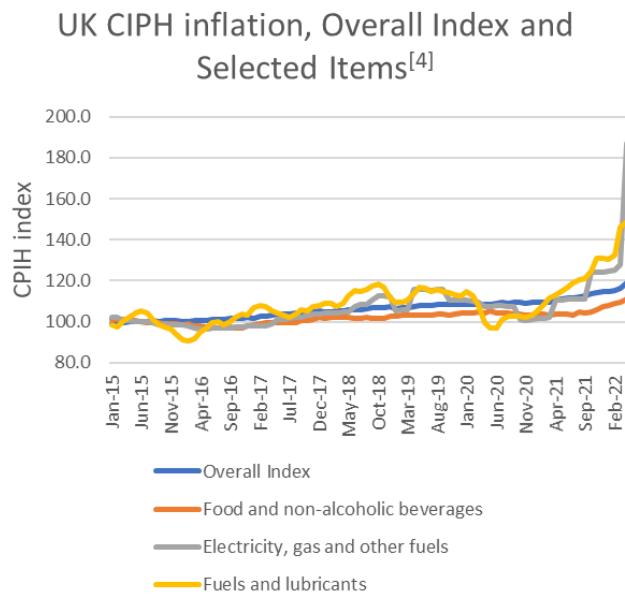
- 4.1.** Adults and Health Committee have an obligation to accept (in full or in part) or reject the Notice of Motion.
- 4.2.** Council officers have been working hard to understand the impact that the cost-of-living crisis is having and set the objective to "*To minimise the impact the cost of living (CoL) crisis has on residents, business and the Council's financial position to ensure we can continue to deliver essential services".* The work done by the Council to date has been to reflect this objective with the resources we have available.
- 4.3.** The content of this report contributes to the following strategic aims of the Council's Corporate Plan 2021-25:
 - 'Reduce health inequalities across the borough' by working with partners to address issues associated with poverty.
 - 'A Collaborative way of working with partners to support communities to achieve their full potential'. Working in partnership with community- based providers to inspire confidence and develop resilience.

5. Other Options Considered

Option	Impact	Risk
Do nothing	Increase in poverty More individuals accessing health and social care provision	Reputational and not adhering to the corporate plan strategic aims.

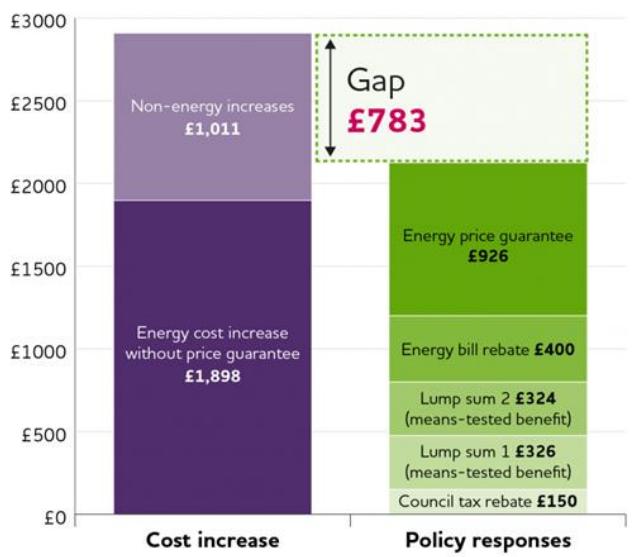
6. Background

- 6.1.** The cost-of-living crisis is having significant impacts nationally and we anticipate seeing increasing financial pressure on resident's, local businesses and community organisation's in Cheshire East.
- 6.2.** There are a number of reasons for the cost-of-living crisis, but the steep rise of inflation for key goods is where stakeholders are experiencing the biggest impact. The chart below provides a visual around inflation rates for key areas (food and fuel) over the last 7 years.



- 6.3.** Analysis by the Joseph Rowntree Foundation shows the growing gap in the cost of living.

Comparing increases in the cost of living for low-income families between 2021/22 and 2022/23 with Government policy support



Source:
JRF analysis using Cornwall Insight
price cap forecast, 8 September 2022



6.4. On the 19th October 2022 the Leader announced at Full Council that:

- the Council was planning for increased demand for services to support residents who were experiencing financial stress, including the established support, such as the household support fund, emergency assistance, housing benefit and council tax support. The Council would continue to provide essential food and fuel vouchers.
- the Council would be launching a Warm Places scheme to provide spaces where people could go, free of charge, to spend time to keep warm if they were struggling to heat or keep their homes warm.
- the Council was facing extreme financial pressures due to rising energy prices, high inflation rate and increased costs to deliver and commission essential services. The Council would be joining with other councils to call on the government to provide funding so that it could ensure that the most vulnerable were supported and aware of the help available to them.

6.5. At Full Council meeting a Notice of Motion (*Appendix 1 Notice of Motion 19th October 2022*) - was proposed which was subsequently referred to Adults and Health Committee (Minute 45 Notices of Motion -Paragraph 5 Cost of Living)

COST OF LIVING

Proposed by Councillor J Clowes and Seconded by Councillor T Dean

We propose that:

Cheshire East Council is determined to ensure the protection of the residents of Cheshire East from the cost-of-living challenge driven by Covid and Vladimir Putin's war in Ukraine.

These combined effects have led to rising energy prices and our residents facing significant cost of living pressures.

This council is cognisant of the significant work that the Government has done to support the residents of Cheshire East. It notes the benefit that the two-year energy price guarantee and the certainty it will give to residents across Cheshire East as well as the enormous help that the £400 energy bill discount will provide to every household. It further notes the additional support of the £650 cost of living payment for those in receipt of means-tested benefits, £300 for pensioner households and £150 for recipients of disability benefits in Cheshire East.

Cheshire East Council thanks the Government for providing equivalent support for those not on the mains energy grid and the protection of jobs in Cheshire East that the six-month protection for businesses will provide.

Cheshire East Council further welcomes the Government's longer-term plans that will maximise domestic energy produced through North Sea oil and gas, as well as nuclear energy and renewables that will contribute towards securing energy independence in the long term and ensure that Cheshire East will never be subject to energy price hikes caused by illegal wars again.

Cheshire East Council therefore resolves to:

1. *Work with the Government to ensure that it delivers the much-appreciated support to the residents of Cheshire East as quickly as possible.*
2. *Proactively identify those most in need of support in Cheshire East and ensure that they access all the Government support for which they are eligible.*
3. *Identify further local opportunities in Cheshire East for energy generation to help increase the supply of energy to further aid the long-term lowering of prices, support the Government's aim of domestic energy security and create local jobs.*

The following work was already underway irrespective of this Notice of Motion.

6.6. Our approach

Our objective

To minimise the impact that the cost of living (CoL) crisis has on residents, business and the Council's financial position to ensure we can continue to deliver essential services

High level impact



Our approach with partners

We will work with partners to ensure national and local resources are available and utilised. Ensuring partners share any proposals and decisions are considered to prevent escalating problems and financial consequences for individuals and the Council, e.g., a family not paying rent, if evicted, will require homelessness provision, potentially social care interventions and affect educational outcomes.

We have strong networks and relationships with partners including VCFSE, the LEP, Strategic Housing Group, Rural Strategy Group, NHS, Cheshire East Business Forum, and Cheshire Association of Local Councils (ChALC).

6.7. Increasing our reach

The Council has a range of provision already in place to support residents to address the CoL Crisis, including the Holiday Activity Fund, Household Support Fund, Emergency Assistance Scheme, Home improvement grants and Discretionary Housing Payments.

To ensure we are clear and concise with provision and expand our reach we will have our:

- Digital offer – all available resources online: <https://www.cheshireeast.gov.uk/costofliving> we also share this with key stakeholders to disseminate e.g. School bulletins, printed materials for handing out by partners, slides for waiting rooms in GP surgeries.
- Face to Face – Over 60 Venues (libraries, Connected Communities Centres) are currently being invited to become Warm PlaCEs
- Telephone – on the 31st October we created a dedicated phone line so that people can find out what they are eligible for - 0300 123 5024
- In our communities - The Stay Well Squad will be undertaking Winter Wellbeing visits to provide winter wellbeing items to vulnerable residents.

Targeting existing resource

We will support the Council's workforce to access available support to ensure they remain resilient, so that the Council can continue to meet existing and increasing demand.

We will provide money advice, hints and tips and target available resources to residents and businesses.

Services from the public and VCFSE sector will be targeted to the most vulnerable to reduce demand on statutory services.

We will be seeking to increase available homelessness provision and prevention work.

It will be important that we monitor this situation and the associated risks on the Council.

6.8. Local significant insights on increasing need

- Discretionary Housing Payment (DHP) funding is received from the Department of Work and Pensions each year to assist those struggling to pay their rent where their housing costs are not fully met by Housing Benefit or Universal Credit. This has reduced and yet demand has increased and the budget for this year is almost exhausted. Help for those most in need has been topped up with a £50k allocation from the Household Support Fund.

Funding:

2019/20	£457,711
2020/21	£614,359
2021/22	£491,933
2022/23	£348,661

As at 30 November we have a balance of £13,735.76 of the core DHP funding left.

- Free school meals data showing increase over the last couple of years:
As at 30/11/2022 Total children 9,670 from 5,450 households
As at 30/04/2021 Total children 8,323 from 4,627 households

- Emergency Assistance [Emergency Assistance \(cheshireeast.gov.uk\)](https://www.cheshireeast.gov.uk)

The funding has remained at £220k per year but demand this year has increased and applications allowed, meeting the criteria, is exceeding the budget and is on target for £300k.

2019/20	Claims received	1,296	Claims allowed	646
2020/21	Claims received	1,284	Claims allowed	686
2021/22	Claims received	1,617	Claims allowed	995
2022/23	Claims received	1,649	Claims allowed	893 (as at 19/12/2022)

6.9. Interventions

1. We will be collating and sharing local public and voluntary sector provision to offer support with food, fuel, transport, digital poverty, and money advice, this will be accessible to staff, residents, partners and members via the Cheshire East website. There will be a dedicated phone line that people can call should they require support.
 - a) *Funding – existing staffing resource*
 - b) *Monitoring success – increased access to provision*
2. The Council will be jointly funding a food poverty coordinator with Cheshire Community Action. This post will provide support to the VCFSE Sector to ensure the delivery of this provision is efficient, accessible, streamlined and sustainable.
 - a) *Funding – reserved grant funding within communities*
 - b) *Monitoring success – clearer sustained offer that sustains provision and increased footfall*
3. We will be investing to increase our homelessness provision by procuring an additional 20 properties to provide a safety net for those who may become homeless
 - a) *Funding – this will be funded from the government funded resettlement schemes*
 - b) *Monitoring success – able to meet statutory obligations*
4. We will be providing additional homelessness prevention information and advice linking with Money/Debt Advice Support
 - a) *Funding – existing staffing resource*
 - b) *Monitoring success – increased access to provision*
5. We have invested in the Citizens Advice Bureau to roll out a “Home Energy Support Fund” which will allow people to donate their government funded “Winter Fuel Payments” to those who need it more
 - a) *Funding – this will be funded from existing Communities Grants budget*
 - b) *Monitoring success – number of donated payments and number of allocated payments to those who need it*
6. We have set up over 60 Warm Places which have been providing information and advice, warm drinks and hot food. We will ensure in each Care Community we have at least 2 Warm Places that serve free food and an additional 4 Warm Places that serve hot drinks. We will also ensure we have good geographical spread across urban and rural areas. In addition to this will be encouraging and publicising any info.

- a) *Funding – this will be funded from existing Connected Communities Centres monies*
 - b) *Monitoring success – vulnerable people accessing available resources*
7. We will be providing a “Cost-of-Living Payment” of £100 per month to Sponsors who are housing Ukrainian guests during the months of Nov, Dec, Jan and Feb to help with additional utility costs they are having due to guests living within their properties. In addition to this we will be offering every Sponsor that is willing to provide their guest with accommodation beyond the required 6 months, with an additional £100 each month (months 7-12).
- a) *Funding – this will be funded from the government funded resettlement schemes*
 - b) *Monitoring success – reduction in homelessness of this cohort*
8. A review of the Household Support Fund has improved accessibility for the local residents and reduced strain on other support grants, such as ‘emergency assistance’ this has resulted in higher uptake for adults.
- a) *Funding – this will be funded from the government Department for Work and Pensions*
 - b) *Monitoring success – Access to these funds for the most vulnerable families and elderly.*
9. Stock of Winter Wellbeing items to support those who are vulnerable being purchased and distributed. This will be targeted including providing items to those coming out of hospital who are high risk of cold homes/mobility issues.
- a) *Funding – this will be funded from public health monies*
 - b) *Monitoring success – number of items provided to vulnerable cohorts*
- Two further interventions that have yet to be approved but under developments
10. UK Shared Prosperity Fund – This £200,000 “Cost of Living Community Response Grant” for the VCFSE sector to respond to local needs.
- a) *Funding – this will be funded from the Department of Levelling Up, Housing and Communities*
 - b) *Monitoring success – grants provided and impact those grants make*
11. Rural Community Transport Fund – A £200,000 grant which encourages the VCFSE sector to apply to implement a community transport scheme that can get vulnerable people to services including warm places, appointments, out of hospital in a safe and timely manner.
- a) *Funding – this will be funded from the government funded resettlement schemes*

b) Monitoring success – grants provided and impact those grants make

6.10. Monitoring the impact of cost-of-living crisis

As a Council we already have population data and information on the reach of services such as:

- Those in receipt of Social Care
- Homelessness data
- Council Tax Support
- Housing Benefit
- Residents that seek CAB support for Money Advice
- Resident seeking support through Emergency Assistance Scheme
- Benefit related free school meals, early years pupil premium, 2-year-old funding, care leavers, young carers, not in education and employment or training 16-18
- Business data
- Energy Efficiency data
- Poverty JSNA

We will use existing data and to ensure we have good oversight of those most vulnerable to enable us to target our current and future support.

6.11. Cheshire East for energy generation

Energy Generation is a key part of the Council commitment to reduce and offset carbon. Our facilities teams are currently working on 19 solar installations on Council buildings which will generate renewable energy and allow the council to switch to electric air source heat pumps, reducing gas use across the authority. A key part of the Council's offset (of Carbon we cannot reduce by 2025) is the construction of two solar farms which will generate additional sustainable energy. The first of which is due to begin construction in the new year is to power the Council's composting plant at Leighton Garage Crewe. Feasibility on further solar schemes is currently underway, with the opportunity for the Council to increase generation beyond that currently required for the Council's own offset in the coming years which could contribute to the Council's carbon neutral target.

7. Consultation and Engagement

7.1. We are also considering the 12 recommendations from the People's Panel as part of any future interventions the Peoples Panel over two weekends had discussions with local residents from various communities around the implications of cost of living and how the Council could support vulnerable cohorts, these recommendations are currently in the process of approved.

8. Implications

8.1. Legal

8.1.1. There does not appear to be any substantive legal implications arising from the notice of motion referred to above, however, it should be noted

that the Care Act 2014 requires local authorities to promote wellbeing when carrying out any of their care and support functions and to provide a range of preventative services in the exercise of its functions.

8.2. Finance

- 8.2.1.1.** The strategies and interventions described above are affordable. The expenditure for the specific activities has been appraised in terms of value for money and affordability in previous reports. The two interventions which are still at proposal stage are also affordable and amount to activity appropriate to the specific grant funds cited.
- 8.2.1.2.** Interventions 1 & 4 refer to re-directing existing staff time. It's understood that rather than creating new burdens, staff will be re-focussed on to the specific activities described above.

8.3. Policy

- 8.3.1.** There are no Policy Implications identified to date.

8.4. Equality

- 8.4.1.** No equality impact assessment is required for this report but each intervention would be subject to its own EIA.

8.5. Human Resources

- 8.5.1.** The interventions to date have relied on existing council resources.

8.6. Risk Management

- 8.6.1.** The risks around the cost-of-living crisis are being monitored, the interventions aim to provide highest impact with the resource we have available to reduce the risks around cost-of-living impacts.

8.7. Rural Communities

- 8.7.1.** The rural action plan is taken into consideration in each intervention implemented.

8.8. Children and Young People/Cared for Children

- 8.8.1.** Children and young people are informed of the relevant interventions through forums such as school bulletins.

8.9. Public Health

- 8.9.1.** Public health advice is sought when implementing interventions and have recently published a Joint Strategic Needs Assessment on Poverty to indicate where we can target our interventions to the cohorts most affected by the cost-of-living crisis.

- 8.9.2.** Prevalent socioeconomic conditions have a profound effect on the health and wellbeing of our residents. Wealth and health are two sides of the same coin and as a result long term disruption to incomes will have

ramifications for both physical health and emotional health and wellbeing. Actions taken to mitigate the most severe impacts will help to reduce the long-term health implications.

8.10. Climate Change

- 8.10.1. Energy Efficiency is one element of supporting people to reduce energy consumption/costs.**

Access to Information	
Contact Officer:	Dan Coyne, Head of Communities and Integration Daniel.coyne@cheshireeast.gov.uk 07816144062
Appendices:	Appendix 1 - Notice of Motion 19th October (Para 6, page 6 and 7)
Background Papers:	Council - Wednesday, 19th October, 2022 11.00 am

COUNCIL – 19 OCTOBER 2022

NOTICES OF MOTION

Submitted to Council in Accordance with the Council Procedural Rules

1 DEBATE NOT HATE

Public Statement

"The intimidation and abuse of councillors, in person or otherwise, undermines democracy; it can prevent elected members from representing the communities they serve, deter individuals from standing for election, and undermine public trust in democratic processes.

Seven in 10 councillors reported experiencing abuse and intimidation over the last 12 months and councillors reported feeling that abuse is becoming more common and increasing in severity.

Debating and disagreeing with one another has always been, and will continue to be, a healthy part of democracy. However, the right engagement matters and abuse and intimidation crosses the line into dangerous territory and has no place in politics.

We are calling on local government leaders, the Government and relevant partners, like the police, political parties and social media companies to come together through a government convened working group to produce and implement an action plan that addresses the abuse and intimidation of elected members and candidates and ensures their safety while they fulfil their democratic roles"

The full report sets out the findings and recommendations for the future of local democracy and can be found [here](#)

Executive Summary

Councillors are at the centre of local democracy. Elected from amongst their local community and forming a vital link between councils and residents, it is a privilege and responsibility to be elected to public office. However, increasing levels of abuse and intimidation in political and public discourse are negatively impacting politicians and democracy at local and national levels.

Rights to object and constructive challenge are both key components of democracy, but abuse and intimidation cross the line into unacceptable behaviour and serve to silence democratic voices and deter people from engaging with politics.

There is a considerable volume of evidence of the impact of abuse, intimidation, and aggression at a national level, including extreme incidents such as the murder of Jo Cox MP and Sir David Amess MP.

To understand the impacts on local government and councillors, the LGA launched a call for evidence of abuse and intimidation of councillors in October 2021. This report summarises the findings from the first six months of

the call for evidence. It sets out what more could be done to improve support and responses to abuse and intimidation of councillors and reverse national trends around abuse and intimidation that are harmful to democracy.

Key findings

Respondents to the call for evidence were asked to share their personal experiences of abuse and intimidation as councillors or candidates or abuse of councillors they had witnessed. This included **quantitative questions** looking at frequency, location and circumstances of abuse. In addition, respondents were asking for details about triggers of abuse, impacts of abuse personally and more widely, and reflections on support and responses from relevant agencies.

The following themes were identified in the responses to the call for evidence:

- **Variability of support** – The support offered by councils, political parties, and the police varied across the country. In particular, respondents identified a lack of proactive support from some councils and responses from some police forces to threats made against councillors and their families.
- **Targeted abuse** – Evidence from the qualitative responses indicated that councillors and candidates with protected characteristics were more likely to receive personalised abuse. Misogyny, racism and homophobia were particularly highlighted in the responses.
- **Personal and democratic impacts** – Abuse and intimidation can significantly impact councillors and their families, and the wider community. Several respondents described the negative impacts of ongoing abuse on their mental health and wellbeing. In addition, respondents supported the idea that abuse can impact councillors' willingness to stand for re-election or deter others from considering standing for public office.
- **Vulnerability of councillors** – Many respondents highlighted the visibility and accessibility of councillors in their local community, particularly when councillors' home addresses are available online. Councillors are therefore vulnerable to physical abuse, particularly compared to national politicians who may have greater protections and access to specialist police support.
- **Normalisation** – There is a growing feeling that abuse and intimidation, particularly online, are becoming normalised. Attitudes around councillors expecting abuse and being expected to manage abuse with little support were prevalent in the responses.

MOTION

This Council supports the Debate not Hate Campaign, signs the public statement and calls for a government convened working group to tackle this issue

2 FAIR TAX DECLARATION

Proposed by Councillor P Williams and Seconded by Councillor N Mannion

Some 25 local authorities across England, Wales and Scotland have so far signed up to the Councils for Fair Tax Declaration - [Councils for Fair Tax Declaration - Fair Tax Foundation](#)

This commits councils to do what they can to encourage fair tax practices among supplier companies when buying goods and services and calls for more powers to exclude companies with links to tax havens from their procurement processes.

Research commissioned by the Fair Tax Foundation from DatLab reveals that between 2014 and 2019 some 17.5% of UK public procurement contracts were won by businesses with connections to a tax haven. Those contracts were worth a combined value of £37.5bn. Furthermore, the UK loses an estimated £17bn in corporation tax revenues as a result of profit shifting alone.

Recent polls show that two thirds of people (66%) questioned believe that the Government and local councils should consider a company's ethics and how they pay their tax alongside criteria such as value for money or quality of service when awarding contracts.

Our neighbouring authority, Cheshire West and Chester has already signed up to the Councils for Fair Tax Declaration, along with authorities as varied as Edinburgh, Oxford, Lincoln, Reading, Cannock Chase and Exeter.

MOTION

Recognising that Cheshire East Council already meets some of the requirements of the Fair Tax Declaration, Council resolves to sign-up to the Declaration in its entirety.

3 SAFE NIGHT-TIME TRAVEL FOR WORKERS

Proposed by Councillor L Smith and Seconded by Councillor S Handley

This Council notes that;

- Shift work is widespread in many industries, particularly hospitality, as well as health and care workers, retail , cleaning, security and porter staff and can often entail late-night working;
- Many workers, especially women, are increasingly worried about their safety travelling to and from work at night

This Council believes that;

- While employers may feel their duty of care to staff ends when an employee finishes a shift, they also need to take into consideration journeys home, especially during unsocial hours;
- The weakness of enforcement of the law against sexual assault, including up-skirting, on public transport is appalling and only 2% of victims go on to report sexual harassment on public transport;
- The Get Me Home Safely campaign - [Get ME Home Safely | Make Our Communities & Workplaces Safer](#), which calls on employers to take all reasonable steps to ensure workers are able to get home safely from work at night, is greatly needed and should be supported;
- Greater numbers of trained staff and stronger enforcement of the law against sexual assault and harassment on public transport are urgently needed;

This Council will;

- Use its powers - as others such as East Dunbartonshire Council - and adopt a policy that our licensing board will ensure the process for approving late night licences will be linked to the provision of free transport home.
- Calls on Cheshire East Council to use its powers - as others have done – to allow our licensing board include additional criteria when considering late opening applications from licensed premises dependent on venues providing free transport home for night shift employees. This will significantly benefit the safety and wellbeing of hospitality workers, particularly women, who often cannot afford, or access, safe transport options late at night and benefit our community.
- Publicly call for improvement to late night and off-peak transport service provision and use the Government's Safety of Women at Night Fund to provide extra night services, as well as work with employers to use the fund for supplementary taxi travel.
- Publicly call for the lowering of fares and opposition to any cuts to public transport funding and for our local council to use their powers and political platforms to achieve this.
- Publicly call for the municipal ownership of buses in order to lower prices and improve service provision, especially for night-time and off-peak services and endeavour to work with Greater Manchester Combined Authority as they move forward with bus franchising using powers under the Bus services Act 2017

- Make representation to appropriate regional and national levels of governance to bring forward national minimum standards for taxis and private hire as per the recommendations of the Task and Finishing group and in support of this motion and its demands on behalf of our local community.

4 PUBLIC ART CONSULTATIONS

Proposed by Councillor A Gage and Seconded by Councillor S Edgar

This Council resolves that all works of public art undertaken by the council or works of public art to be undertaken by third parties on council owned land or assets should be subject to a public consultation of residents within the affected settlement area.

Where singular or multiple artwork option(s) are proposed the consultation should provide the consultees with the option to oppose the proposed artwork.

The consultation should last no less than 21 days and all results should be made readily available to the Cheshire East public before a final decision is made. The consultation will act in an informative and advisory capacity with all final decisions on the commissioning of public art to be decided by the relevant body of democratically elected members as defined by the council's constitution.

5 TREE PLANTING

Moved by Councillor T Dean and Seconded by Councillor Q Abel

Background

This council declared a climate emergency in May 2019 and has agreed a range of actions to meet its aims to become a carbon neutral council. This council has committed to significant tree planting across the borough:

- The council has supported and directly arranged tree planting programmes on its open spaces as part of its objective to plant the equivalent of 100 football pitches of trees.
- The council's corporate plan states it will introduce a policy on highways land and introduce a borough wide tree policy.
- The council's Carbon Neutral Action Plan notes that tree planting has benefits for biodiversity, the environment individuals, society and the economy.

Town and Parish Councils are also working to undertake tree planting programmes in their communities but have been limited in their ambitions by the refusal of Cheshire East Highways to grant permission for tree and hedge planting on land held as highway.

In addition to the obvious environmental benefits of tree planting, and the enhancement they offer to the street scene, trees along streets offer additional direct health benefits:

- Reducing air pollution
- Reducing stress and improving mental health

- Reducing noise levels
- Cooling air in summer
- Reducing UV radiation exposure
- Reducing wind speeds thereby reducing heat loss from buildings

(Source: Health Benefits of Street Trees, Forestry Commission 2011)

Knutsford Town Council has been seeking permission from Cheshire East Highways to undertake tree planting and hedgerow creation on land held as highway since 2019. It has routinely been advised by senior councillors that the council is reviewing its policy but to date no change in policy has been forthcoming. Cheshire East Highways officers have advised the town council that it cannot permit new planting in the highway due to this council's policy and that this council needs to change its policy for highway officers to be able to assess and permit planting.

This prohibition on planting has also prevented the replacement of trees which have been required to be felled meaning the number of street trees in the borough is actively decreasing.

Notice of Motion

That this council:

- a) recognises the significant benefits of street trees and is committed to increasing the number of street trees across the borough
- b) will work with Town and Parish Councils to identify suitable locations for tree planting and hedgerow creation
- c) will ensure its policies require rather than prevent the replacement of felled street trees where appropriate to do so

6 COST OF LIVING

Proposed by Councillor J Clowes and Seconded by Councillor T Dean

We propose that:

Cheshire East Council is determined to ensure the protection of the residents of Cheshire East from the cost-of-living challenge driven by Covid and Vladimir Putin's war in Ukraine.

These combined effects have led to rising energy prices and our residents facing significant cost of living pressures.

This council is cognisant of the significant work that the Government has done to support the residents of Cheshire East. It notes the benefit that the two-year energy price guarantee and the certainty it will give to residents across Cheshire East as well as the enormous help that the £400 energy bill discount will provide to every household.

It further notes the additional support of the £650 cost of living payment for those in receipt of means-tested benefits, £300 for pensioner households and £150 for recipients of disability benefits in Cheshire East.

Cheshire East Council thanks the Government for providing equivalent support for those not on the mains energy grid and the protection of jobs in Cheshire East that the six-month protection for businesses will provide.

Cheshire East Council further welcomes the Government's longer-term plans that will maximise domestic energy produced through North Sea oil and gas, as well as nuclear energy and renewables that will contribute towards securing energy independence in the long term and ensure that Cheshire East will never be subject to energy price hikes caused by illegal wars again.

Cheshire East Council therefore resolves to:

- 1 Work with the Government to ensure that it delivers the much-appreciated support to the residents of Cheshire East as quickly as possible.
 - 2 Proactively identify those most in need of support in Cheshire East and ensure that they access all the Government support for which they are eligible.
 - 3 Identify further local opportunities in Cheshire East for energy generation to help increase the supply of energy to further aid the long-term lowering of prices, support the Government's aim of domestic energy security and create local jobs.
- 7 CRITERIA FOR THE INSTALLATION OF ZEBRA CROSSINGS AND LIGHT CONTROLLED CROSSINGS**

Proposed by Councillor S Akers Smith and Seconded by Councillor L Anderson

Background

Traffic light timings are presently timed to prioritise traffic flows. In line with the councils climate change ambitions they all need reviewing especially if they are just to cross the road rather than a junction, to change either immediately the button is pressed or within 5 seconds. Waiting at a light controlled lights in the pouring rain does little to encourage active travel. In addition we need many more zebra crossings to facilitate crossing our fast moving roads, zebra crossings provide a safer point to cross the road rather than no crossing point at all. In the borough and in particular Congleton we have so few crossings it doesn't support the council's ambition to get more people out of their cars.

Presently light controlled crossings are put in place through the planning process or in response to a killed or serious injury collision. Can this be amended to put in a light controlled crossing based on community support and support from the parish council? Every town in the borough needs more road crossing points and the criteria for putting them in stops them from being installed.

In 2021/2022 out of a request for 95 crossings, 56 were looked into and only 1 crossing was installed. The reason is the criteria for road crossings is footfall, but there isn't the footfall because there isn't a road crossing. This clearly

needs looking at because I don't believe any councillor or resident of this borough would prefer someone to die before installing a road crossing.

Motion

That a report be prepared for the relevant Committee which will enable the Council to review the criteria for traffic light timings and to review the criteria for the installation of zebra crossings and light controlled crossings with the ambition to installing more each year.

8 HYDRAULIC FRACTURING ('FRACKING').

Proposed by Councillor N Mannion

Last month the Government announced the lifting of the moratorium on fracking that had been in place since 2019 following earth tremors and environmental concerns.

It is understood that certain areas of Cheshire East may have geological conditions, shale rock, suitable for the hydraulic fracturing process to extract shale gas.

As admitted by the British Geological Survey, the risk of large tremors from fracking 'remains a scientific challenge for the geoscience community'.

In addition to the risk of earth tremors there remain significant unresolved environmental concerns around the contamination of ground water and associated public health and safety issues.

Therefore, it is proposed that:

1. Cheshire East Council not support any activity associated with the exploration, extraction or storage and transportation of shale gas on land it owns, leases or manages.
2. That where necessary, the council's environmental, mineral and planning policies be updated to deter all activities associated with fracking and shale gas exploration, extraction or storage and transportation within Cheshire East.
3. Local Members of Parliament be lobbied to support this position.

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/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	Second Financial Review Report.	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/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 cares about people	N
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/41/2022-23	27 March 2023	Development of a Shared Marketplace for Complex Needs Services in Cheshire East'	To seek approval to establish a shared marketplace for the future procurement of care and support services across both health and social care for individuals with complex needs, including those individuals in transition to adulthood who have a learning disability and or mental health support needs.	Director of Commissioning	N	Y	N	Green	N
AH/13/2022-23	27 March 2023	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

TBC	September 23	A review of the Learning Disability Conference initiatives	TBC	Director of Adult Social Care	TBC	TBC	TBC	TBC	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	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
AH/06/2022-23	TBC (moved from Nov cttee)	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/23/2022-23	TBC (moved from Jan 23)	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

CHESHIRE EAST COUNCIL

Minutes of a meeting of the **Cheshire East Health and Wellbeing Board**
held on Tuesday, 27th September, 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
Mark Groves, Healthwatch Cheshire
Helen Charlesworth-May, Cheshire East Council
Dr Matt Tyrer, Director of Public Health
Mark Wilkinson, Cheshire East Place Director

Associate Non-Voting Members

Councillor Janet Clowes, Cheshire East Council
Superintendent Claire Jesson, Cheshire Constabulary (attended virtually via Microsoft Teams)
Dr Andrew Wilson, GP

Cheshire East Officers and Others

Sarah Harrison, Programme Manager, East Cheshire NHS Trust (attended virtually via Microsoft Teams)
Guy Kilminster, Corporate Manager Health Improvement
Dr Susie Roberts, Public Health Consultant
Katherine Sheerin, Executive Director of Transformation and Partnerships, East Cheshire NHS Trust (attended virtually via Microsoft Teams)
Karen Shuker, Democratic Services Officer
Dr Andrew Turner, Public Health Consultant

11 APPOINTMENT OF CHAIR

It was moved and seconded that Councillor Sam Corcoran be appointed the Chair.

RESOLVED:

That Councillor Sam Corcoran be appointed as Chair.

12 APPOINTMENT OF VICE CHAIR

It was moved and seconded that Dr Andrew Wilson be appointed as the Vice Chair.

RESOLVED:

That Dr Andrew Wilson be appointed as Vice Chair.

13 APOLOGIES FOR ABSENCE

Apologies for absence were received from Louise Barry, Dr Lorraine O'Donnell, Victoria Elliott, Denise Frodsham, Dr Patrick Kearns, Jayne Traverse and Deborah Woodcock.

Mark Groves attended as a substitute.

14 DECLARATIONS OF INTEREST

In the interest of openness Dr A Wilson declared an interest in respect of the fact that he had been appointed as a non-executive at mid Cheshire NHS Trust.

It was noted that Dr A Wilson made this declaration during minute no.21.

15 MINUTES OF PREVIOUS MEETING

RESOLVED:

That the minutes of the meeting held on 21 June 2022 be confirmed as a correct record.

16 PUBLIC SPEAKING TIME/OPEN SESSION

There were no public speakers.

17 NOMINATION OF NON-VOTING ASSOCIATE MEMBERS

RESOLVED:

That the following individuals be appointed as Non-Voting Associate Members of the Cheshire East Health and Wellbeing Board for the next 12 months

Councillor Janet Clowes, Superintendent Claire Jesson, Victoria Elliott, Dr Andrew Wilson, Jayne Traverse, Claire Williamson, Chris Hart and Kathryn Sullivan.

18 PHARMACEUTICAL NEEDS ASSESSMENT

The board considered the final version of the Pharmaceutical Needs Assessment (PNA) 2022- 2025 prior to publication by 1 October 2022. The board had previously received a draft version of the PNA in November 2021 and following this there had been a period of consultation and amendments made following analysis of the responses received.

Following the analysis, the overall conclusions of the PNA remained the same: pharmaceutical provision was adequate, and the PNA had not

identified current or anticipated future need for new NHS Pharmaceutical service providers in Cheshire East over the time frame of the latest PNA.

There would be regular reviews regarding need and provision and consideration given to the need for additional statements to update any substantial changes that emerge.

The board thanked the team that had been involved internally and externally for all their work.

RESOLVED (Unanimously)

That the Pharmaceutical Needs Assessment (PNA) 2022 - 2025 be approved for publication on the Cheshire East Council Website by 1 October 2022.

19 ANNUAL FLU REPORT 2021- 2022

The Board considered the Annual Flu Report 2021/22 which included

- A summary of the 2021/22 Cheshire East Council workforce influenza Vaccination scheme and recommendations for the future of the staff programme;
- A summary of the 2021/22 NHS-led Influenza Vaccination programme across Cheshire East and a forward look at the 2022/23 influenza Programme.

The rates for influenza had been unseasonably low throughout 2021/22 which had been associated with behavioural changes due to the continuation of the COVID-19 pandemic.

The uptake in Cheshire East of the flu vaccination had continued to be higher than the national average in most patient groups although uptake of those with learning disabilities was low. It was agreed that officers would liaise with NHS colleagues to discuss plans to address this.

In response to a question in respect of when feedback would be received on how this year's programme was going it was agreed that this would be added to the forward plan with a view to receiving a verbal update at the January meeting.

RESOLVED

That the Cheshire East Health and Wellbeing board noted the report and the recommendations set out in the report.

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

The board considered the 'All Together Fairer: Health equity and social determinants of health in Cheshire and Merseyside' report. The report's recommendations would be considered in the refresh of the Cheshire East Health and Wellbeing Strategy and the drafting of the Cheshire East Health and Care Partnership's Five -Year Delivery Plan.

The board welcomed the report as it gave practical examples of the next steps but felt frustrated that health inequalities were still there. To help reduce the inequalities the board asked its partners in the Cheshire East Health and Care Partnership to note the publication of the report and to commit to considering its recommendations as they developed their corporate, operational and delivery plans for 2023-2024 and align those plans to the Health and Wellbeing Strategy.

RESOLVED (Unanimously) That:

1. The Cheshire East Health and Wellbeing Board endorsed the 'All Together Fairer: Health equity and social determinants of health in Cheshire and Merseyside' report.
2. The Board noted the recommendations and that these would be considered and, where appropriate, be included within the refresh of the Cheshire East Health and Wellbeing Strategy and the drafting of the Cheshire East Health and Care Partnership's Five-Year Delivery Plan.
3. That the Board asks that all partners in the Cheshire East Health and Care Partnership take note of the publication of the report and commit to considering its recommendations as they develop their corporate, operational and delivery plans for 2023 – 2024 and beyond; and in due course, align those plans to the Health and Wellbeing Strategy, with the intention of contributing to the reduction of health inequalities.

21 CREATING SUSTAINABLE HOSPITAL SERVICES FOR THE PEOPLE OF EASTERN CHESHIRE AND STOCKPORT

During consideration of this item Dr Andrew Wilson declared an interest due to the fact that he was a non-executive at mid Cheshire NHS Trust.

Katherine Sheerin, Executive Director of Transformation and Partnerships and Sarah Harrison, Programme Manager from the East Cheshire NHS Trust provided the board with an update on the progress of the Creating Sustainable Hospital Services for the people of eastern Cheshire and Stockport programme. The board were given clarification on how the programme would fit with the East Cheshire NHS Trust Strategic Plan and in turn the Cheshire East Place Strategy.

The Board received a presentation which outlined the purpose of the programme, the governance structure for the programme, phases of the programme and its next steps.

The board heard that a series of workshops had taken place over the summer to develop the model of care and had been attended by patient representatives, people from voluntary, community, faith and social enterprise groups, Local authorities, primary care, commissioners, and clinical teams. Work would be undertaken to understand the financial, workforce, digital and capital implications, and to assess the level of potential changes in access in the ten clinical areas that the programme was focused on. If there were proposals for substantial service change then those would be subject to full public consultation.

The Board thanked Katherine and Sarah for their presentation and noted the complexities across two boards but felt that the target of reducing carbon emissions by 4%, outlined as part of the strategic plan could be more ambitious.

RESOLVED:

That the Board noted the progress with the work on creating sustainable hospital services for the people of eastern Cheshire and Stockport.

22 UPDATE ON THE ESTABLISHMENT OF HEALTH AND CARE PARTNERSHIP AND NHS CHESHIRE AND MERSEYSIDE'S TEAM IN CHESHIRE EAST

Mark Wilkinson, Cheshire East Place Director provided the board with an update on the establishment of the Health and Care Partnership and NHS Cheshire and Merseyside's team in Cheshire East.

There had been two meetings of the Health and Care Partnership Board who continued to meet in shadow form until the terms of reference had been agreed by all partners. The recruitment process for a new chair was underway and expressions of interest had been invited.

A Staff conference had taken place to provide clarity for former employees of the CCG and to receive feedback and comments from them. The board shared concerns that although the staffing structure was progressing there was still significant work to be done.

The board agreed that it was positive that there was agreement at the Cheshire and Merseyside level 80 or 90% of resources should be allocated at Borough level and that there were good working relationships at the Cheshire East level, along with a clear shared vision about tackling the wider determinants of health.

In response to questions and comments the board were assured that:

- Everyone who was employed by the former CCG had been transferred over although there were challenges ahead in meeting savings targets for the Integrated Care Board.
- The overarching objectives in the plans originally set out pre-pandemic hadn't changed but the key was how performance would be monitored and how to articulate the delivery plan.

The Board was assured that winter was at the forefront of people's minds but there was a need to work collaboratively as pressures would continue to increase over the winter period and the financial position would be challenging.

RESOLVED:

That the update be noted.

23 CHESHIRE EAST HEALTH AND CARE PARTNERSHIP UPDATE

The board received a verbal update on what actions were underway to help move forward the refresh of the Cheshire East Health and Wellbeing Strategy and five-year delivery plan. The update included the current Cheshire East Partnership interrelated strategies and the strategies outlined for the future which included: -

- Cheshire East Joint Health and Wellbeing Strategy 2023 – 2028 (and Place Plan)
- Five-year over-arching Cheshire East Partnership health and care system delivery plan 2023 – 2028
- Joint Outcomes Framework
- System Plans
- Organisational strategies and plans

Once the joint Health and Wellbeing Strategy and Place plan had been drafted and gone out for engagement it was important that those partners and organisations that would be contributing to individual behaviours, socioeconomic factors and built environment were part of the conversation.

The proposal was to stick with the existing outcomes which sat within the current strategy, with the addition of outcome 4 which covered the needs of children and young people. The delivery plan would incorporate the new models of care that had been agreed by the Place Partnership.

A list of issues that would influence the refresh of the strategy and would need to be taken into consideration were highlighted.

The Board supported the refresh but felt that more emphasis was needed on the 'how' as the 'what' was trying to be achieved had not changed.

The board heard from Andrew Turner, Public Health Consultant who stated that "I think we're now at the point where we won't get more health from more healthcare; we will have a much bigger impact on population health and wellbeing by improving the circumstances in which people live". The Board acknowledged that there were real potential benefits from improving the quality of houses, communities, and jobs and that this could have more of an impact than improving the quality of the NHS services.

RESOLVED:

That the update be noted.

The meeting commenced at 2.00 pm and concluded at 3.41 pm

Councillor S Corcoran (Chair)

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