

# Adults and Health Committee

## Agenda

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**Date:** Monday, 25th September, 2023  
**Time:** 10.00 am  
**Venue:** Committee Suite 1,2 & 3, Westfields, Middlewich Road,  
Sandbach CW11 1HZ

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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 - 6)

To approve as a correct record the minutes of the previous meeting held on 24 July 2023.

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For requests for further information

**Contact:** Karen Shuker

**Tel:** 01270 686459

**E-Mail:** [karen.shuker@cheshireeast.gov.uk](mailto: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. **Building Based Day Services - Proposal to decommission the service provision at the Stanley Centre** (Pages 7 - 62)

To consider a report seeking approval to decommission the day service at the Stanley Centre with alternative service provision to be provided within other Care4CE day services and independent sector provision.

#### 6. **Universal information and Advice Service Commissioning** (Pages 63 - 102)

To consider a report seeking approval to recommission the Universal Information and Advice service.

#### 7. **Commissioning Children and Young People's Emotional Health and Wellbeing Service** (Pages 103 - 134)

To consider a report seeking approval to recommission the Emotionally Healthy Children and Young People Service.

#### 8. **Adult Social Care Quarter 1 Scorecard 2023-24** (Pages 135 - 142)

To consider the performance of Adult Social Care services for quarter one and the finalised performance for the full reporting year.

#### 9. **Minutes of Sub-Committee** (Pages 143 - 150)

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

Cheshire East Health and Wellbeing Board - 27 June 2023.

#### 10. **Work Programme** (Pages 151 - 156)

To consider the Work Programme and determine any required amendments.

**Membership:** Councillors S Adams, A Burton, D Clark, J Clowes, N Cook, D Edwardes, M Edwards, S Gardiner, A Kolker, A Moran (Vice-Chair), J Place, J Rhodes (Chair) and L Wardlaw,

**CHESHIRE EAST COUNCIL**

Minutes of a meeting of the **Adults and Health Committee**  
held on Monday, 24th July, 2023 in the Committee Suite 1,2 & 3, Westfields,  
Middlewich Road, Sandbach CW11 1HZ

**PRESENT**

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

Councillors S Adams, A Burton, D Clark, J Clowes, N Cook, D Edwardes,  
M Edwards, S Gardiner and J Place

**OFFICERS IN ATTENDANCE**

Roisin Beressi, Principal Lawyer (Adults & Education)  
Shelley Brough, Acting Director of Commissioning and Integration  
Stephen Kelly, Senior Communications Officer  
Helen Charlesworth-May, Executive Director Adults, Health and Integration  
Karen Shuker, Democratic Services Officer  
Dr Matt Tyrer, Director of Public Health  
Nikki Wood-Hill, Lead Finance Business Partner

**9 APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillors A Kolker and L Wardlaw.

**10 DECLARATIONS OF INTEREST**

Councillor A Moran declared a non-pecuniary interest in item 6 – Provisional Financial Outturn 2022/23 as he was Chairman of ANSA and TSS.

Councillor N Cook declared a non-pecuniary interest in respect of her being a volunteer trustee of the Alternative Futures Group.

**11 MINUTES OF PREVIOUS MEETING****RESOLVED:**

That the minutes of the meeting held on 26 June 2023 be approved as a correct record.

**12 PUBLIC SPEAKING/OPEN SESSION**

There were no members of the public present.

### 13 CHESHIRE EAST FALLS PREVENTION STRATEGY

The committee considered a report which provided a summary of the work that had taken place to develop the new Cheshire East Falls prevention strategy 2023-2026. The strategy had been co-produced by a multi-agency partnership steering group and then refined via a formal consultation process which took place from 16 January – 27 March 2023.

In response to questions and comments raised by Members, Officers reported that

- As the remedies for falls outside the home was outside the remit of the Falls prevention Strategy from an adults perspective, a sentence will be added in to the strategy which will set out how falls outside of the home will be dealt with.
- In respect of raising awareness nationally the Council would be engaging in 'National Falls Awareness Week' with an extensive local campaign.
- Engagement with the u3a organisation would take place in the future as part of the wider engagement with the Voluntary Community Enterprise Sector
- The draft action plan would be updated with roles, responsibilities and costings.
- The multi-agency steering group would be monitoring the progress of the strategy against the action plan and updates would be brought back to committee.
- Early intervention was key and more work was required nationally as well as locally around the stigma and perception associated with falls.

#### **RESOLVED:**

That the Adults and Health Committee

1. Endorse the adoption of the new Cheshire East Falls Prevention Strategy subject to a sentence being included in the strategy which set out that issues that caused falls outside of the home were dealt with elsewhere.
2. Approve the report being circulated to the Health and Wellbeing Board.

### 14 FINAL OUTTURN 2022/23

The committee received the report which provided an overview of the Cheshire East Council provisional outturn for the financial year 2022/23 and the financial performance of the Council relevant to the committee's remit.

Concerns were raised in respect of the strategic risk across adult social care being downgraded and assurance was sought that the council did not lose sight of those risks. Officers offered reassurance that those elements

contributing to risk were being managed and mitigations had been put in place. However there was recognition that there was still potential risk

In respect to the reference in the report to support for Ukrainian and Afghanistan schemes, officers reported that discussions were ongoing with the Home Office on their approach to placement of asylum seekers and an update would be provided to the appropriate committee in due course.

In respect of the request for a breakdown of mechanisms and how the Council recoups deferred debt, officers reported that discussions were ongoing with the finance team on debt collection. A consultation on the charging policy which would be presented to committee at a future date would contain proposals in respect of changing the point at which the Council started charging and the implications of that for debt.

**RESOLVED:-**

That the Adults and Health Committee:

1. Note the report of the Corporate Policy Committee ([Agenda for Corporate Policy Committee on Tuesday, 11th July, 2023, 10.00 am | Cheshire East Council](#)).
2. Note the financial performance of the Council in the 2022/23 financial year relevant to their terms of reference.
3. Note the delegated decisions relating to supplementary revenue estimates for specific grants coded directly to services in accordance with Financial Procedure Rules as detailed in Section 2 of each Committee Appendix (Annex 2).
4. Note the update on performance with regard to the MTF5 2023-27 approved budget policy change items, in respect of Services within the remit of the Committee (Annex 3).

**15 COVID-19 UPDATE**

The committee received a report which provided an update on the recovery and reset from the coronavirus (Covid-19) pandemic, including an update on current epidemiology and vaccination statistics.

In response to members comments and questions officers reported that

- anti-vaccination campaigns which had stepped up through the pandemic had impacted on the measles vaccination programme so a concerted effort was underway to target those hard-to-reach groups.
- In respect of the revamping of public health campaigns members input on the design and implementation would be welcomed.

- the cautious approach to infectious diseases remained but national policy in respect of how people respond to the pandemic was to ensure people maintained their personal choice and autonomy.
- Work with local resilience partners continued, an emergency planning preparation exercise had taken place in respect of measles.

**RESOLVED:**

That the report be noted.

**16 WORK PROGRAMME**

Consideration was given to the committee's work programme.

Members requested that consideration be given to:-

- the timings for the September meeting in respect of publishing the agenda and the all committee briefing.
- the potential to arrange an October meeting as September and November meetings both had heavy agendas.

Officers would consider whether briefings could be used more effectively to update members on the more substantive items rather than just updating members on the agenda for the meeting, and whether all the requests for items to be brought forward would all fall under the remit of the Adults and Health Committee.

**RESOLVED:**

That the work programme be noted.

The meeting commenced at 10.00 am and concluded at 11.38 am

Councillor J Rhodes (Chair)

OPEN

## **Adults and Health Committee**

**25 September 2023**

### **Building Based Day Services – Proposal to decommission the service provision at the Stanley Centre**

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

**Report Reference No: AH/04/2023-24**

**Ward(s) Affected: All Wards**

#### **Purpose of Report**

- 1 As part of the review of the Learning Disability service offer, and consistent with the Cheshire East Day Opportunities Strategy to move away from buildings-based care, a proposal around the potential decommissioning of the existing provision at the Stanley Centre in Knutsford was included within this year's Medium-Term Financial Strategy (MTFS).
- 2 This report considers the findings from the consultation undertaken on the impact of the proposal, based on the feedback from a wide range of stakeholders and the outcome of the Equality Impact Assessment
- 3 Based on these findings, a recommended option has been produced on the future of the building-based day services at the Stanley Centre to be considered by the Adults and Health Committee.

#### **Executive Summary**

- 4 The Council needs to consider what is the best way in the future to provide support to individuals with learning disabilities who currently access day opportunities at the Stanley Centre.
- 5 A consultation with people who access day services at the Stanley Centre, carers and wider stakeholders was undertaken by the council on

the proposal to decommission provision at the Stanley Centre from March to June 2023. Feedback received, which has been reviewed and analysed in detail and has been collated into key themes as set out in Appendix 2. The consultation responses have been very carefully considered and have helped shape the recommendations in this report.

- 6 From the feedback it was apparent that there is a strong attachment to the day service at the Stanley Centre among people who use the service, carers and wider stakeholders in Knutsford. The day service at the Stanley Centre is very highly regarded in terms of its location, staff, range of activities, and the quality of the support provided.
- 7 The main concerns around the proposal to discontinue day service provision at the Stanley Centre among people and carers using the centre, are the fact that there is no local alternative building-based provision in Knutsford, where most people who attend reside.
- 8 When asked about requirements for any alternative service, the provision of transportation was a significant question raised. Other areas highlighted included appropriate facilities to deliver personal care and a building that was wheelchair friendly, with appropriately trained staff.
- 9 Overall demand for the day opportunities service at the Stanley Centre has fallen from the numbers who attended prior to lockdown. While at the same time building operational costs have increased. Ensuring value for money across the services we provide, considering the financial challenges facing the council is also a significant factor that needs to be taken into consideration.
- 10 It is also recognised that there are different ways to provide better personalised care. The Cheshire East Day Opportunities Strategy 2022 to 2027, which was approved by the Adults and Health Committee on 16 November 2021, supports a move away from the reliance on building-based provision, to develop a more person-centred range of options which can provide improved outcomes.
- 11 While there had been considerable feedback from the local community who did not wish to see provision decommissioned, no alternative suggestions put forward during the consultation process. which would deliver the potential saving identified in the MTFS.
- 12 Based on the feedback from stakeholders, alignment with the Day Opportunities Strategy (see background papers) and taking into consideration the financial challenges facing Cheshire East Council, the recommended option would be to decommission the provision of day opportunities at the Stanley Centre, with alternative service provision to be provided within other Care4CE day services and independent sector

provision, where sufficient capacity currently exists. This would enable the council to ensure value for money.

- 13 The council would mitigate the concerns highlighted around any alternative provision by being able to fully meet the broad range of care and support needs, providing appropriate facilities and the environment to meet the needs of people with disabilities and include the provision of transport to enable people to access services outside of the local area.
- 14 This approach also provides consideration of the full report on the consultation responses ;(the detailed analysis of the feedback in Appendix 2 and the content of the Equality Impact Assessment - Appendix 1).

#### RECOMMENDATIONS

The Adults and Health Committee is recommended to:

1. Approve the decommissioning of the day service at the Stanley Centre with alternative service provision to be provided within other Care4CE day services and independent sector provision.

#### **Background**

- 15 A day opportunities service is provided at the Stanley Centre for adults with learning disabilities in Knutsford and the surrounding areas.
- 16 The annual running costs of the Stanley Centre are £420,000, which includes building operational costs and revenue costs (staff and service costs).
- 17 Although the Care Quality Commission regulates and monitors providers supporting with person-centred care such as personal care, they do not regulate day services.
- 18 COVID 19 severely impacted on the ability of many day opportunities services to operate at full capacity or reopen at all. The Stanley Centre re-opened in May 2022, as the building was unable to facilitate safe social distancing for the individuals who attend during the pandemic.
- 19 During the time that the Stanley Centre was closed, some individuals accessed other Care4CE day services in Cheshire East and others received support at home.
- 20 The numbers attending the Stanley Centre have fallen since the pandemic. 20 people currently attend the Stanley Centre and on average

between 10-14 people attend the service daily. Prior to the pandemic, the numbers of people who attended the Stanley Centre was significantly higher with 18-24 people per day attending the centre each day.

- 21 The capacity of the Stanley Centre service (based on optimum staffing levels) would be 40 people. Based on current numbers of people who attend (20 people) the average cost per person is £21,000. This means the Stanley Centre has a higher cost per person compared to other Care4CE services that support people with learning disabilities such as the Mayfield Centre (£13,283 per person) and Cheynee Hall (£13,884 per person).
- 22 A total of 10 people no longer attend the Stanley Centre who attended prior to March 2020. Four people also reduced the number of days they attend. The reasons why people no longer attend are quite varied, some people have died, moved out of the local area, have chosen not to return to the service, decided to access another service and some have had changing needs. There is little demand from new people to use the service for the reasons set out in the Day Opportunities Strategy.
- 23 Another reason why service numbers have remained low is the lack of new referrals. The service has only had two referrals since they re-opened in May 2022 with one person taking up a five-day place, while the other despite expressing a wish to attend has yet to do so.
- 24 The Stanley Centre sits on the large Bexton Road site adjacent to the East Cheshire NHS Trust hospital site. Also on the wider site is the Council owned vacant Bexton Court building. The Stanley Centre is currently only using part of the existing building, with half of the building, Stanley House, partly decommissioned. The full capacity of the Stanley Centre building would accommodate 40 people. This service is the only Council service operating out of this building at the current time.
- 25 In terms of the support needs of the people currently attending the centre, 10 require personal care, with others requiring some degree of assistance. Seven are wheelchair users., with the remaining 3 not requiring personal care or wheelchairs.
- 26 A recommended option (Option 1) has been developed.

**Option 1 – Decommission the day services operated from the Stanley Centre with alternative service provision to be provided within Care4CE day services and the independent sector**

- 27 This option would support a more outcome focused and personalised approach. It would provide choice and control for people in terms of accessing a wider range of alternative provision to best meet people's

needs, including both building-based services and community-based support.

- 28 Feedback from the one-to-one meetings highlighted the preference for most people who attend the Stanley Centre (and their advocates) would be to access another building-based service, should the centre close, which would best meet their care and support needs. A smaller number of people indicated they wished to consider community-based activities.
- 29 There are several alternative Care4CE day services that would meet the needs of the people with learning disabilities who currently attend the Stanley Centre. The facilities would meet the requirements of those with personal care needs and wheelchair users.
- 30 The closest of these learning disabilities day services is the Redesmere Centre in Handforth (10 miles) and it would be able to accommodate all the people who attend the Stanley Centre (this service could accommodate an additional 25 people per day, based on optimum staffing levels).
- 31 There is also the Mayfield Centre at Macclesfield which is located 13 miles from the Stanley Centre and this also supports people with learning disabilities (this service could accommodate an additional 23 people per day, based on optimum staffing levels).
- 32 Utilisation of other Care4CE day services would ensure that we are maximising our current available capacity and ensuring value for money across our in-house provision.
- 33 In addition, the Day Opportunities Flexible Purchasing System (FPS) now has 18 providers accredited to provide day opportunities in the independent sector within Cheshire East. All these services can also be accessed via people using a direct payment using the Care Finder Portal on the Live Well website.
- 34 The nearest independent sector provision is located five miles away at the David Lewis Centre at Warford. It offers person centred leisure, vocational and work-based activities, in a variety of settings to adults with Learning Disabilities, Autism, Epilepsy and other complex needs. One person currently attends day opportunities at both the David Lewis Centre and the Stanley Centre.
- 35 There are also six providers on the FPS that can provide learning disability day opportunities services within the community in Knutsford, that could potentially meet the needs of people who attend the Stanley Centre.

- 36 Community based day opportunities provide personalised support to enable people to maximise their opportunities to engage in social, occupational, and educational activities. The services are provided within community venues to maximise social inclusion and to reduce isolation. These also include opportunities to learn new skills and gain employment and qualifications through college tutor led educational sessions and practical led skilled sessions. Recognising that people accessing the service will have a wide range of needs and abilities means the service is flexible and responsive to ensure that it is truly inclusive and continually delivers interesting and stimulating opportunities.
- 37 Most individuals who attend the Stanley Centre reside in Knutsford (18 out of the 20) and most people would therefore need to travel further to access either other Care4CE, or independent sector provision in Cheshire East (see map in Appendix 3).
- 38 When a Care Act assessment identifies transport as part of the care and support plan for a service user, that transport will form part of the overall service which is subject to a financial assessment in line with the Care and Support (Charging and Assessment of Resources) Regulation 2014. For most people, this will not make any difference to the financial contribution they make to the costs of their care and support. Where additional transport costs are incurred because of having to travel further to attend a day service, Cheshire East Council would be required to fund this extra cost.
- 39 As part of the review, we have obtained estimated costings for individuals located in Knutsford who currently attend the Stanley Centre to travel to alternative Care4CE services across the borough. This would be estimated to cost between £108,000 and £112,500 per annum (based on current daily usage and would be from one pick up/drop off location in Knutsford). These costs could increase should people want to access other services in the independent sector.
- 40 The savings identified takes account of those additional costs. The annual net saving for Option 1 would be estimated to be in the region of between £214,000 and £307,500 (depending on which alternative services people choose to access).

## **Consultation and Engagement**

- 41 Extensive consultation on the proposal to decommission provision at the Stanley Centre was undertaken between February-June 2022. This has included a wide range of stakeholder groups including people who use services, families, carers, local ward members and the wider population including Knutsford Town Council and local community groups. There has also been ongoing dialogue with Care4CE staff and the Trade Unions.

- 42 Consultation and engagement activities have been undertaken using a variety of methods including face-to-face meetings, telephone contacts and online surveys. Throughout this process we have made appropriate reasonable adjustments under the Equality Act 2010 to ensure that all stakeholders can fully participate in the consultation process.
- 43 The views of all 20 people who currently attend the Stanley Centre were collected from a series of face-to-face meetings during April 2023. This included individuals who attend the Stanley Centre, family members, carers and advocates. The views are summarised below.
- 44 People were asked what they liked the most about the day service at the Stanley Centre. Responses included the location, staff, range of activities, seeing friends and the quality of the support provided.
- 45 In terms of what could be improved about the service provided at the Stanley Centre there was very little negative feedback on the service. Some suggestions included providing more access to the local community and a dedicated minibus to take people out on trips, which would increase the costs of the service.
- 46 In terms of future day opportunities, people were asked what kind of service they would like to access. Most people suggested that a building-based option would best meet their support needs. Having a broad range of different activities would also be a key requirement for most people. Some people said that they would also like to access the community more as part of any future day opportunities, but for some a community day service would not meet their needs.
- 47 People were also asked is there anything that they would need to have in place if they were to access another service outside of Knutsford. All respondents highlighted transport as an essential requirement that they would need to access service provision outside Knutsford. Accessible toilets and a building which was wheelchair friendly were also mentioned by several people. A service that provided staff trained to deliver personal care was another important factor to meet the needs of many people who attend the Stanley Centre currently.
- 48 A wider public survey (including an easy read version) was then issued via the council website between 5 May and 4 June 2023, and this was promoted to partner organisations through social media.
- 49 108 responses were received in total (90 surveys, 16 easy read surveys, and 2 emails). Key feedback from the survey questions indicated that:
- It was particularly important for a day opportunities service to be local and provide opportunities for social interaction.

- Receiving support at the Stanley Centre was identified as the most preferred option by respondents.
- Services that offer a more outcomes focused, personalised service and more opportunities to get involved in the local and wider community were ranked highly too.
- In terms of developing a more value for money offer most suggestions were around developing the Stanley Centre offer with the potential of working with the NHS to develop a new health and wellbeing centre.

50 For more detailed information on the feedback from the public consultation please see Appendix 2.

51 Social workers have also been undertaking reviews of people who currently attend the Stanley Centre. The feedback has been consistent with the 1-1 meetings and the consultation in terms of people's preferences. Many people who attend the Stanley Centre were also very anxious around the uncertainty surrounding the future of the Stanley Centre and how they would access any alternative services, with transport a main concern.

52 Staff and the Trade Unions have been fully informed of the consultation and have been updated regularly at the Joint Consultation and Negotiation Panel (JCNP).

### **Reasons for Recommendations**

53 The key reasons why we are recommending this option (Option 1) should be taken forward are highlighted below.

### **Recommendation – (Option 1) Decommission the day service at the Stanley Centre with alternative service provision to be provided within Care4CE day services and the independent sector.**

54 This option aligns with the future strategic vision within the Cheshire East Day Opportunities Strategy, which seeks to offer viable alternatives to traditional building-based day services and provide more person-centred and flexible approaches, including enhancing links to the community and employment opportunities.

55 This option firmly aligns to the following priorities within the Cheshire East Corporate Plan 2021-2025:

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

- Increase the life opportunities for young adults and adults with additional needs.
- Support a sustainable financial future for the council, through service development, improvement, and transformation.
- Promote and develop the services of the council through regular communication and engagement with all residents.

56 This offers a significant financial saving for the council would be estimated to be in the region of between £214,000 and £307,500 once additional costs for transport are considered.

57 This option would mean that the Council would no longer have a current operational requirement for this asset. This would mean the building would be managed through the vacant operational property process. The MTFs agreed by Full Council committed to ensure that the review and future use of any surplus assets was prioritised.

### **Other Options Considered**

58 Several other options have been developed for consideration based on the findings of the consultation.

### **Option 0 – Do Nothing**

59 This would see the council continue to deliver day opportunities from the Stanley Centre.

60 This isn't recommended as maintaining a service at the Stanley Centre does not align to the ambitions and outcomes set within the coproduced Day Opportunities Strategy. This option does not provide value for money, and it would not deliver any of the financial savings identified in the MTFs and would also not deliver the outcomes identified within the Day Opportunities Strategy.

61 It would also mean that the council would not be able to maximise current available capacity, while still having the same financial commitments for building operational costs.

62 As far as service provision at the Stanley Centre is concerned the service would continue to operate out of a building which is partly decommissioned, thus incurring significant costs to maintain the building for future service provision.

63 Also, since 2019/20 there has been a 20.5% drop in the numbers of people attending Care4CE day services (365 down to 290).

- 64 The impact of the lockdowns and the pandemic saw many of the building-based services closed for a significant period, due to the inability to safely facilitate social distancing due to the layout of the buildings.
- 65 As a result, many individuals have accessed other independent sector day services and alternative forms of community-based support.
- 66 This has meant that several day services are operating significantly below pre-COVID levels.
- 67 Current numbers of people who attend Care4CE day services and the capacity of each service are provide in the table below.

<b>Care4CE Building Based Day Services Usage Data - July 2023*</b>				
	<b>Client Groups</b>	<b>Numbers of people who attend</b>	<b>Maximum Capacity *</b>	<b>Daily Numbers Range (Lowest to Highest)</b>
Acorn Centre	Learning Disabilities	63	70	34- 47 per day
Cheyne Hall	Learning Disabilities	30	40	17-18 per day
Salinae Centre	Older People (Dementia)	23	30	10-13 per day
Carter House	Learning Disabilities	34	55	22-28 per day
Redesmere Centre	Learning Disabilities	28	40	13-15 per da
<b>Stanley Centre</b>	<b>Learning Disabilities</b>	<b>20</b>	<b>40</b>	<b>10-14 per day</b>
Macclesfield Lifestyle	Learning Disabilities	26	15	11-14 per day
Mayfield Centre	Learning Disabilities, Older People (dementia)	36	45	17-22 per day
* This is on the basis that the services were at the optimum staffing This does not include the Occupational Opportunities Services that contains 30 individuals				

- 68 Other options have been considered, however due to additional in-year financial pressures these options are now being enacted for additional in-year savings. These will be reviewed and evaluated in preparation for the financial year 2024/25.

## **Implications and Comments**

*Monitoring Officer/Legal*

- 69 The Care Act 2014 ('the Act') imposes a general duty on a local authority to promote an individual's well-being (section 1 of the Act) 'Well-being' is a broad concept but particular reference is made to control by the individual over day-to-day life (including over care and support and the way in which it is provided), domestic, family and personal relationships and also the suitability of living accommodation (section 1(2)(d), (g) & (h) of the Act). Although the wellbeing principle applies specifically when the local authority performs an activity or task, or makes a decision, in relation to a person, the principle should also be considered by the local authority when it undertakes broader, strategic functions and should be seen as the common theme around which care and support is built (paragraph 1.13). The Care and Support Statutory Guidance also states that supporting people to live as independently as possible, for as long as possible, is a guiding principle of the Act.
- 70 Local authorities are also required to have regard to a number of other key principles and standards when carrying out its functions in addition to the general principle of promoting well-being, including the importance of beginning with the assumption that the individual is best-placed to judge the individual's wellbeing: the individual's views, wishes, feelings and beliefs; and the importance of the individual participating as fully as possible in decisions relating to the exercise of the function concerned and being provided with the information and support necessary to enable the individual to participate (section 1(3)(a), (b) and (e) of the Act).
- 71 A local authority must promote diversity and quality in the provision of services. There is a duty to promote the efficient and effective operation of a market for meeting care and support needs which includes ensuring that there is a variety of high-quality services and variety of providers to choose from (section 5 of the Act)
- 72 As part of its duties under the Act a local authority must consider, following an assessment of needs, whether the needs meet the eligibility criteria for a provision or service (section 13(1) of the Act) and this includes any carer where it appears they may have needs for support (section 10(1) of the Act). A local authority must meet assessed eligible needs for those people eligible for care and support. The criteria do not specify the types of care and support that a local authority must provide to meet eligible needs. As part of this process a personal budget is set which is the mechanism that, in conjunction with the care and support plan, or support plan, enables the person, and their advocate if they have one, to exercise greater choice and take control over how their care and support needs are met including being able to choose from a range of options for how the money is managed. Whilst day services provision provided directly by the Council has been used to meet needs it is not in itself a prescribed statutory service.

73 The Care and Support Statutory Guidance emphasises that care and support planning should be person centred when deciding how to meet eligible needs, placing people in control of their care, providing every opportunity to take joint ownership of the development of the plan with the local authority if they wish. The guiding principle therefore is that the person be actively involved and is given every opportunity to influence the planning and subsequent content of the plan in conjunction with the local authority with support if needed.

74 A local authority is also required to make information and advice available for all people and put in place universal services which are aimed at preventing, reducing or delaying care and support needs in the context of community wellbeing and social inclusion. Preventative approaches foster a holistic approach that includes accessing universal services, early intervention, promoting choice and control, and the development of social capital.

75 Paragraph 10.27 of the Care and support statutory guidance updated 1 June 2023 issued by the Department of Health and Social Care provides as follows-

In determining how to meet needs, the local authority may also take into reasonable consideration its own finances and budgetary position and must comply with its related public law duties. This includes the importance of ensuring that the funding available to the local authority is sufficient to meet the needs of the entire local population. The local authority may reasonably consider how to balance that requirement with the duty to meet the eligible needs of an individual in determining how an individual's needs should be met (but not whether those needs are met). However, the local authority should not set arbitrary upper limits on the costs it is willing to pay to meet needs through certain routes – doing so would not deliver an approach that is person-centred or compatible with public law principles. The authority may take decisions on a case-by-case basis which weigh up the total costs of different potential options for meeting needs and include the cost as a relevant factor in deciding between suitable alternative options for meeting needs. This does not mean choosing the cheapest option; but the one which delivers the outcomes desired for the best value.

76 Proposals to make significant changes in service provision require consultation with the public and those directly affected, including service users, staff and carers and relevant stakeholders.

77 The Gunning principles set out the common law principles to be observed when undertaking consultation. R v London Borough of Brent ex parte Gunning [1985] 84 LGR 168 established these principles, which set out that a consultation is only lawful when these four principles are met:

1. Proposals are still at a formative stage - A final decision has not yet been made, or predetermined, by the decision makers.

2. There is sufficient information to give 'intelligent consideration' - The information provided must relate to the consultation and must be available, accessible, and easily interpretable for consultees to provide an informed response.

3. There is adequate time for consideration and response - There must be sufficient opportunity for consultees to participate in the consultation. In the absence of a prescribed statutory period, there is no set timeframe for consultation, though it is widely accepted that twelve-week consultation period is sufficient. The adequacy of the length of time given for consultees to respond can vary depending on the subject and extent of impact of the consultation.

4. 'Conscientious consideration' must be given to the consultation responses before a decision is made. Decision-makers should be able to provide evidence that they took consultation responses into account.

78 Following the consultation members will now need to take account of the views expressed in arriving at their decision. Members must give clear and conscientious consideration to the responses received to the consultation which ran for a 14-week period between March and June 2023. In addition, any final decisions must also consider the rights of service users and their carers asset out in the Human Rights Act 1998 Article 8 'right to respect for family and private life'...

79 If the closure of the Stanley Centre is approved and people are offered alternative services, officers will be expected to conduct any subsequent procurement of these services in accordance with the appropriate provisions of the Public Contracts Regulations 2015 if such services are being sourced other than from providers available via the Day Opportunities Flexible Purchasing System referenced above at paragraph 30.

80 Employment law legal implications:

If a decision is made to decommission the day service at the Stanley Centre with alternative service provision to be provided within Care4CE day services and the independent sector, this will have staffing implications for those currently working at the Stanley Centre. As well as trade union engagement, individual consultation with affected staff will need to take place and individual circumstances considered with regards to working at alternative Care4CE centres. Failure to carry out proper consultation with staff could lead to claims against the Council including unfair/constructive dismissal or breach of contract. Council policies and

procedures should be followed to reduce the risk of legal challenge and further HR/legal advice should be sought regarding the possibility of any individual redundancy situations arising.

*Section 151 Officer/Finance*

81 The current annual operational costs for the Stanley Centre are as follows.

**Building Operational Costs – £47,000**  
**Revenue Costs (including staff salaries, travel, stationary, catering etc) – £373,000**  
**Total - £420,000**

82 Ceasing provision at the Stanley Centre would ensure that the council makes savings on the operational building costs and on staffing costs.

83 The Council's approved budget/ Medium Term Financial Strategy (MTFS) highlighted a potential net annual saving of £229,000 could be achieved by decommissioning the Stanley Centre.

84 If the recommended option was approved (Option 1) which would see the potential for utilisation of existing capacity within Care4CE day services (alongside the independent sector), then the annual net saving could potentially be between £214,000 and £307,500 (depending on transport costs).

85 Should the service be withdrawn from the building, and it held vacant, the Council would not see the full benefit of taking this step, as it would continue to attract holding costs and the Council would not benefit from releasing the asset to its future use.

86 The financial implications of the Options highlighted in this report are summarised below:

<b>Option</b>	<b>Annual Expenditure required (£)</b>	<b>Total Estimated Net Annual Savings (£)</b>
Option 0 – Do nothing	£420,000	£0
Option 1 - Decommission the Stanley Centre with alternative service provision to be provided	£108,000-£112,500 (for transport)	£214,000 and £307,500

within Care4CE day services and the independent sector		
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*Policy*

87 The recommended option directly supports the priorities within the Cheshire East Council’s Corporate Plan 2021-2025.

**Priority**

**Aims and objectives**

A council which empowers and cares about people

- Work together with residents and partners to support people and communities to be strong and resilient
- Increase the life opportunities for young adults and adults with additional needs

An open and enabling organisation

- Promote and develop the services of the council through regular communication and engagement with all residents
- Support a sustainable financial future for the council, through service development, improvement and transformation

*Equality, Diversity and Inclusion*

88 A full Equality Impact Assessment (EIA) has been prepared and updated reflecting issues raised during the consultation process and is appended to this report (Appendix 1), Members must have due regard to this report to ensure that it is satisfied that any adverse impact and the proposed mitigation allows it to meet the legal obligations set out above.

89 The key elements highlighted in the EIA around the proposed service change in relation to the following specific characteristics are as follows:

- Disability - The current service offers an accessible building to meet the needs of people with learning disabilities and those with

physical disabilities. It also provides opportunities for social interactions to establish friendships for people with learning disabilities and a feeling of being a part of the community. Any service change could impact on continuity and stability as this offers security, consistency, and routine for those that attend. The proposals may also have a positive impact by providing more opportunities for people with disabilities to access the wider community and improved outcomes within more skills-based provision.

- Carers - The main impact around any change in service is the ability to cope with a change in location, especially if this was further from the current location. This could have an adverse effect on the wellbeing of service users as well as their family/carers.
- Socio Economic Status - Transport arrangements for alternative day opportunities services outside of Knutsford and the unknown cost impacts are a significant consideration that have been highlighted in the recent consultation. Any financial implications would be mitigated by the provision of transport highlighted in Option 1.
- Age – Many of the people who attend The Stanley Centre are older people with learning disabilities. A significant proportion also live with their families and carers. As such, the proposals could have a potential negative impact upon this protected group. These impacts will vary according to level of disability, accessibility of alternative services and the ability to cope with a change in location of the service that is being accessed. There could also be a positive impact for younger people who may benefit more from the more holistic offer proposed by more of a community and outcomes focused range of services.

90 In coming to a decision, the Council should also have regard to its statutory duties under the Care Act 2014 set out above and the Public Sector Equality Duty (PSED) under the Equality Act 2010.

91 The PSED requires public authorities to have "due regard" to: The need to eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010 (section 149(1a)).

92 The need to advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it (section 149(1b)). This involves having due regard to the needs to:

- remove or minimise disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic (section 149(3)(a));
- take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it (section 149(3)(b)); and
- encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low (section 149(3)(c)).

### *Human Resources*

- 93 No formal consultation discussions have taken place yet with Stanley Centre staff. Care4CE have vacancies for staff in other services that would be offered to staff and some staff stated that voluntary redundancy will be their preference
- 94 Trade union engagement will continue to be an integral part of the process. Regular updates have been provided to Trade Unions, who have been fully informed of the consultation and have been updated regularly at Joint Consultation and Negotiation Panel (JCNP).

### *Risk Management*

- 95 The proposals to change the way the service is currently delivered at The Stanley Centre will present challenges and risks.
- 96 See below identified risks with mitigation.

### **Transport would be an issue for many people, as alternative provision would be located outside of Knutsford**

- This would be mitigated by the commissioning of transport for individuals due to impact of service change.
- Seek to accommodate people living outside Knutsford in day opportunities services which are local to them.

### **Climate change impacts with people travelling to other day services across the borough.**

- The potential to access community day opportunities within Knutsford would mitigate travel distance. This would include individual and group based activities within the local community.
- Transport options including shared transport options (minibus and car sharing).

### **Impact on carers and people who access the Stanley Centre who are concerned about change**

- Support carers and people who access day opportunities and keep them informed about service changes and any transitional arrangements put into place.
- Ensure engagement on potential alternative services with involvement of people who access day opportunities and carers.

#### *Rural Communities*

97 Individuals and those living in the rural areas of Knutsford would be impacted by the need to travel further to access alternative building-based day services, either by car or by public transport. This is recognised and transport options would need to be implemented to facilitate access to alternative provision.

#### *Children and Young People including Cared for Children, care leavers and Children with special educational needs and disabilities (SEND)*

98 Feedback from the Day Opportunities Strategy consultation (especially younger people and families) proposed that the move to a more personalised offer (delivered by Option 1) would create a wider range of enabled services which will be more attractive to young people preparing for adulthood than at present. Services would then be able to enter work around transitions to ensure a seamless journey for these individuals.

#### *Public Health*

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

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

#### *Climate Change*

101 The recommended option (Option 1) could have a negative impact on the council's ambition to reduce its carbon footprint and achieve environmental sustainability, with the potential for additional journeys by road to access alternative provision outside of Knutsford. This could be mitigated by providing transport which is zero or ultra-low emissions. However, the increase of individual journeys by road instead of by

walking will have a negative impact on the wider borough transport emissions.

- 102 It could conversely have a positive impact on helping the council to reduce its carbon footprint and achieve environmental sustainability by decommissioning the Stanley Centre building (half of which is currently not in use) which would result in reduced energy consumption. However, any future ongoing use of that building by other organisations would have no net benefit to the borough's emissions without further decarbonisation and energy efficiency measures.

<b>Access to Information</b>	
Contact Officers:	<p>Pete Kelleher, Head of Service, Care4CE  <a href="mailto:peter.kelleher@cheshireeast.gov.uk">peter.kelleher@cheshireeast.gov.uk</a></p> <p>Mark Hughes, Programme Lead, Complex Needs  <a href="mailto:mark.hughes@cheshireeast.gov.uk">mark.hughes@cheshireeast.gov.uk</a></p>
Appendices:	<p>Appendix 1 – Equality Impact Assessment</p> <p>Appendix 2 – A summary of response to Cheshire East Council's – The future of day opportunities in Knutsford Consultation</p> <p>Appendix 3 – Map of the Stanley Centre, locations of people who attend and other nearby day services</p>
Background Papers:	Cheshire East Day Opportunities Strategy 2022-27

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**CHESHIRE EAST COUNCIL –EQUALITY IMPACT ASSESSMENT FORM TEMPLATE**

# EQUALITY IMPACT ASSESSMENT

**TITLE: Building Based Day Services – Decommissioning of Service at the Stanley Centre**

**VERSION CONTROL**

<b>Date</b>	<b>Version</b>	<b>Author</b>	<b>Description of Changes</b>
<b>16 Jan 2023</b>	<b>1</b>	<b>M Hughes</b>	
4 April 2023	2	M Hughes	<b>Amendments following feedback from ED Team</b>
3 July 2023	3	M Hughes	<b>Update following feedback from Consultation</b>

**CESHIRE EAST COUNCIL –EQUALITY IMPACT ASSESSMENT**

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

<b>Department</b>	Integrated Commissioning Team		<b>Lead officer responsible for assessment</b>		Mark Hughes	
<b>Service</b>	<b>Commissioning Team</b>		<b>Other members of team undertaking assessment</b>		Pete Kelleher	
<b>Date</b>	3 July 2023		Version 3			
<b>Type of document (mark as appropriate)</b>	<b>Strategy</b>	<b>Plan</b>	<b>Function</b>	<b>Policy</b>	<b>Procedure</b>	<b>Service</b> X
<b>Is this a new/ existing/ revision of an existing document (please mark as appropriate)</b>	<b>New</b> X		<b>Existing</b>		<b>Revision</b>	

<p><b>Title and subject of the impact assessment (include a brief description of the aims, outcomes, operational issues as appropriate and how it fits in with the wider aims of the organisation)</b></p> <p><b>Please attach a copy of the strategy/ plan/ function/ policy/ procedure/ service</b></p>	<p>The Medium-Term Financial Strategy 2023-2027 included a proposal to decommission the building based day service provision at the Stanley Centre in Knutsford.</p> <p>At this stage this is just a proposal and as there has been no decision made formally by the council. A public consultation will be undertaken to determine the future direction that the council will take in terms of the development of day opportunities in Knutsford.</p> <p><b>The Stanley Centre</b></p> <p>This is an update to the Initial Scoping EIA after the feedback from the consultation.</p> <p>The proposal states that as part of the review of the Learning Disability service offer, and consistent with the strategy to move away from buildings-based care, we decommission the Stanley Centre. This will not affect individuals' rights or access to appropriate day opportunities. Staff will be redeployed within Care4CE.</p> <p><b><u>The Stanley Centre Service</u></b></p> <p>The Stanley Centre provides a day service for adults living with a learning disability in Knutsford and the surrounding area.</p> <p>COVID 19 has severely impacted on the ability of day opportunities services to operate at full capacity and some services (including The Stanley Centre) have yet to return to pre-COVID 19 capacity.</p> <p>21 people are currently attending the Stanley Centre, with some attending more frequently across the week (ranging from 1-5 days)</p> <p>A consultation around the impact of the potential closure and what the future of day opportunities in Knutsford for people with learning disabilities will be conducted between March and June 2023.</p> <p>As part of the consultation the Council needs to consider what is the best way in the future to provide support to those who access day opportunities at The Stanley Centre. This could be that individuals access other forms of day services, neighbouring day services, or consider a direct payment which is a</p>
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	<p>cash payment from the local authority. This can give you much more flexibility and greater control of your support package.</p> <p><b>Future Demand</b></p> <p>The main cohort of the individuals with learning disabilities who access building based day services are those who live at home with parents/family.</p> <p>In terms of individuals in Cheshire East with a learning disability aged 18-64 based on current projections, this will remain relatively consistent over the next 20 years.</p> <table border="1" data-bbox="685 539 1827 791"> <thead> <tr> <th data-bbox="685 539 1305 667"><b>Cheshire East</b></th> <th data-bbox="1305 539 1413 667"><b>2020</b></th> <th data-bbox="1413 539 1520 667"><b>2025</b></th> <th data-bbox="1520 539 1628 667"><b>2030</b></th> <th data-bbox="1628 539 1736 667"><b>2039</b></th> <th data-bbox="1736 539 1827 667"><b>2040</b></th> </tr> </thead> <tbody> <tr> <td data-bbox="685 667 1305 791"><b>Total population aged 18-64 predicted to be living with a parent</b></td> <td data-bbox="1305 667 1413 791"><b>401</b></td> <td data-bbox="1413 667 1520 791"><b>398</b></td> <td data-bbox="1520 667 1628 791"><b>404</b></td> <td data-bbox="1628 667 1736 791"><b>408</b></td> <td data-bbox="1736 667 1827 791"><b>409</b></td> </tr> </tbody> </table> <p><b>Source:</b> Office for National Statistics (ONS) subnational population projections, Crown Copyright 2020</p> <p>Part of the review of the Learning Disability service offer of day opportunities was carried out as part of the Cheshire East Day opportunities Strategy 2022-2027. the strategy highlighted a move away from buildings-based day services was favoured with people who we consulted with, especially among younger people in transition to adulthood with learning disabilities. They sought to access a range of provision that was more person centred, promoted independence and skills development, and also experience greater access the community as part of their respite stay.</p> <p>Therefore, as a council we need to ensure that future services continue to meet the needs and aspirations of our learning disability population, as well as keeping individuals safe and well.</p>	<b>Cheshire East</b>	<b>2020</b>	<b>2025</b>	<b>2030</b>	<b>2039</b>	<b>2040</b>	<b>Total population aged 18-64 predicted to be living with a parent</b>	<b>401</b>	<b>398</b>	<b>404</b>	<b>408</b>	<b>409</b>
<b>Cheshire East</b>	<b>2020</b>	<b>2025</b>	<b>2030</b>	<b>2039</b>	<b>2040</b>								
<b>Total population aged 18-64 predicted to be living with a parent</b>	<b>401</b>	<b>398</b>	<b>404</b>	<b>408</b>	<b>409</b>								
<p><b>Who are the main stakeholders, and have they been engaged with?</b></p>	<ul style="list-style-type: none"> <li>- Ward Members (Knutsford)</li> <li>- People who currently access The Stanley Centre</li> <li>- Carers/family members of those who access The Stanley Centre</li> </ul>												

<b>(e.g. general public, employees, Councillors, partners, specific audiences, residents)</b>	<ul style="list-style-type: none"> <li>- Care4CE Staff working at The Stanley Centre</li> <li>- Residents in the local area (Knutsford) who may have a view or opinion on any future use if the site or potentially attend The Stanley Centre in the future</li> </ul>
<b>Consultation/ involvement carried out</b>	<p>A consultation around the impact of the potential closure and what the future of day opportunities in Knutsford for people with learning disabilities was conducted between March and June 2023</p> <p>This was a 3 month consultation which included</p> <ul style="list-style-type: none"> <li>• Public consultation with service users, families, other local residents (online survey and face to face meetings)</li> <li>• Staff – face to face meetings with staff (and Union representatives)</li> <li>• Local Ward Members</li> </ul> <p>Now consultation has been undertaken, a review of the feedback has provided evidence around the impacts of change upon those stakeholders who share one or more protected characteristic. This EIA will be updated to reflect this information.</p>
<b>What consultation method(s) did you use?</b>	<p>A variety of consultation methods has been undertaken including</p> <ul style="list-style-type: none"> <li>- Face to Face Meetings</li> <li>- Virtual Meetings</li> <li>- Staff Consultations/Meetings</li> <li>- Surveys</li> </ul>

## Stage 2 Initial Screening

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

enough evidence to prove otherwise)?							
Is there an actual or potential negative impact on these specific characteristics? (Please tick)							
Age	X		Marriage & civil partnership	X		Religion & belief	
Disability	X		Pregnancy & maternity			Sex	
Gender reassignment			Race			Sexual orientation	
Carers	X		Socio-economic status	X			

## Stage 3 Evidence

What evidence do you have to support your findings? (quantitative and qualitative) Please provide additional information that you wish to include as appendices to this document, i.e., graphs, tables, charts		Level of Risk (High, Medium or Low)
<b>Age</b>	One of the key characteristics of the people who use day opportunities based on the current profile of people who attend The Stanley Centre is older people with learning disabilities. A significant proportion also live with their families and carers. As such, the proposals could have a potential negative impact upon this protected group. These impacts will vary according to level of disability, accessibility of alternative services and the ability to cope with a change in location of the service that is being accessed. These aspects will need to be mitigated in alternative options considered for individuals. 47% of those who responded the consultation survey were over 55 years of age.	<b>Medium</b>
<b>Marriage &amp; civil partnership</b>	There is the potential for a change in day opportunities services at The Stanley Centre to impact upon married couples or couples in civil partnerships, where one partner uses services because of a service ceasing/moving location. There are also impacts listed under the carers section.	<b>Medium</b>
<b>Religion</b>	There is no evidence to suggest an impact on this protected characteristic.	<b>N/A</b>
<b>Disability</b>	<p>The proposals could have a number of potentially negative impacts on people with learning disabilities and long term conditions (and their carers). The extent of these impacts will depend on such things as accessibility and availability of alternative services that can be accessed locally, ability to cope with a change in location of the service that is being accessed, should their current service be one that no longer operates in the future.</p> <p>Following the consultation several key impacts of a service change were highlighted by people with learning disabilities and their advocates.</p>	<b>High</b>

	<p>Respondents re-iterated the importance of a service that offered opportunities for social interactions, within the comments sections, adding that a local service helped to establish friendships for people with learning disabilities and a feeling of being a part of the community. Many also mentioned it was important for a service to provide continuity and stability as this offers security, consistency, and routine for those that attend.</p>	
<b>Pregnancy &amp; maternity</b>	There is no evidence to suggest an impact on this protected characteristic.	<b>N/A</b>
<b>Sex</b>	There is no evidence to suggest an impact on this protected characteristic.	<b>N/A</b>
<b>Gender Reassignment</b>	There is no evidence to suggest an impact on this protected characteristic.	<b>N/A</b>
<b>Race</b>	There is no evidence to suggest an impact on this protected characteristic.	<b>N/A</b>
<b>Sexual Orientation</b>	There is no evidence to suggest an impact on this protected characteristic.	<b>N/A</b>
<b>Carers</b>	<p>The key characteristics of the people who use day opportunities at The Stanley Centre will be people with learning disabilities. As such, the proposals could have a potential negative impact on carers of this protected group. These include level of disability, accessibility of alternative services and the ability to cope with a change in location of the service that is being accessed. These aspects will need to be mitigated in alternative options considered for individuals.</p> <p>The main impact to a change in service, cited by respondents in the recent consultation survey, was stress leading to an adverse effect on the wellbeing of service users as well as their family/carers.</p>	<b>High</b>

<b>Socio Economic Status</b>	<p>Any changes in terms of accessibility of alternative services could mean more expensive travel costs and potential increases in the cost of services should people seek to take a direct payment. These aspects will need to be mitigated in alternative options considered for individuals.</p> <p>Transport arrangements for alternative day opportunities services outside of Knutsford and the unknown cost impacts are a significant consideration that have been highlighted in the recent consultation.</p>	<b>Medium</b>

#### Stage 4 Mitigation

Protected characteristics	Mitigating action	How will this be monitored?	Officer responsible	Target date
<b>Age</b>	Explore options to ensure physical access, transport access is fully considered as part of any decision on future service considerations.	Feedback provided to the Head of Care4CE, Commissioning Manager	Head of Care4CE Senior Commissioning Manager	September 2023
<b>Marriage &amp; civil partnership</b>	Ensure considerations are given to carers who may have a relative who attends The Stanley Centre to discuss their future wishes, aspirations, and impacts of various options.	Feedback provided to the Head of Care4CE,	Head of Care4CE	September 2023

		Commissioning Manager	Senior Commissioning Manager	
<b>Religion</b>	There is no clear evidence that this protected characteristic group could be disproportionately affected	<b>N/A</b>		
<b>Disability</b>	Ensure accessibility (to meet the individuals care and support needs) and appropriate levels of support are factored into future options and that any adverse impacts on disabled people are minimised. Access also means access to information. Easy read versions of any relevant surveys or material will be built in.	Development of the service with consultation with relevant groups.	Head of Care4CE  Senior Commissioning Manager	On-going consultation and review
<b>Pregnancy &amp; maternity</b>	There is no clear evidence that this protected characteristic group could be disproportionately affected	<b>N/A</b>		
<b>Sex</b>	There is no clear evidence that this protected characteristic group could be disproportionately affected	<b>N/A</b>		
<b>Gender Reassignment</b>	There is no clear evidence that this protected characteristic group could be disproportionately affected	<b>N/A</b>		
<b>Race</b>	There is no clear evidence that this protected characteristic group could be disproportionately affected	<b>N/A</b>		
<b>Sexual Orientation</b>	There is no clear evidence that this protected characteristic group could be disproportionately affected	<b>N/A</b>		

<p><b>Carers</b></p>	<p>Any rationale for change must consider that carers who support individuals will have a greater choice about how day opportunities is provided, with more flexibility. It is possible that this more personalised approach could be more beneficial to people with protected characteristics.</p> <p>For instance, carers could look at accessing services at weekends or at specific times of the day – this could be designed into individually tailored package to benefit.</p> <p>Following the consultation, it is evident that further engagement with carers would be beneficial to ensure their needs are met and they understand what any potential change means to them in practice.</p>	<p>Feedback provided to the Head of Care4CE, Commissioning Manager</p>	<p>Head of Care4CE  Senior Commissioning Manager</p>	<p>September 2023</p>
<p><b>Socio Economic</b></p>	<p>Ensure where possible that people who would currently access The Stanley Centre are not economically disadvantaged by any service changes (increased travel costs, food costs etc). This needs to be factored into the options to be developed around the future provision.</p>	<p>Feedback provided to the Head of Care4CE, Commissioning Manager</p>	<p>Head of Care4CE  Senior Commissioning Manager</p>	<p>September 2023</p>

## 5. Review and Conclusion

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

This is a summary of the impacts upon those who attend the Stanley Centre who share one or more protected characteristics.

From the feedback from the recent meetings with people who attend the Stanley Centre and the wider public consultation, it is clear that both older and working age people with disabilities (learning and physical disabilities) will be impacted by any service change. Many of the people who access the Stanley Centre have done so for over 10 years. Carers of people who attend the Stanley Centre may also be impacted by any potential service change due to the current service being located locally and potentially the type of services made available. Day opportunities are beneficial to provide respite for carers and any changes to where services may be located, or the duration of services may have a negative impact. Therefore, any transition to a new service would need to be managed carefully, with continued consultation with both people with learning disabilities and family members/carers.

It is also clear from the consultation that if the Stanley Centre was to be decommissioned that people will require appropriate transition support. This needs to be factored into any future options that are developed for consideration as this could have wider socio-economic impacts.

The public consultation on The Stanley Centre highlighted further impacts on those who attend and the viability of future options in meeting their needs. As with all potential changes to services there does need to be consideration in place for those people who either may struggle or don't want to change the services they access, or those who may wish to access a wider range of options. This would impact on not only the people who attend but also carers. Again consultation and a co-ordinated transition would be required to mitigate such impacts.

Some other feedback from the consultation highlighted that services that offer a more outcomes focused, personalised service and more opportunities to get involved in the local and wider community were ranked highly too. Therefore, there are opportunities through the development of future options to improve the provision available to best meet people's needs

<b>Specific actions to be taken to reduce, justify or remove any adverse impacts</b>	<b>How will this be monitored?</b>	<b>Officer responsible</b>	<b>Target date</b>
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As outlined in Section 4	On-going consultation and engagement	Head of Care4CE Commissioning Manager	1/20/23
<b>Please provide details and link to full action plan for actions</b>			
<b>When will this assessment be reviewed?</b>	1/10/23		
<b>Are there any additional assessments that need to be undertaken in relation to this assessment?</b>	No		
<b>Lead officer sign off</b>	Mark Hughes	Date 16 January 2023	<i>mHughes</i>
<b>Head of service sign off</b>	Peter Kelleher	Date 6 April 2023	<i>Pete Kelleher</i>

**Please return to EDI Officer for publication once signed**

## **A summary of responses to Cheshire East Council's**

# **The future of day opportunities in Knutsford - Consultation**

FINAL

# Contents

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Contents.....	2
Executive summary and recommendations .....	3
Introduction .....	5
Section 1: Current use of Knutsford day opportunities.....	6
Section 2: Most important service aspects.....	7
Section 3: Preferences.....	10
Appendix 1 – Respondent Demographics.....	16
Appendix 2 – Map of Respondent Postcodes .....	18

# Executive summary and recommendations

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## Introduction

During May / June 2023 Cheshire East Council conducted a consultation on the potential decommissioning of the existing provision at the Stanley Centre in Knutsford. The consultation sought views from those who currently access day opportunities in Knutsford, their carers, potential service users, staff and the general community on what was most important when looking at learning disabilities day opportunities services, their preferences, the impact a change in service may have and on any alternative ideas for service provision.

The consultation was held online, with paper copies being made available at the Stanley Centre, Knutsford and on request. Easy read versions of the survey were also made available alongside the full version. In total, 108 responses were received during the consultation.

## Most important service aspects

All respondents were provided with a set of statements regarding learning disabilities day opportunities services and asked how important they were to them.

- Respondents felt it was particularly important for a day opportunities service to be local (ranked 1<sup>st</sup> by those who answered the full version of the survey) and provide opportunities for social interaction (ranked 2<sup>nd</sup>).
- Respondents re-iterated the importance of a service that offered opportunities for social interactions, within the comments sections, adding that a local service helped to establish friendships and a feeling of being a part of the community.
- Many also mentioned it was important for a service to provide continuity and stability as this offers security, consistency, and routine for those that attend.

## Preferences and impact

Respondents were also provided with a set of options for future day opportunities.

- Receiving support at the Stanley Centre was identified as the most preferred option by respondents. 72 respondents who answered the full version of the survey (85%) ranked this option first and all of those who answered the easy read version (16 respondents) stated that they liked this idea.

- Services that offer a more outcomes focused, personalised service and more opportunities to get involved in the local and wider community was ranked 2<sup>nd</sup>

Within the comments sections on 'any other preferences' and 'ideas / suggestions for ways in which the Council could obtain better value for money' the theme which received most mentions was a suggestion that the Council retain, promote and expand the Stanley Centre offer, believing it could be a valuable community hub and the most cost-effective way of delivering the level of care needed.

Alternatively, respondents stated that finding another suitable space in Knutsford would ensure some level of service is retained in the local area, perhaps joining up with the NHS services to provide a health and well-being centre incorporating essential day opportunities services at the same location as other health services.

The main impact to a change in service, cited by respondents, was stress leading to an adverse effect on the wellbeing of service users as well as their family / carers.

## **Other considerations**

Certain respondents mentioned that they would like more detail on what the options would mean in practice and a clearer breakdown of the cost savings believing them to be unclear. Questions were asked particularly in relation to the transport arrangements for alternative day opportunities services outside of Knutsford and the cost impact that may have.

## **Recommendations**

The Research and Consultation Team recommend that the details of this report are considered alongside any other supporting information when reviewing the future of the day opportunities service in Knutsford. Continued engagement with service users, their carers and staff would be beneficial to ensure their needs are met and they understand what any potential change means to them in practice.

# Introduction

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## Purpose of the consultation

A proposal around the potential decommissioning of the existing provision at the Stanley Centre in Knutsford was included within the 2023-2027 Medium-Term Financial Strategy (MTFS). The MTFS was agreed on 22 February 2023, with an agreement that the proposal regarding the Stanley Centre, be subject to further consultation.

During May / June 2023 Cheshire East Council conducted a consultation outlining the background of the proposal with an aim to gather views from those who currently access day opportunities in Knutsford, their carers, potential service users, staff and the general community. The consultation sought views on what was most important when looking at learning disabilities day opportunities services, their preferences, the impact a change in service may have and on any alternative ideas for service provision.

This report summarises the responses received as part of that consultation. 1-2-1 meetings are also being held with current users, their carers and staff before a decision is made. The findings from these discussions are not part of this report.

## Consultation methodology and number of responses

The consultation was held online with paper copies being made available at the Stanley Centre, Knutsford. Easy read versions of the survey were made available alongside the full version. The consultation was promoted to:

- Current day opportunity service users in Knutsford, their carers, and staff
- Potential future day opportunity service users
- Local stakeholders including relevant community groups and organisations
- The general public

In total, 108 responses were received during the consultation, broken down as follows:

- Full version, 90 responses
- Easy Read Version, 16 responses
- Emails, 2 responses

## Section 1: Current use of Knutsford day opportunities

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Respondents were first asked a set of introductory questions on how they were responding to the consultation and if applicable were asked further questions on their current use of day opportunities in Knutsford.

From the full version of the survey (90 responses in total):

- 16 respondents stated that they currently have a family member or care for someone who attends a learning disabilities day opportunities service in Knutsford
- 10 stated that they have a family member or care for someone who may attend a learning disabilities day opportunities service in the future. 8 respondents stated that they may need to access day opportunities services in the future
- 56 responded as another interested party, describing themselves as either a resident, a health or social worker, a community group, a family friend, a town councillor.

The 16 respondents who stated that they currently have a family member, or care for someone who attends a learning disabilities day opportunities service in Knutsford, were asked some additional questions on current use:

- All (16) stated that the person they are a family member of / care for currently attends the Stanley Centre.
- 11 live in their own home or at home with family whilst 5 live in supported housing.
- 14 are currently taken to their day opportunities service by family / a carer (2 of these also stating that they walk), and 2 use their own transport.

From the easy read version of the survey (16 responses in total):

- 15 respondents identified themselves as current users of the Stanley Centre, 1 did not specify.
- 6 respondents stated that they live in their own home or at home with family and 10 live in supported housing
- 9 are currently taken to their day opportunities service by family / a carer, 4 walk, 2 use their own transport and 1 gets a taxi.

From the email responses (2 in total):

- 1 response was received from an individual and 1 response was received on behalf of Knutsford Town and Parish Council.

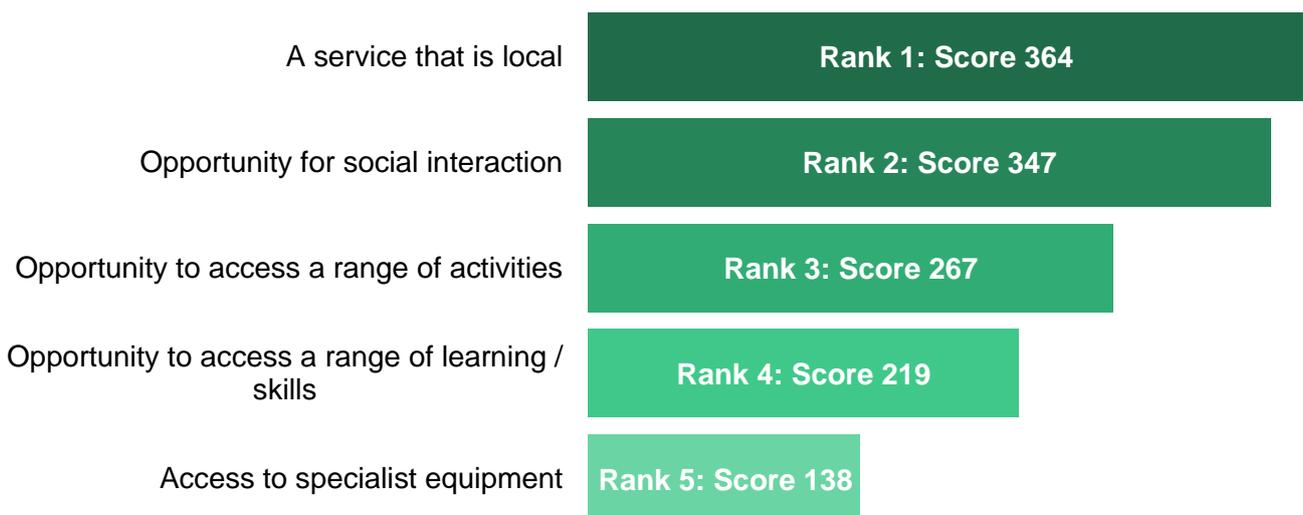
A breakdown of respondent demographics can be seen in Appendix 1, and a map of respondent postcodes can be seen in Appendix 2.

## Section 2: Most important service aspects

All respondents were provided with a set of statements regarding learning disability day opportunities services. Those who answered the full version of the survey were asked to rank the statements from 1 to 5 in order of importance to them. Those who answered the easy read version of the survey could choose from 'yes' (indicating they felt it was important), 'no' or 'don't know' for each statement.

For those who answered the full version of the survey, the most important aspect was a service that is local, which received an overall rank of 1 (score 364 out of a maximum score of 445). This was closely followed by opportunity for social interaction (overall rank 2, score 347). Access to specialised equipment was the least important (overall rank 5). Figure 1 shows the full breakdown of response.

**Figure 1: How important are the following when choosing a learning disabilities day opportunities service that you or someone you care for attends? Full survey respondents**



Base for score is 89. The score is a weighted calculation. Items ranked first are valued higher than the following ranks, the score is a sum of all weighted rank counts. Maximum score possible is 445.

The rank order was similar for those who currently have a family member or care for someone who attends a learning disabilities day opportunities service in Knutsford (current users) and those who stated they may attend / have a family member or care for someone who may attend a learning disabilities day opportunities service in the future (future users) as Table 1 shows.

**Table 1: Most important aspects broken down by current and future users**

Option	Current Users		Future Users	
	Rank Position	Rank Score	Rank Position	Rank Score
A service that is local	2	65	1	76
Opportunities for social interaction	1	67	2	66
Opportunity to access a range of activities	3	52	3	54
Opportunity to access a range of learning / skills	4	34	4	46
Access to specialist equipment	5	22	5	28
<b>Base for rank and score</b>	<b>16</b>		<b>18</b>	
The score is a weighted calculation. Items ranked first are valued higher than the following ranks, the score is a sum of all weighted rank counts. Maximum score possible is 80 and 90 respectively.				

Many of the service aspects were important for those who answered the easy read version of the survey with 11 or more (out of 16, 69% or over) selecting 'important to me' for all except one of the options which was 'for a place to have all the things needed to help me' (9 indicated that this was not important).

Respondents were asked to let us know if there was anything else important to them when choosing learning disabilities day opportunities services. 64 respondents overall chose to leave a comment (54 respondents from the full version of the survey and 10 from the easy read version, the email responses received have also been included as part of this analysis were appropriate). The comments received have been coded into themes as follows:

- Continuity of service and stability, 19 mentions
- Opportunity for social interactions, activities & learning / local community, 19 mentions
- Should be easily accessible, 15 mentions
- Need dedicated and trained staff, 11 mentions
- General quality of the service / needs met, 8 mentions
- Respite for carer, 6 mentions
- Building based support needed, 4 mentions

Please note that some respondents will have referred to more than one theme therefore total mentions won't add up to the total number of respondents who left a comment. The summary of the comments received by each theme is presented in Table 2.

Table 2: Anything else important		
Overall theme	Summary of comments received	Number of mentions
Continuity of service and stability	Full Version: Continuing use of a familiar setting and staff offers security, consistency and routine, many people who use the service do not like change, a change will affect their mental well-being. A local service makes it easier to settle in a familiar environment and build relationships / meet friends that have been made over the years, ability to know local area, local shopkeepers.	19
Opportunity for social interactions, activities & learning / local community	Full Version: The opportunity to leave own home and socially interact with people. To be close to the community in which they live, a sense of community and feeling part of society to counter social isolation. The ability to join in with local community activities, gain new skills and opportunities, taking part in suitable work experience and education.	11
	Easy Read Version: Seeing friends and staff I know at the Stanley Centre / in Knutsford, its lonely in own home. Being part of the group, baking together, exercising together, and playing games. Learning new things and having fun. Going on trips, going to the café, going to the supermarket, swimming.	8
Should be easily accessible	Full Version: An accessible service that is easy to get to (local) and close to the town centre / near to e.g., coffee shops, the library, supermarket, and cinema. A service that is open frequently during hours that suit those who need it. Will need transport provision if the service is not local, public transport connections to both Handforth and Macclesfield are inadequate. It would be more difficult and expensive for families / carers to transport those who use the service placing additional burdens on them.	14
	Easy Read Version: Not travelling far. Less inconvenience for the people who take me.	1
Need dedicated and trained staff	Full Version: Access to dedicated, friendly and specialist trained staff who support needs and help link in with other services. Adequate staff to group ratio.	10
	Easy Read Version: Staff must know me well and meet my certain needs and requirements.	1
General quality of the service / needs met	Full Version: Quality of provision, somewhere safe that carers trust and get the support they need, opportunity for other medical needs to be dealt with at the same location.	7
	Easy Read Version: Good quality provision. Stable environment.	1
Respite for carer	Full Version: Respite / break for family and carers from a safe and secure, easily accessed support system. Mental Health of all matters.	6
Building based support needed	Full Version: A building-based service is vital, it is an essential hub for friendships, support, advice and learning which provides a welcome and familiar place reducing loneliness and isolation, essential that this remains in Knutsford. These things cannot be replicated on a community-based approach with no central hub.	4

## Section 3: Preferences

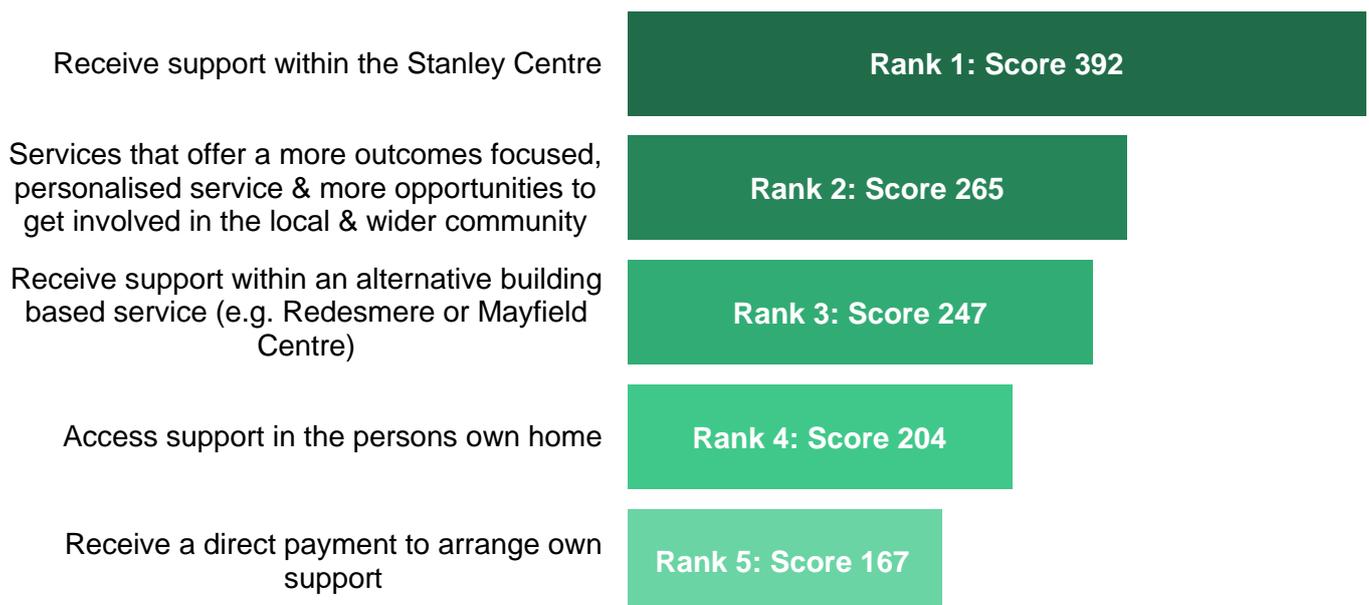
Those who answered the full version of the survey were asked how much time they / the person attending a learning disabilities day opportunities service would be willing to take to travel to access a service. The majority of respondents (61, 73%) stated that they would be willing to travel up to 20 minutes to access a service, 19 respondents (23%) stated that they would be willing to travel 20-30 minutes.

All respondents were provided with a set of potential options for the future of day opportunities. Those who answered the full version of the survey were asked to rank them from 1 to 5 in order of preference. Those who answered the easy read version of the survey could choose from 'I like this idea', 'I do not like this idea' or 'don't know' for each option.

Receiving support at the Stanley Centre was identified as the most preferred option by those who answered the full version of the survey (rank 1, score 392 out a maximum total of 425), 72 respondents (85%) ranked this option first.

Services that offer a more outcomes focused, personalised service and more opportunities to get involved in the local and wider community was ranked 2<sup>nd</sup> (score 265), closely followed by receiving support within an alternative building-based service ranked 3<sup>rd</sup> (score 247). Figure 2 shows the full breakdown of the results.

**Figure 2: Thinking about future learning disabilities day opportunities, please rank the following statements in order of preference.** Full survey respondents



Base for score is 85. The score is a weighted calculation. Items ranked first are valued higher than the following ranks, the score is a sum of all weighted rank counts. Maximum score possible is 425.

All of those who stated that they currently have a family member / care for someone who attends a learning disabilities day opportunities service in Knutsford ranked receiving support within the Stanley centre as their 1<sup>st</sup> option (score 80 out of a possible total of 80). There were a few differences in rank order for those who stated they were current users and those who stated they were potential future users as shown in Table 3.

<b>Table 3: Preferences broken down by current and future users</b>				
<b>Option</b>	<b>Current Users</b>		<b>Future Users</b>	
	<b>Rank Position</b>	<b>Rank Score</b>	<b>Rank Position</b>	<b>Rank Score</b>
Receive support within the Stanley Centre	1	80	1	78
More outcomes focused, personalised services & more opportunities to get involved in the local & wider community	3	47	2	61
Receive support within an alternative building-based service	2	51	5	41
Access support in the persons own home	4	34	3	47
Receive a direct payment to arrange own support	5	28	4	43
<b>Base for rank and score</b>	<b>16</b>		<b>18</b>	
The score is a weighted calculation. Items ranked first are valued higher than the following ranks, the score is a sum of all weighted rank counts. Maximum score possible is 80 and 90 respectively.				

All 16 respondents to the easy read version of the survey indicated that they liked the idea of staying and getting support at the Stanley Centre. 10 respondents did not know whether they liked the idea of receiving money to choose and sort out their own support. 9 or more respondents (56% or more) indicated that they did not like the idea of the other 3 options provided.

Respondents were asked to let us know if they had any other preference. 38 respondents overall chose to leave a comment (32 respondents from the full version of the survey and 6 respondents from the easy read version, the email responses received have also been included as part of this analysis were appropriate). The comments received have been coded into themes as follows:

- Retain, promote & expand the Stanley Centre offer, 17 mentions
- Social interaction & community/ keep the service local, 11 mentions
- Options / saving unclear, need more detail, 8 mentions
- A building of some sort is required, 5 mentions
- Consideration of transport requirements, 3 mentions

Please note that some respondents will have referred to more than one theme therefore total mentions won't add up to the total number of respondents who left a comment. The summary of the comments received by each theme is presented in Table 4.

Table 4: Other preferences		
Overall Theme	Summary of comments received	Number of mentions
Retain, promote & expand the Stanley Centre offer	Full Version: Only preferred outcome is support at the Stanley Centre / oppose the proposal to close the Stanley Centre. It is a valuable, central site for the community and access to the services it provides are vitally important. Retaining this service guarantees continuity, changing this would be unsettling and cause stress. Would be better to increase the services offered at the centre, if given the opportunity to develop further the Stanley Centre could be a valuable Community Hub for Knutsford. Promote the services of the Stanley Centre adequately, increase staff and make better use of the facilities.	17
Social interaction & community/ keep the service local	Full Version: Social interaction and local community are vital, opportunities to receive support from places within the town. Local volunteering and walking opportunities. Keep the service local, not everyone drives or can travel, public transport is not adequate	6
	Easy Read Version: I get support from my carers. I want to see people I know and can see in my town, want to go out into the community. I could go out with staff on the bus or train. If there was somewhere I would like to be doing it.	5
Options / saving unclear, need more detail	Full Version: Not clear what is going to replace the current building-based support, what do the options mean in practice? Too much jargon – what do the 'outcomes' and 'opportunities' amount to? Why is the Stanley Centre in Knutsford the only building being closed if moving away from 'building-based' support? There will be some added costs which would need to be considered that are not included in the proposed savings.	7
	Easy Read Version: Where?	1
A building of some sort is required	Full Version: A building of some sort is required to support carers and service users in one place, cannot expect this to be done in people's homes. A new Health and Wellbeing Centre for Knutsford should be provided at the Knutsford Community Hospital incorporating future learning disabilities day opportunities.	5
Consideration of transport requirements	Full Version: Travel will have to be considered, transport to day opportunities would be required – how does this help the green agenda?	3

Respondents were also asked if they felt a change in service would directly impact them or the person they care for and why. 75 respondents overall chose to leave a comment (62 respondents from the full version of the survey and 13 respondents from the easy read version. The email responses received have also been included as part of this analysis were appropriate)

The comments received have been coded into themes as follows:

- Change will cause stress / upset, 54 mentions
- Loss of social contact, 19 mentions
- Lack of transport, 14 mentions
- Lack of local support offer, 7 mentions
- Retain the Stanley Centre or provide a suitable alternative, 5 mentions
- Options / saving unclear, need more detail, 3 mentions

Finally, respondents were asked if they have any ideas or suggestions for other ways in which the Council could obtain better value for money in relation to day opportunities services. 55 respondents overall chose to leave a comment (50 respondents from the full version of the survey and 5 respondents from the easy read version. The email responses received have also been included as part of this analysis were appropriate). The comments received have been coded into themes as follows:

- Retain, promote & expand the Stanley Centre offer, 24 mentions
- Find an alternative suitable space locally, 16 mentions
- Unclear on how savings would be made long-term, 12 mentions
- Seek community-based support / funding, 4 mentions
- Monetary contribution, 3 mentions
- Make savings elsewhere, 4 mentions

Please note that some respondents will have referred to more than one theme therefore total mentions won't add up to the total number of respondents who left a comment. The summary of the comments received by each theme for each question is presented in Table 5 and Table 6.

**Table 5: Impact a change in service would have on respondents or the person they care for**

Overall theme	Summary of comments received	Number of mentions
Change will cause stress / upset	Full Version: A change in service, having to travel longer distance, meeting new people and staff would be stressful on service users and on their family / carers. Individuals with learning disabilities do not cope well with changes. A loss of routine, interaction, friendships and local connection will impact their wellbeing, self-worth and ability to interact potentially pushing the cost elsewhere. Would result in a loss of respite care for family members / carers.	42
	Easy Read Version: Very sad, upset, angry, alone, bored, stressed. Would not like it, would miss everybody, would not know where to go. The centre gives me independence but with the support I need.	12
Loss of social contact	Full Version: Would result in a lack of social interaction if they receive the service in their own home or must travel outside the area. Would lose the friendships and sense of community that have been built at the Centre with friends and staff.	19
Lack of transport	Full Version: Transport for some people may not be available, many learning-disabled individuals cannot travel on public transport without supervision, elderly relatives will struggle to drive further to another centre. Local buses and other transport options are limited, options for a wide range of affordable transport would need to be explored. Projected cost savings do not consider any additional travel costs.	14
Lack of local support offer	Full Version: There are not many day services, apart from the Stanley Centre there is very little support for people with learning disabilities in the Knutsford area.	7
Retain the Stanley Centre or provide a suitable alternative	Full Version: Advertise / optimise the use of the centre! Would be good if a decision to build a Knutsford Health and Wellbeing Centre which also provided essential facilities for those who currently access the Stanley Centre.	5
Options / saving unclear, need more detail	Full Version: Please provide a list of the alternative provision that would be provided within a 30-minute journey time of Knutsford with appropriate transport. Would like to see figures for capacity at the 2 alternative centres versus the people registered at the Stanley centre, the proposed staff ratio if people were to move and a breakdown showing what has been included within the £229,000 saving. If the centre closes these person's 1-1 hours will need to be increased so the savings may be less than predicted.	3

**Table 6: Ideas or suggestions for other ways in which the Council could obtain better value for money in relation to day opportunities services**

Overall Theme	Summary of comments received	Number of mentions
Retain, promote & expand the Stanley Centre offer	Full Version: Carrying on with the current service is a cost-effective way of delivering the level of care needed to those most vulnerable in the community and for providing respite to carers. Encourage more people to access the Stanley Centre, promote it better than the cost per head will go down. Hire out space to third parties / groups in the evenings and at weekends / outside the hours it is needed for delivering day services. The Town Council can help explore further community use to support the building's sustainability.	23
	Easy Read Version: Share building with other groups.	1
Find an alternative suitable space locally	Full Version: Rent or move to a different, more modern building. A smaller venue would reduce running costs, make use of space inside a social club or a community space to ensure there is some level of service in Knutsford, needs to be somewhere with a garden so the gardening activities can continue. Convert the old nurse's home (Stanley Centre) into a Medical Centre for all the doctors' surgeries and move current Stanley Centre into the present clinic. The Knutsford GP practices would be willing to offer a space for the Stanley Centre facilities to relocate into however due to lack of disability access and space are unable to accommodate this currently, need support from the Council in helping develop a single health centre / finding new accommodation. The building is the preferred site for future development of a combined medical and wellbeing centre. A joint health and well-being centre incorporating essential day opportunities services would be beneficial. It is important that users are not lost from Knutsford whilst plans for the new medical and wellbeing centre are developed.	15
	Easy Read Version: Move to a smaller building.	1
Unclear on how savings would be made long-term	Full Version: Need to see a breakdown of the potential savings and operational costs. The long-term costs of needs might outweigh any savings made from closing the Stanley Centre. Do the costs include the older part of the property (currently unused)? Would still have to pay staffing costs for those redeployed, cover transport costs and pay for commissioning / 1-1 support. What other services exist in Knutsford, how much do they cost?	12
Seek community-based support / funding	Full Version: Community support and volunteers, consider getting involved in group activities that benefit the local community. Local business support, reach out to charities to support some of the costs.	4
Monetary contribution	Full Version: Ask users for financial help, consider a voluntary £5 contribution on the local Council Tax.	2
	Easy Read Version: More money.	1
Make savings elsewhere	Make savings elsewhere for e.g., spend less on HS2, reduce night lighting, don't pay expensive contracts on maintenance, reduce black bin collection etc.	4

## Appendix 1 – Respondent Demographics

A number of demographic questions were asked at the end of the survey to ensure there was a wide range of views from across different characteristics. All of the questions were optional and therefore won't add up to the total number of responses received.

**Table 7: Number of survey respondents by gender (full version only)**

Category	Count	Percent
Female	45	54%
Male	36	43%
Prefer not to say	< 5	< 5%
<b>Grand Total</b>	<b>84</b>	<b>100%</b>

**Table 8: Number of survey respondents by age group (full version and easy read version)**

Category	Count	Percent
16-34	6	6%
35-44	13	13%
45-54	27	27%
55-64	22	22%
65 and over	25	25%
Prefer not to say	8	8%
<b>Grand Total</b>	<b>101</b>	<b>100%</b>

**Table 10: Number of survey respondents by ethnic origin (full version only)**

Category	Count	Percent
White British / English / Welsh / Scottish / Northern Irish / Irish	69	83%
Any other White background	< 5	< 5%
Asian / Asian British	< 5	< 5%
Prefer not to say	10	12%
<b>Grand Total</b>	<b>83</b>	<b>100%</b>

**Table 11: Number of survey respondents by religious belief (full version only)**

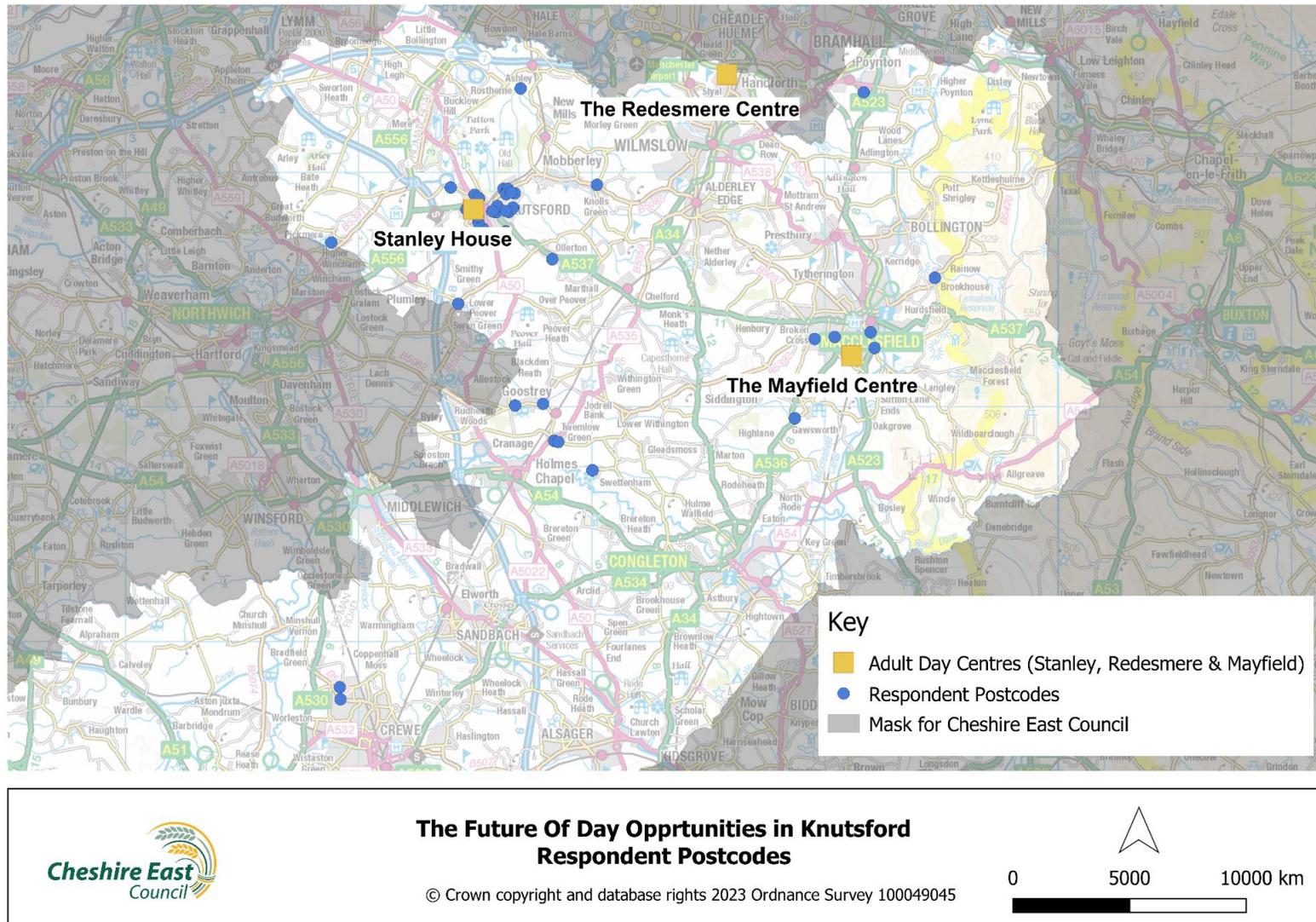
Category	Count	Percent
Christian	41	50%
Hindu	9	< 5%
No religion	24	29%
Prefer not to say	15	18%
<b>Grand Total</b>	<b>82</b>	<b>100%</b>

**Table 12: Number of survey respondents by limited activity due to health problem / disability (full version only)**

<b>Category</b>	<b>Count</b>	<b>Percent5</b>
Yes, a lot	11	13%
Yes, a little	14	17%
Not at all	31	37%
Prefer not to say	27	33%
<b>Grand Total</b>	<b>83</b>	<b>100%</b>

# Appendix 2 – Map of Respondent Postcodes

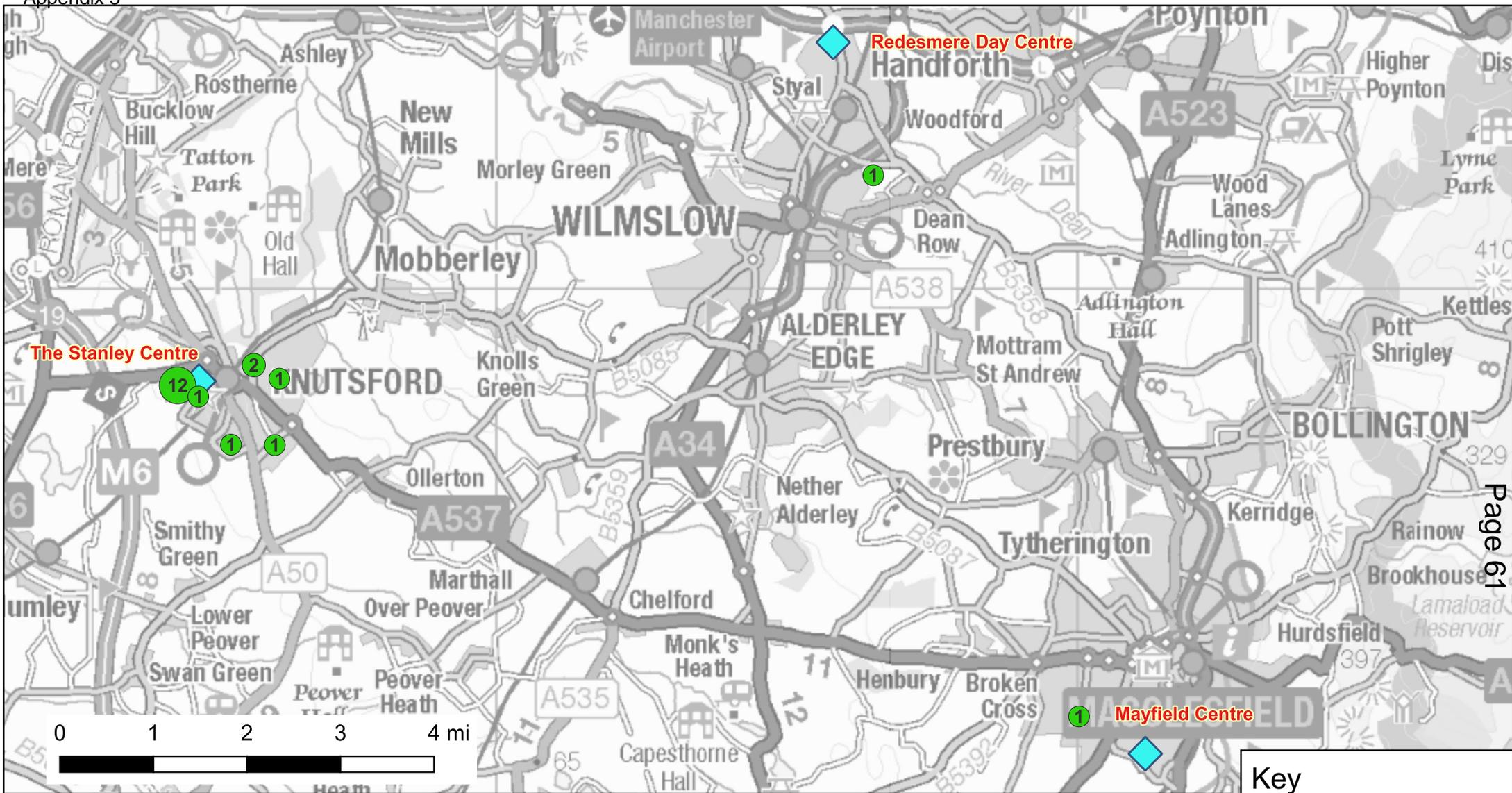
This map plots respondent postcodes that are within Cheshire East (provided as part of the full version of the survey, 57 postcodes). Not all postcodes represent current users of the Stanley Centre.



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Report produced on 16th June 2023 by the Research and Consultation Team, Cheshire East Council, Email [RandC@cheshireeast.gov.uk](mailto:RandC@cheshireeast.gov.uk) for further information.

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**Key**

- ◆ Day Centre
- Stanley Centre Clients



### Stanley Centre Clients



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OPEN

## **Adults and Health Committee**

**25 September 2023**

### **Recommissioning of Universal Information & Advice Service**

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**Report of: Helen Charlesworth-May, Executive Director of People**

**Report Reference No: AH/06/2022-23**

**Ward(s) Affected: All**

#### **Purpose of Report**

- 1 This report seeks approval from Adults and Health Committee to recommission the Universal Information and Advice (UIA) Service.
- 2 This service contributes to the Council's Corporate Plan 2021-25 objective of being a council which empowers and cares about people and the priority to 'reduce health inequalities across the borough'.

#### **Executive Summary**

- 3 The Universal Information and Advice service provides financial information and advice to all residents of Cheshire East. This thereby enables improved choice and control, improved mental health and wellbeing and leads to reduced demand on statutory services.
- 4 The data received through performance monitoring shows a consistent demand for the service, with particular need for debt advice due to the cost-of-living crisis.
- 5 Consultation has taken place to gauge residents' views on the current service and needs going forward. Engagement with members and stakeholders has also taken place and has helped to refine what is required of the service going forward. Market engagement has also been undertaken.

RECOMMENDATIONS

The Adults and Health Committee is recommended to:

1. Approve the recommissioning of the Universal Information and Advice service
2. Delegate authority to the Director of Commissioning and Integration to award the contract(s)

**Background**

- 6 The Universal Information and Advice service provides independent, confidential, impartial information and advice which focuses on problem solving. It is accessible through a variety of channels, such as face to face, telephone and online support.
- 7 The service is currently provided by Citizens Advice Services in Cheshire East, which is a partnership between Citizens Advice Cheshire East (lead provider) and Citizens Advice Cheshire North. The service has been in place since 1 April 2019 and the contract will end as of 31 March 2024.
- 8 The primary reasons that residents access the service are for:
  - Benefits, tax credits and universal credit advice
  - Debt advice
  - Housing advice.
- 9 7,562 individual clients accessed the service in 2022/23, with 20,081 high level advice issues supported. The average queue time for a telephone call was circa 8.8 minutes. Residents were assisted to realise £3.4m worth of financial benefits and savings.
- 10 Demographics of clients accessing the service show that in 2022/23 on average 54% had a disability or long-term health condition; of these 29% had multiple impairments and 28% had a mental health condition. 38% were tenants of a housing association / registered social landlord and 20% had an income under £400 per calendar month. This shows that residents with some of the greatest needs are utilising the service and therefore benefitting from the advice given.
- 11 Demand for the service has remained consistent with some changes in need seen due to the cost of living crisis. Clients accessing advice for

debt in 2022/23 has increased by 18% on 2021/22. Also, Citizens Advice have highlighted increased trends in the need for food banks, utility bill support, benefits (including PIP claims) and housing issues.

- 12 The issues that clients are presenting with are more complex and taking longer to resolve. On average, in 2022/23 each client presented with 2.7 issues, an increase of 12.5% on 2021/22.
- 13 The Money and Pensions Service carry out a national annual debt survey. The 2022 survey showed that 18% of the UK adult population (around 9.3 million people) needed full debt advice from a registered provider. This has increased from 16% in 2021. The Poverty JSNA published in December 2022 has also highlighted the increased demand for food banks, that people in households with disabilities, single parents and single adults without children are particularly likely to experience poverty.
- 14 It is of note that there are relatively few alternative services available that cover the full range of support provided by the UIA service. Examples include:
  - Age UK Cheshire East - which provides information and advice to older people only;
  - Christians Against Poverty - have accredited debt advisors but only in limited areas of Cheshire East;
  - Pennysmart CIC - which only provides telephone and online support.
- 15 Due to the clear need amongst local residents the intention is to issue a tender opportunity for a three year contract with two one year extensions. The new service will support the following service outcomes:
  - To help residents receive the benefits they are entitled to, including assistance for those requiring help with applications and appeals
  - To improve the financial capability of individuals and help residents with debt and budget management
  - To help residents with support and legal advice regarding complex housing issues around deposits, essential property repairs, and to avoid homelessness including support with court hearings
  - To help people remain in employment with the appropriate rights and support.
- 16 The service will have a single point of access so residents can easily access the information and advice that they need. This will be

accessible via phone and online (with face-to-face support also being available).

- 17 The service will be focussed on areas of deprivation but will also offer outreach across a range of other locations in the Borough via face-to-face sessions.
- 18 Regular promotion and accessible branding of the service will be needed to ensure that all residents are aware of it and how they can best access it.
- 19 The service provider(s) will have to be accredited by the Financial Conduct Authority to be able to provide qualified consumer credit advice. They will also need to be an organisation listed as a competent authority that can authorise approved intermediaries for debt relief orders.

### **Consultation and Engagement**

- 20 Consultation took place with residents via focus groups, drop-in meetings and telephone interviews. An online survey was also conducted which was promoted through the Council's consultation webpages and Digital Influence panel (see Appendix A). All feedback received has been used to inform the service specification.
- 21 In total, 266 responses were received to the survey. A large proportion of these respondents had heard of the service, with 74% aware that it provides financial information and advice. Service access was flagged as an issue amongst respondents. This included ensuring that drop-in sessions are available at a wider range of locations. The main barrier to being able to manage their finances well was the cost-of-living crisis, with most respondents also highlighting benefits advice as being important.
- 22 Engagement with members has also taken place. Feedback from this noted the increasing demand for financial advice and the increasing complexity of issues that are raised by residents. They also highlighted the need for face to face sessions for residents that lack of the ability to use and/or do not have access to technology. It was also noted that all residents should be able to access the service as residents seen as middle income earners may also be struggling with utility bills.
- 23 Stakeholders have been consulted through both a survey and online focus groups. 69% of survey respondents reported they regularly signpost people to the service. However, half of survey respondents did not know the service was commissioned by Cheshire East Council. These findings were also repeated by the online focus groups.

- 24 In both the survey and focus groups there was also feedback on the need for more face-to-face/ outreach support, timeliness of support and the need for support for filling in benefit forms.
- 25 Representatives from Revenues & Benefits, Customer Services, Libraries and Communities have also been engaged as part of the recommissioning process.

### **Reasons for Recommendations**

- 26 Residents will continue to be able to access information and advice that will help to support their health and wellbeing and resilience. This is particularly important given the current cost-of-living crisis. Furthermore, the service will reduce their need to access statutory health, care and housing services.
- 27 The recommission supports the Corporate Plan priority to, “reduce health inequalities across the borough”.

### **Other Options Considered**

- 28 Do nothing and allow the contract to end, which will mean that the service will cease to be provided. This would result in a lack of early intervention advice for residents and would therefore increase demand for statutory health, care and housing services.

### **Implications and Comments**

#### *Monitoring Officer/Legal*

- 29 If the value of the recommissioned service over its entire term exceeds the financial threshold of £663,540 it will need to be competitively tendered using the Light Touch procedure in accordance with the Public Contract Regulations 2015, however if the value falls below the above mentioned threshold, the contract will be tendered in accordance with the procedures set out under Chapter 3, part 5 paragraph 3.1, of the Council’s Contract Procedure Rules.

#### *Section 151 Officer/Finance*

- 30 The new service will be delivered within the existing service budget. The budget for this service is £277,000 per annum and is within the Adults Commissioning Team Plan. As such, there are no implications for the Medium Term Financial Strategy.

*Policy*

- 31 The commission contributes to the Council's Corporate Plan 2021-25 objective of being a council which empowers and cares about people and the priority to 'reduce health inequalities across the borough'.

*Equality, Diversity and Inclusion*

- 32 An Equality Impact Assessment has been developed as part of the recommissioning process. Please see Appendix B.

*Human Resources*

- 33 It is likely that TUPE would apply for staff from the existing providers if the contract is awarded to a new provider.

*Risk Management*

- 34 Recommissioning of the service is following a project management approach which includes the identification of risks. As such, any significant risk will be controlled for and escalated for action where appropriate.

*Rural Communities*

- 35 The service offer will include telephone and online access to the service. The service specification will also include the need for face-to-face appointments to be delivered at a range of accessible venues. This would provide rural communities with an opportunity to meet with an advisor in person where required.

*Children and Young People including Cared for Children, care leavers and Children with special educational needs and disabilities (SEND)*

- 36 The service aims to support those residents with the greatest need, this could include care leavers and parent carers.

*Public Health*

- 37 Financial issues are understood to have a significant impact on the wellbeing of people. This can result in anxiety, stress and poor mental health. This in turn can have negative physical health effects such as contributing to high blood pressure.

*Climate Change*

- 38 The recommission of the service will include social value questions including one specific to the environment. This will seek to minimise the

environmental impact of the service. The service specification will also contain specific requirements relating to this.

<b>Access to Information</b>	
Contact Officer:	Kelly Brighthouse, Project Manager <a href="mailto:kelly.brighthouse@cheshireeast.gov.uk">kelly.brighthouse@cheshireeast.gov.uk</a>
Appendices:	Appendix A – Citizens Advice Information and Advice Service Survey 2022 – Summary Report  Appendix B – Equality Impact Assessment
Background Papers:	Corporate Plan and Health and Wellbeing Strategy

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A summary of responses to Cheshire East Council's

# Citizens Advice Information and Advice Service Survey 2022



## Executive summary

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### Introduction

#### Survey purpose

The Information and Advice Service is delivered by Citizens Advice Services in Cheshire East, and provides free information and advice to people around benefits, debt, housing and employment. The service is funded by Cheshire East Council.

The council conducted a survey about the service, to help decide how the service should be provided in future.

#### Survey methodology and response

The survey was conducted between during 2022, and was promoted [on the council's consultation webpages](#), as well as through [the council's Digital Influence Panel](#). In total 266 survey responses were received.

### High levels of awareness of the service

A large proportion of respondents, 85%, had heard of the Information and Advice Service (aka Citizens Advice Services in Cheshire East), with 74% aware the service provides financial information and advice.

A large majority of those that had heard of the service were “always aware of the service” (72% of respondents). “Word of mouth” (7%), “friend” (6%) and “family member” (6%) were the next most popular ways of being aware of the service.

13% of those that had heard of the service had contacted the service within the last year, with 41% having contacted it longer ago, and the reminder having never contacted the service.

### Those that had contacted the service

Of those that had contacted the service, the most popular way of contacting it was “in person – attending an appointment” (37%) and “by phone” (34%), and the most popular reasons for contacting the service were “legal issues” (24%), “benefits advice” (20%) and “consumer issues” (17%).

Of those that had contacted the service, the most popular type of support they were given was “General advice, information or signposting” (52%).

### Satisfaction with the service

Majorities of respondents agreed that:

- The service gave them the confidence to deal with their issue (72% agree, 11% disagree)
- The service helped them cope better (58% agree, 17% disagree)

Smaller proportions of respondents agreed that the service improved their financial situation (29% agree, 23% disagree).

## Using the service in future

The main barriers in managing finances that respondents had faced were:

- Cost of living crisis (50% of respondents selected this)
- Knowing what benefits I'm entitled to (33%)
- Knowing where to go for help (32%)

Respondents felt they might need a wide range of advice in future, with them most likely needing advice around:

- Benefits (40% of respondents selected this)
- Health and community care (38%)
- Consumer issues (31%)
- Utilities (gas, electricity, water) (30%)
- Transport (blue badge, bus passes etc) (28%)
- Financial issues (27%)
- Legal issues (25%)

When respondents need information and advice about money worries in the future they would be most likely to go to Citizens Advice Services in Cheshire East (54% of respondents selected this) or search online for self-help advice (41%).

48% of respondents would prefer to get help in future in person at an appointment.

## Positive feedback on the service (87 comments total)

Respondents described the Citizens Advice Bureau as being "very important", "valuable", "amazing", "brilliant", "fundamental", and "good value for money". They felt the service is a great asset to the local community, and that it will be even more important during difficult financial times when the disadvantaged will be even more adversely affected.

Others praised the service further describing the CAB advisors as "courteous", "professional", "helpful", "polite", "empathetic", "non-judgemental", "unbiased", "supportive", "kind mannered", "informed", "listeners".

A number of professionals lauded the service, describing it as an excellent service to refer patients to – this included professionals such as GPs, Social Workers, Baptist Ministers and Foster Carers.

## **Negative feedback on the service (40 comments total)**

Some said they were not aware of the service, and that advertising of it needs improvement – they did not know where it is located, or what the phone number is.

Other stressed that face to face meetings for CAB are important felt they are needed in areas where they are currently not provided, such as in Crewe and Bollington. Others felt the CAB library drop-in sessions that used to be held had been useful, and wondered if these would recommence post pandemic.

Some felt contact by phone with the service was difficult.

Finally, some felt confused over the funding for CAB, as they pointed out their local Town or Parish Council also provide funding for the service as well as Cheshire East Council.

## **Conclusions**

### **Awareness of the service**

It is positive that such a large proportion of respondents – 85% – had heard of the service before taking the survey. This and the fact a high proportion of respondents reported they were “always aware of the service” suggests the service is well known and therefore well promoted.

However, it should be noted that some respondents commented they were not aware of the name change of the service (to the “Information and Advice Service”) – this may be confusing to some when used instead of the traditional “Citizens Advice Service” which seems very well known.

### **Use of the service**

Respondents seemed to indicate that they take a wide range of advice from the service, and would want to continue to do so in future. The cost of living crisis certainly seems to be a high concern for respondents at the moment, and advice around that and applying for benefits and advice on utilities may become more prevalent in the immediate future.

### **Satisfaction with the service**

Levels of satisfaction with some aspects of the service are very high, with 72% of respondents agreeing the service gave them confidence to deal with issues, and 58% agreeing the service helped them cope better.

Within written comments in the survey there was much praise for the service, which is unusual for written feedback as that usually tends to be more negative. But it is clear that Citizens Advice is an invaluable and vital service for those facing adversity, and for health professionals who refer people to the service.

## **Areas for improvement**

If there are any areas for improvement within the service it may be around:

- Providing more practical help as well as advice
- Improving advertising of the service even further
- Ensuring face to face meetings are available in all towns in Cheshire East, perhaps by reinstating library drop-in sessions where practicable

## Contents

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Executive summary.....	2
Contents.....	6
Introduction.....	7
Awareness of the Information and Advice Service .....	8
Those that had heard of the service.....	9
Those that had contacted the service .....	10
Satisfaction with the service .....	12
Using the service in future .....	13
Comments about the service.....	16
Conclusions.....	18

Report produced 30 September 2022 by the Research and Consultation Team, Cheshire East Council. Email [RandC@cheshireeast.gov.uk](mailto:RandC@cheshireeast.gov.uk) for further information.

## Introduction

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### Survey purpose

The Information and Advice Service is delivered by Citizens Advice Services in Cheshire East, and is a partnership of Citizens Advice Cheshire East and Citizens Advice Cheshire North.

They provide free, confidential and independent information and advice to local people, including help with benefits, debt, housing and employment. The service is funded by Cheshire East Council to help people manage their own income and finances.

The council conducted a survey about the service, to help the council decide how the service should be provided in future.

### Survey methodology

The survey was conducted between 18 July and 23 September 2022.

The survey was widely promoted in the following ways:

- [On the council's consultation webpages](#)
- [Through the council's Digital Influence Panel](#)

### Survey response

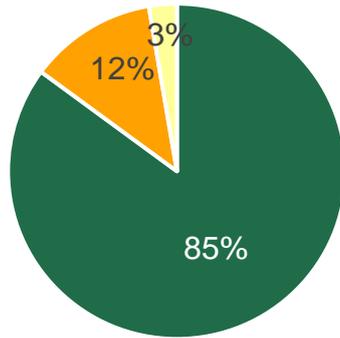
In total 266 survey responses were received, including:

- 207 responses from the Digital Influence Panel
- 59 responses from all other sources

## Awareness of the Information and Advice Service

Before taking the survey, 85% of respondents had heard of the Information and Advice Service (aka Citizens Advice Services in Cheshire East).

Before taking this survey, had you ever heard of the Information and Advice Service (aka Citizens Advice Services in Cheshire East)?

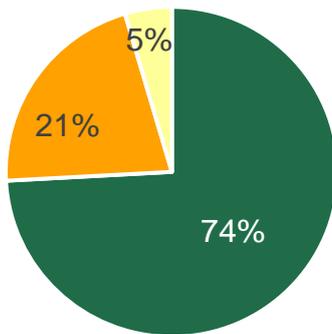


- Yes I had heard of the Information and Advice Service before
- No I had not heard of the Information and Advice Service before
- Not sure / Don't know

Number of responses = 262

Before taking this survey, 74% of respondents were aware the Information and Advice Service provides financial information and advice.

Before taking this survey, were you aware the Information and Advice Service (aka Citizens Advice Services in Cheshire East) provides financial information and advice?



- Yes I was aware the Information and Advice Service provides financial information and advice
- No I was not aware the Information and Advice Service provides financial information and advice
- Not sure / Don't know

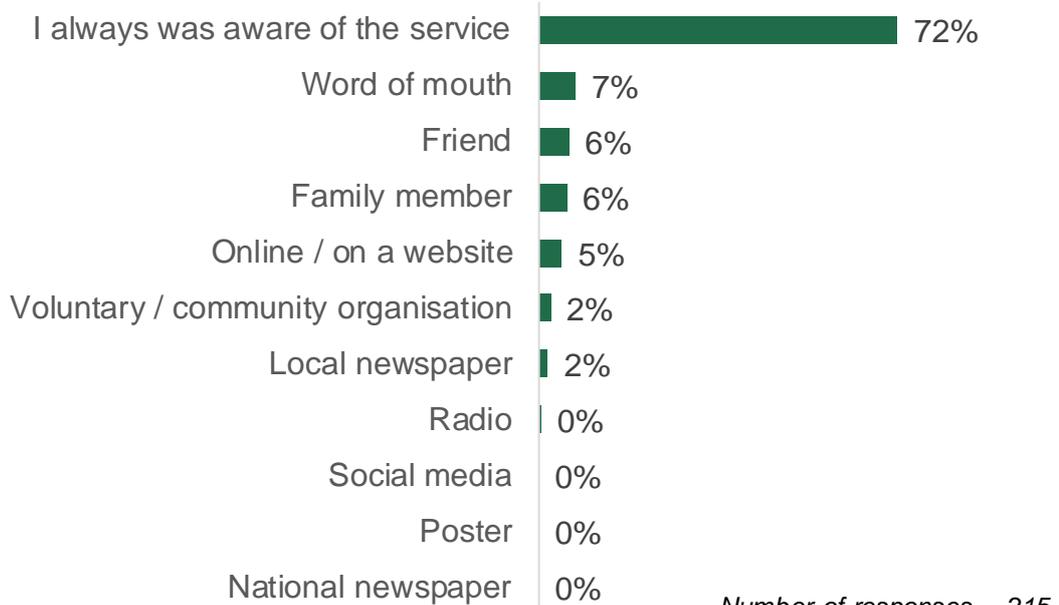
Number of responses = 263

## Those that had heard of the service

When asked where they first heard about the Information and Advice Service, a large proportion of those that had heard of the service, 72%, said they were “always aware of the service”.

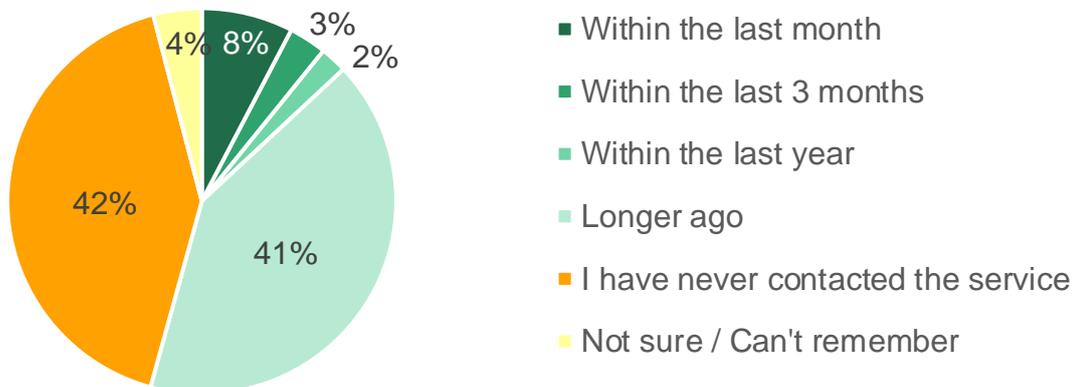
“Word of mouth” (7%), “friend” (6%) and “family member” (6%) were the next most popular answers.

Where did you first hear about the Information and Advice Service (aka Citizens Advice Services in Cheshire East)?



13% of those that had heard of the service had contacted the service within the last year, with 41% having contacted it longer ago. 42% were sure they had never contacted the service.

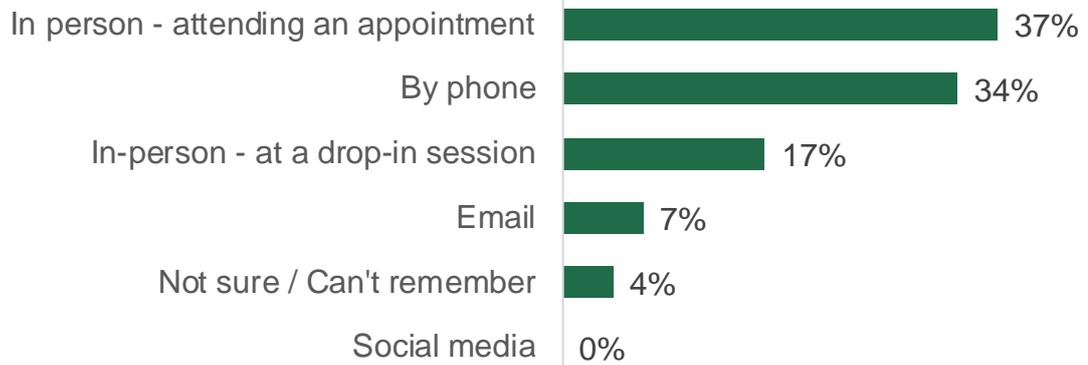
When was the last time you contacted the Information and Advice Service (aka Citizens Advice Services in Cheshire East)?



## Those that had contacted the service

Of those that had contacted the service, the most popular way of contacting it was “in person – attending an appointment” (37%) and “by phone” (34%).

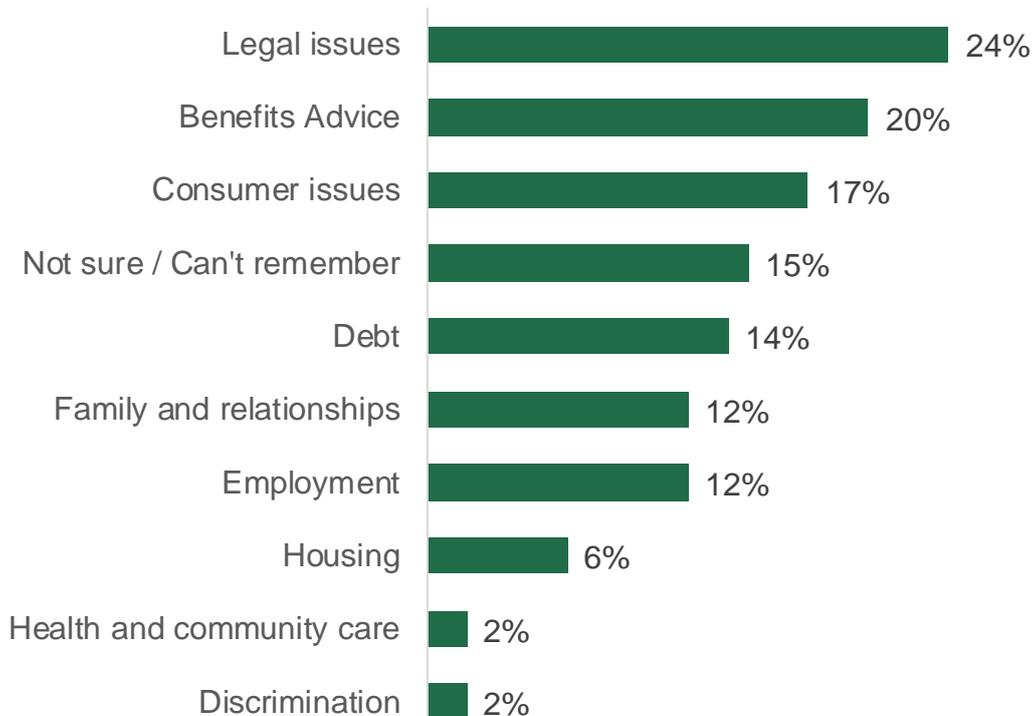
Thinking about your most recent contact with Information and Advice Service, how did you contact it?



Number of responses = 115

Of those that had contacted the service, the most popular reasons for doing so were “legal issues” (24%), “benefits advice” (20%) and “consumer issues” (17%).

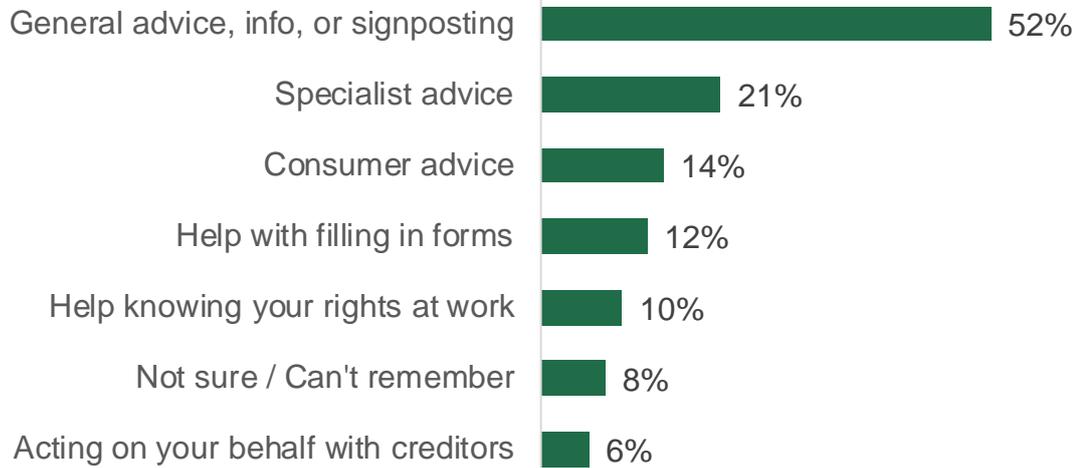
Thinking about your most recent contact with the Information and Advice Service, what were the main reasons for contacting it? *Percentages may not add to 100% as respondents could select as many options as they wished*



Number of responses = 110

Of those that had contacted the service, the most popular type of support they were given was “General advice, information or signposting” (52%).

Thinking about your most recent contact with the Information and Advice Service, what type of support were you given? Percentages may not add to 100% as respondents could select as many options as they wished



Number of responses = 105

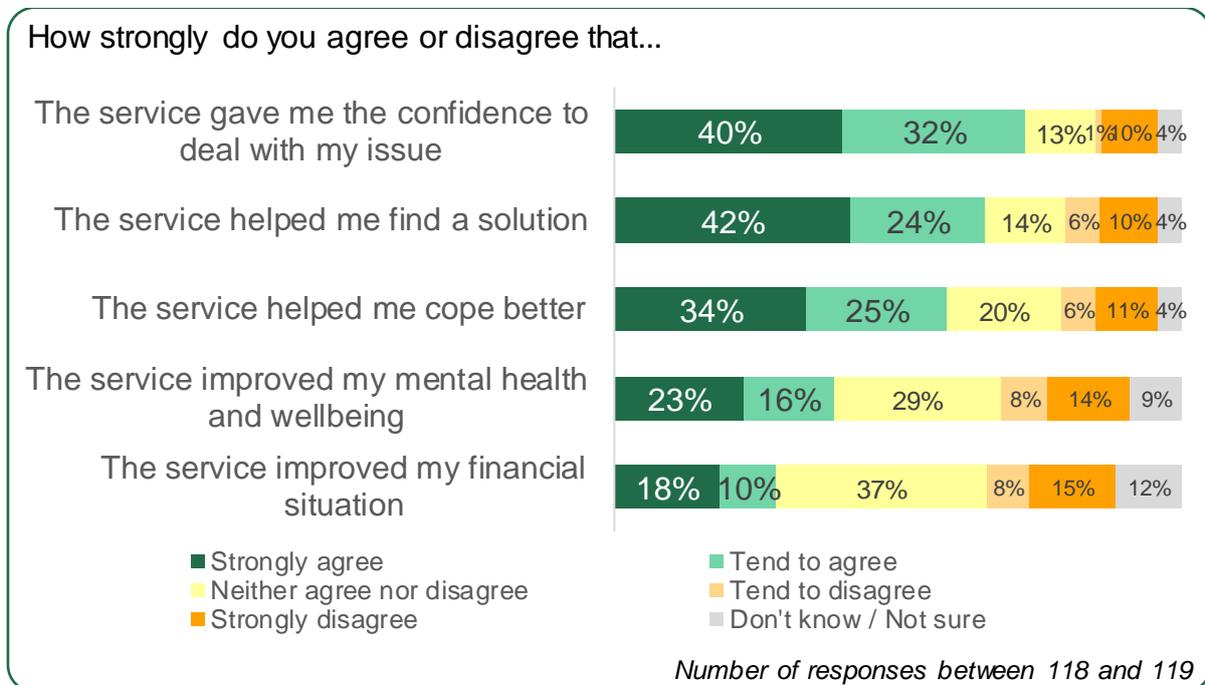
## Satisfaction with the service

Majorities of respondents agreed that:

- The service gave them the confidence to deal with their issue (72% agree, 11% disagree)
- The service helped them find a solution (65% agree, 16% disagree)
- The service helped them cope better (58% agree, 17% disagree)

Smaller proportions of respondents agreed that:

- The service improved their mental health and wellbeing (39% agree, 23% disagree)
- The service improved their financial situation (29% agree, 23% disagree)

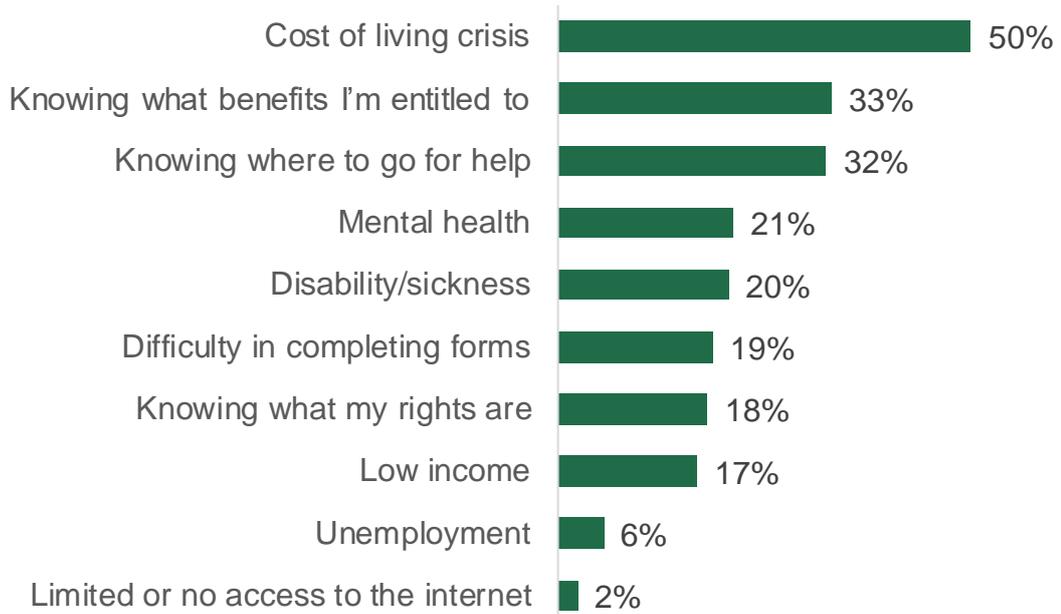


## Using the service in future

The main barriers in managing finances that respondents had faced were:

- Cost of living crisis (50% of respondents selected this)
- Knowing what benefits I'm entitled to (33%)
- Knowing where to go for help (32%)

What barriers, if any, have you faced in managing your own income and finances?  
*Percentages may not add to 100% as respondents could select as many options as they wished*

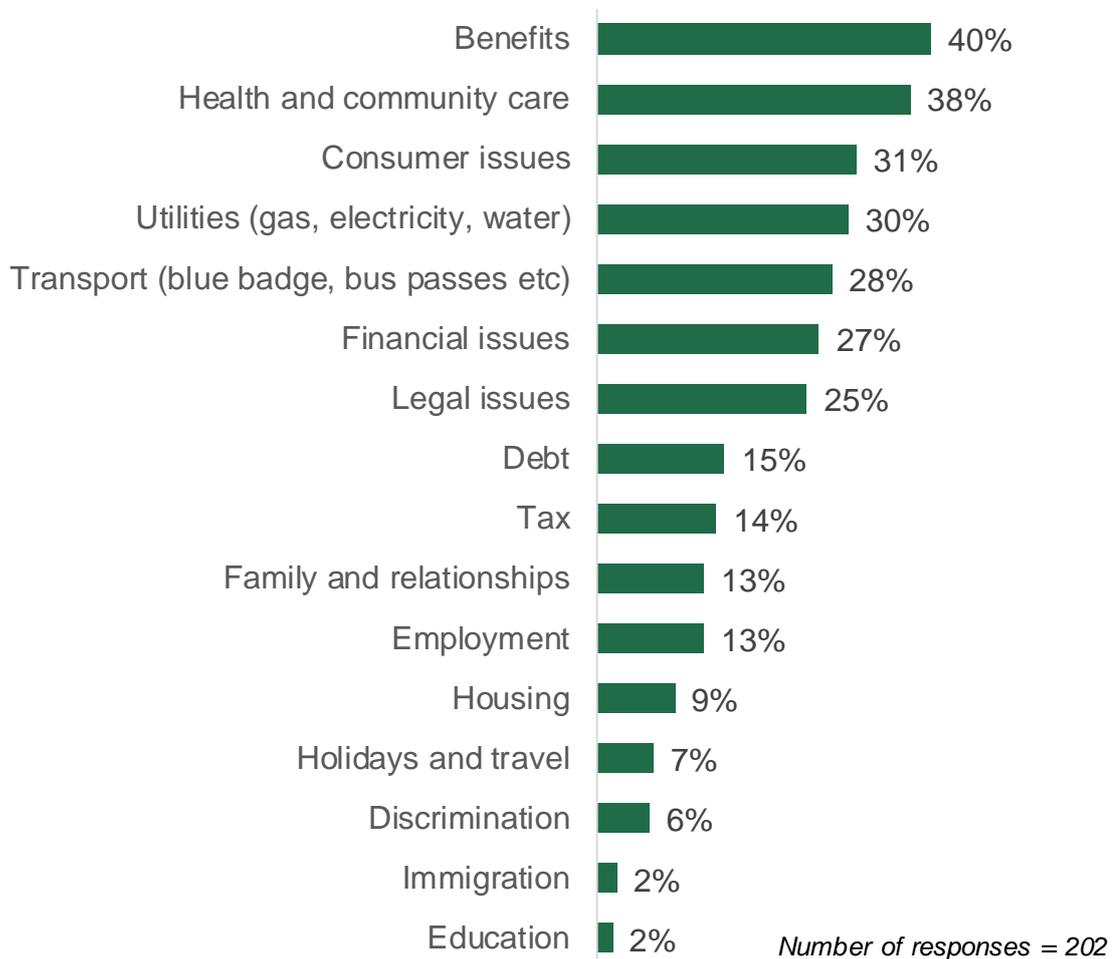


*Number of responses = 161*

Respondents felt they might need a wide range of advice in future, with them most likely needing advice around:

- Benefits (40% of respondents selected this)
- Health and community care (38%)
- Consumer issues (31%)
- Utilities (gas, electricity, water) (30%)
- Transport (blue badge, bus passes etc) (28%)
- Financial issues (27%)
- Legal issues (25%)

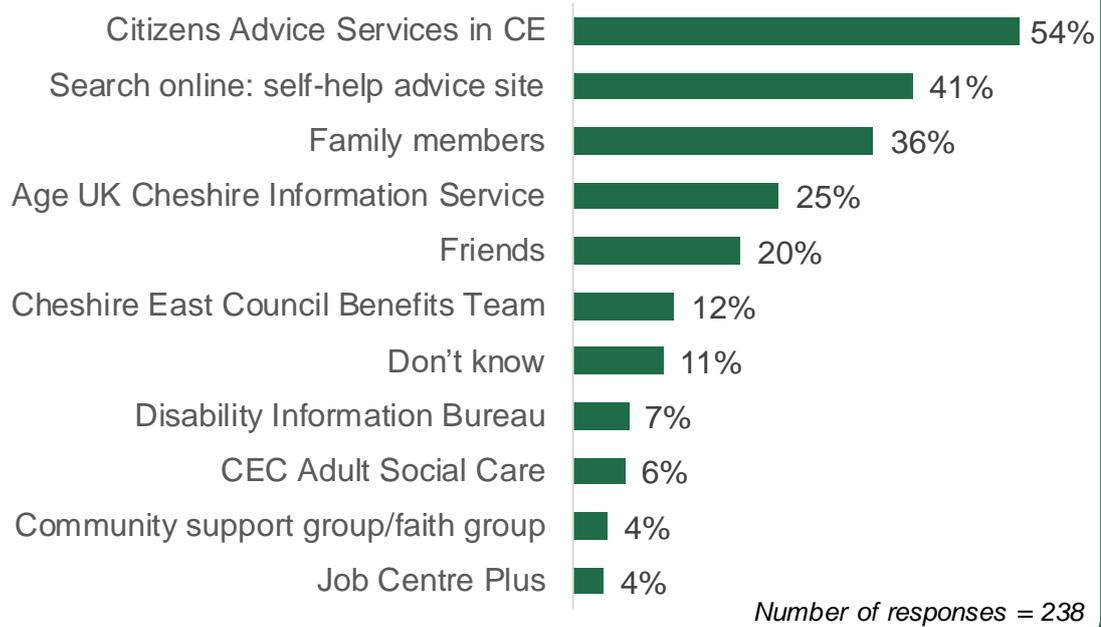
What type of advice, if any, do you feel you might need in future? *Percentages may not add to 100% as respondents could select as many options as they wished*



When respondents need information and advice about money worries in the future they would be most likely to go to:

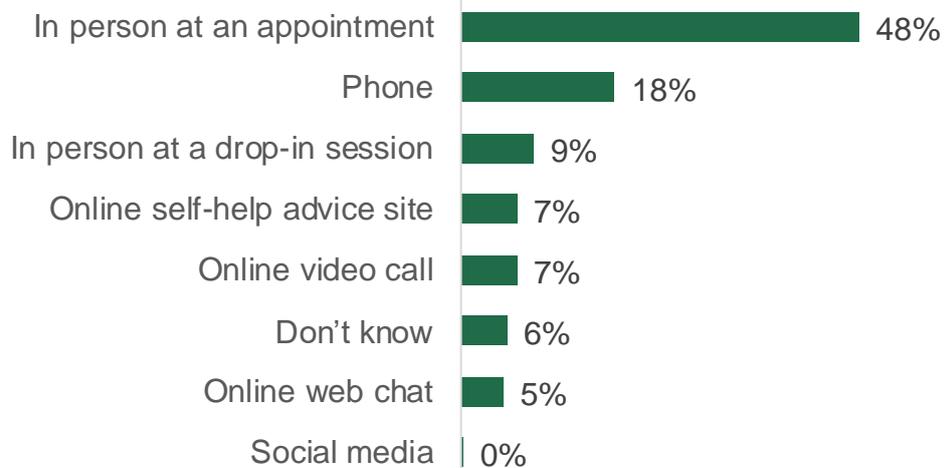
- Citizens Advice Services in Cheshire East (54% of respondents selected this)
- Search online for self-help advice (41%)
- Family members (36%)

If you needed information and advice about money worries in the future, where would you go for help? Percentages may not add to 100% as respondents could select as many options as they wished



48% of respondents would prefer to get help in future in person at an appointment.

Which would be your preferred way of getting this help (if no new Covid-19 restrictions were in place)?



## Comments about the service

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Within the survey respondents were asked if they had any comments to make about the Citizens Advice Service.

In total, 67 respondents made a comment, making a total of 134 separate comments between them.

These comments have been summarised into the below categories.

### **Positive feedback on the service (87 comments)**

Respondents described the Citizens Advice Bureau as being “very important”, “valuable”, “amazing”, “brilliant”, “fundamental”, and “good value for money”. They felt the service is a great asset to the local community, and that it will be even more important during difficult financial times when the disadvantaged will be even more adversely affected. They felt demand for the service is likely to increase in the near future with the impact of the cost of living crisis, and that provision should mirror this expected increased demand (45 comments).

Others praised the service further describing the CAB advisors as “courteous”, “professional”, “helpful”, “polite”, “empathetic”, “non-judgemental”, “unbiased”, “supportive”, “kind mannered”, “informed”, “listeners” (21 comments).

A number of professionals lauded the service, describing it as an excellent service to refer patients to, and a service they referred people to a lot. This included GPs, Social Workers, Baptist Ministers and Foster Carers (8 comments).

Others felt the service must be retained, is underfunded, needs as much support as possible, and that it would be false economy to look at cost savings for preventative the services (13 comments).

### **Negative feedback on the service (40 Comments)**

Some said they were not aware of the service, and that advertising of it needs improvement – they did not know where it is located, or what the phone number is. They felt it could be advertised it in the council newsletter, that it could be clearly sign posted from various points in town, or that the council could work with Faith and Voluntary organisations as well as educational establishments to help promote it. Some were not aware the service had changed its name. (12 comments).

Other stressed that face to face meetings for CAB are important. They stated they find it difficult to use the phone and would find it hard to communicate that way, and that face-to-face meetings are important for those who struggle with literacy. Some have been reluctant to contact the service due to there being no face-to-face services in

their local area (Crewe & Bollington). Others felt the CAB Library drop-in sessions that used to be held had been useful, for example the one held at Alsager Library before the pandemic. The CA Service at Alsager Library on Tuesday mornings pre-Covid were much appreciated by Alsager residents. Respondents asked when these would recommence (10 comments).

A handful of respondents reported having had bad experiences with the service (4 comments).

Some felt contact by phone with the service was difficult, and that they never use the service because whenever they had tried it was too difficult to get in touch with anyone, or to find the right advisor (3 comments).

Other comments included:

- It would be better if CAB could actually get involved with practical help as opposed to just signposting (3 comments)
- An online meeting option as well as face to face would be beneficial (2 comments)
- Some did not want to contact CAB because they knew people who volunteered, and didn't want that person acting as an advisor (2 comments)
- The public are deliberately kept in the dark about their benefit rights (1 comment)

Finally, some felt that there was confusion over funding for CAB – Some stated that their local Town or Parish Council, including Knutsford Town Council, Wilmslow Town Council and High Legh Parish Council pay annually to support CAB, and that in some cases this was the largest piece of our expenditure for the local councils. They were unaware of local councils were funding CAB as well as Cheshire East Council and felt this was confusing (3 comments).

## Conclusions

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### Awareness of the service

It is positive that such a large proportion of respondents – 85% – had heard of the service before taking the survey. This and the fact respondents reported they were “always aware of the service” suggests the service is well known and therefore promoted.

However, it should be noted that some respondents commented they were not aware of the name change of the service (to the “Information and Advice Service”) – this may be confusing to some when used instead of the traditional “Citizens Advice Service” which seems very well known.

### Use of the service

Respondents seemed to indicate that they take a wide range of advice from the service, and would want to continue to do so in future. The cost of living crisis certainly seems to be a high concern for respondents at the moment, and advice around that and applying for benefits and advice on utilities may become more prevalent in the immediate future.

### Satisfaction with the service

Levels of satisfaction with some aspects of the service are very high, with 72% of respondents agreeing the service gave them confidence to deal with issues, and 58% agreeing the service helped them cope better.

Within written comments in the survey there was much praise for the service, which is unusual for written feedback as that usually tends towards negative feedback. But it is clear that the service is an invaluable and vital service for those facing adversity, and for health professionals who refer people to the service.

### Areas for improvement

If there are any areas for improvement within the service it may be around:

- Providing more practical help as well as advice
- Improving advertising of the service even further
- Ensuring face to face meetings are available in all towns in Cheshire East, perhaps by reinstating library drop-in sessions where practicable



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## Appendix B

### Equality Impact Assessment (EIA) Engagement and our equality duty

Whilst [the Gunning Principles](#) set out the rules for consulting ‘everyone’, additional requirements are in place to avoid discrimination and inequality.

Cheshire East Council is required to comply with the Equality Act 2010 and the Public Sector Equality Duty. The Equality Act 2010 simplified previous anti-discrimination laws with a single piece of legislation. Within the Act, the Public Sector Equality Duty (Section 149) has three aims. It requires public bodies to have due regard to the need to:

- eliminate unlawful discrimination, harassment, victimisation and any other conduct prohibited by the Act, by consciously thinking about equality when making decisions (such as in developing policy, delivering services and commissioning from others)
- advance equality of opportunity between people who share a protected characteristic and people who do not share it, by removing disadvantages, meeting their specific needs, and encouraging their participation in public life
- foster good relations between people who share a protected characteristic and people who do not

The Equality Duty helps public bodies to deliver their overall objectives for public services, and as such should be approached as a positive opportunity to support good decision-making.

It encourages public bodies to understand how different people will be affected by their activities so that policies and services are appropriate and accessible to all and meet different people’s needs. By understanding the effect of their activities on different people, and how inclusive public services can support and open up people’s opportunities, public bodies are better placed to deliver policies and services that are efficient and effective.

Complying with the Equality Duty may involve treating some people better than others, as far as this is allowed by discrimination law. For example, it may involve providing a service in a way which is appropriate for people who share a protected characteristic, such as providing computer training to all people to help them access information and services.

The Equality Act identifies nine 'protected characteristics' and makes it a legal requirement to make sure that people with these characteristics are protected from discrimination:

- Age
- Disability
- Gender reassignment
- Marriage and civil partnerships
- Pregnancy and maternity
- Race
- Religion or belief
- Sex
- Sexual orientation

### **Applying the equality duty to engagement**

If you are developing a new policy, strategy or programme you may need to carry out an Equality Impact Assessment. You may be able to ascertain the impact of your proposal on different characteristics through desk-based research and learning from similar programmes, but you also need to carry out some primary research and engagement. People with protected characteristics are often described as 'hard to reach' but you will find everyone can be reached – you just need to tailor your approach, so it is accessible for them.

Contacting the [Equality and Diversity mailbox](#) will help you to understand how you can gain insight as to the impacts of your proposals and will ensure that you help the Council to comply with the Equality Act 2010 and the Public Sector Equality Duty.

Section 1 – Details of the service, service change, decommissioning of the service, strategy, function or procedure

<b>Proposal Title</b>	<b>Recommissioning of the Universal Information and Advice Service</b>
<b>Date of Assessment</b>	September 2023
<b>Assessment Lead Officer Name</b>	Kelly Brighthouse
<b>Directorate/Service</b>	People / Integrated Commissioning
<b>Details of the service, service change, decommissioning of the service, strategy, function or procedure.</b>	<p>The Universal Information and Advice (UIA) service provides financial information and advice to all residents of Cheshire East. This thereby enables improved choice and control, improved mental health and wellbeing and leads to reduced demand on statutory services.</p> <p>Citizen’s Advice Cheshire East are contracted to provide this service and the contract is due to end at 31<sup>st</sup> March 2024. Therefore the service needs to be recommissioned in line with the Council’s Corporate Procedure Rules.</p>
<b>Who is Affected?</b>	All Cheshire East residents are able to access the Universal Information and Advice service where they need support in relation to a variety of areas such as debt advice, housing issues and employment rights.
<b>Links and impact on other services, strategies, functions or procedures.</b>	<p>The recommission of the UIA service links to the following areas of work in the Council:</p> <ul style="list-style-type: none"> <li>• Joint Health and Wellbeing Strategy</li> <li>• Carers Strategy</li> <li>• Library service consultation.</li> </ul> <p>This service contributes to the Council’s Corporate Plan 2021-25 objective of being a Council which empowers and cares about people and the priority to ‘reduce health inequalities across the borough’</p>

<p><b>How does the service, service change, strategy, function or procedure help the Council meet the requirements of the <a href="#">Public Sector Equality Duty</a>?</b></p>	<p>The UIA service helps the Council to meet the requirements of the Public Sector Equality Duty by supporting residents including protected characteristic groups with advice via a range of channels.</p>
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## Section 2- Information – What do you know?

<p><b>What do you know?</b></p>	<p><b>What information (qualitative and quantitative) and/or research have you used to commission/change/decommission the service, strategy, function, or procedure?</b></p>
<p><b>Information you used</b></p>	<p>We have used demographics data supplied by the service provider as part of contract monitoring to assess the current client base using the UIA service. We have also used data produced as part of the recommissioning consultation. This includes survey responses and intelligence from focus groups. National reports on the provision of this type of service have also informed the approach.</p>
<p><b>Gaps in your Information</b></p>	<p>N/A</p>

## 3. What did people tell you?

<p><b>What did people tell you</b></p>	<p><b>What consultation and engagement activities have you already undertaken and what did people tell you? Is there any feedback from other local and/or external regional/national consultations that could be included in your assessment?</b></p>
<p><b>Details and dates of the consultation/s</b></p>	<p>Survey work took place in Autumn 2022 with stakeholder organisations and residents. This was followed by drop-in meetings and focus groups in Aug-Sept 2023. It also included an engagement session with Councillors.</p>

<p><b>and/or engagement activities</b></p>	<p>Resident Survey: A large proportion of respondents, 85%, had heard of the Information and Advice Service (aka Citizens Advice Services in Cheshire East), with 74% aware the service provides financial information and advice. In addition, a large majority of those that had heard of the service were “always aware of the service” (72% of respondents). Of those that had contacted the service, the most popular way of contacting it was “in person – attending an appointment” (37%) and “by phone” (34%) and the most popular reasons for contacting the service were “legal issues” (24%), “benefits advice” (20%) and “consumer issues” (17%). Respondents listed the main barriers to managing finances as the cost of living crisis (50%); knowing benefits that there were entitled to (33%), knowing where to go for help (32%). No specific equality impacts were raised although some of the issues listed pertain to this such as timeliness of advice and the requirement for face-to-face support.</p> <p>Stakeholder Survey: 65% of respondents said their understanding of the Information and Advice Service was “very good” or “good”. When asked if they knew the service was commissioned by Cheshire East Council, half (50%) said they didn’t, 39% said they did and 12% were unsure. The top three barriers listed that stakeholders perceived for residents, were difficulty in completing forms (89%); understanding benefit entitlements (58%) ; and knowing where to go for help (54%).</p> <p>Focus Group/Drop-Ins: Key issues highlighted were problems with people accessing financial information online/applying for benefits due to problems with lack of access to IT/ lack of IT skills. Face to face drop-in meetings were also seen as extremely important especially if the issue was complex. Form filling was seen as a gap with limited capacity of alternative services locally to support this.</p> <p>Stakeholder Event: A large amount of feedback was received. Key points were: the need to build resilience was seen as important to prevent issues recurring with individuals. A gap was also highlighted around lack of available services to support form filling. In addition, timeliness of support was seen as a barrier.</p>
<p><b>Gaps in consultation and</b></p>	<p>No specific gaps but ongoing feedback from service provision will be used to refine service delivery e.g. customer feedback forms, complaints/compliments.</p>

engagement feedback	
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#### 4. Review of information, consultation feedback and equality analysis

<b>Protected characteristics groups from the <a href="#">Equality Act 2010</a></b>	<b>What do you know?</b> Summary of information used to inform the proposal	<b>What did people tell you?</b> Summary of customer and/or staff feedback	<b>What does this mean?</b> Impacts identified from the information and feedback (actual and potential). These can be either positive, negative or have no impact.
<b>Age</b>	Clients across a broad age range (15-99) accessed the service in 2022/23. However, the peak age range to use the service is circa 30-64.	<p>Older age groups in particular had issues with use of IT to access financial support. This included lack of internet access as well as lack of IT literacy. This can often inhibit them in applying for benefits such as Personal Independence Payments. The service will need to ensure that it supports this need.</p> <p>A growing reported problem currently is issues with people aged circa 30-60 paying their mortgages and accessing privately rented accommodation. The service supports this need by providing specialist debt advice including debt management plans as well as support on housing rights.</p> <p>It is also known that older people can often benefit from large print materials</p>	The impact of this service is positive by supporting this group of people to access financially related support that they would not otherwise be able to obtain easily. This includes help in applying for benefits.

		as there are growing issues with sight as people age.	
<b>Disability</b>	in 2022/23 on average 54% had a disability or long-term health condition. Of these: 29% had multiple impairments and 28% had a mental health condition	Reference was made to mental health issues by users of the service (as well as stakeholder organisations). Note - it was not always clear whether these had been precipitated by issues to do with finance or whether these had helped to cause them.  It is known that a physical disability can inhibit an individual to access an office space i.e. if it is not wheelchair friendly.	The impact of this service is positive by supporting this group of people to access financially related support that they would not otherwise be able to obtain easily. This includes help in applying for benefits.
<b>Gender reassignment</b>	No data recorded on clients but the service is accessible all Cheshire East residents	No specific issues were raised in relation to this protected characteristic but the service would support a range of issues which might pertain to this including employment rights.	The impact of this service is positive by supporting this group of people to access financially related support that they would not otherwise be able to obtain easily. This includes help in applying for benefits.
<b>Pregnancy and maternity</b>	No data recorded on clients but the service is accessible all Cheshire East residents	No specific matters were raised in relation to this protected characteristic. However, the service would support on issues in relation to maternity e.g. employment rights.	The impact of this service is positive by supporting this group of people to access financially related support that they would not otherwise be able to obtain easily. This includes help in applying for benefits.
<b>Race/ethnicity</b>	8% of clients of clients accessing the service recorded as BAME	No specific issues were raised in relation to this protected characteristic. Although people without English as a first language may require translation support.	The impact of this service is positive by supporting this group of people to access financially related support that they would not otherwise be able to obtain easily. This includes help in applying for benefits.

<b>Religion or belief</b>	No data recorded on clients but the service is accessible all Cheshire East residents	No specific issues were raised in relation to this protected characteristic. However, there is a general need for cultural sensitivity when delivering the service to people of different religions or beliefs e.g. for people of the Muslim religion there is specific advice in the Quran around debt.	The impact of this service is positive by supporting this group of people to access financially related support that they would not otherwise be able to obtain easily. This includes help in applying for benefits.
<b>Sex</b>	Around 60% of clients are female with the rest stated as male.	No specific matters were raised in relation to this protected characteristic. However, the service would provide support on a range of issues in relation to gender e.g. employment rights.	The impact of this service is positive by supporting this group of people to access financially related support that they would not otherwise be able to obtain easily. This includes help in applying for benefits.
<b>Sexual orientation</b>	No data recorded on clients but the service is accessible all Cheshire East residents	No specific issues were raised in relation to this protected characteristic although the service would deal with matters such as employment rights.	The impact of this service is positive by supporting this group of people to access financially related support that they would not otherwise be able to obtain easily. This includes help in applying for benefits.
<b>Marriage and civil partnership</b>	No data recorded on clients but the service is accessible all Cheshire East residents	No specific issues were raised in relation to this. But the service would support people seeking advice around divorce and marriage counselling.	The impact of this service is positive by supporting this group of people to access financially related support that they would not otherwise be able to obtain easily. This includes help in applying for benefits.

## 5. Justification, Mitigation and Actions

<b>Mitigation</b>	<b>What can you do?</b> Actions to mitigate any negative impacts or further enhance positive impacts
Please provide justification for the proposal if negative impacts have been identified?	There is a need to ensure that the service is offered via a variety of channels. This includes face to face in addition to online and telephone. The service also needs to be offered at a

<p>Are there any actions that could be undertaken to mitigate, reduce or remove negative impacts?</p> <p>Have all available options been explored? Please include details of alternative options and why they couldn't be considered?</p> <p>Please include details of how positive impacts could be further enhanced, if possible?</p>	<p>variety of locations within the Borough to support people with transport issues (inc. due to limited finance) or a physical disability. This will be taken account of in the new service specification and performance management framework. The service will also need to be available at a variety of times to support people within employment (which would affect people generally aged under 65).</p> <p>Training for volunteers and staff members needs to encompass mental health issues. This includes in relation to suicide prevention. It should also provide training in relation to cultural sensitivity.</p> <p>Venues will need to be accessible to people with a physical disability e.g. to be wheelchair friendly.</p> <p>Translation services should be offered where English is not a first language. This includes information materials being available in a variety of languages.</p>
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6. Monitoring and Review -

<b>Monitoring and review</b>	<b>How will the impact of the service, service change, decommissioning of the service, strategy, function or procedure be monitored? How will actions to mitigate negative impacts be monitored? Date for review of the EIA</b>
<b>Details of monitoring activities</b>	Monitoring will include information on whether actions to mitigate negative impacts have achieved their desired outcome. This will be via monitoring of complaints and compliments and customer feedback forms. It will also involve discussions with the provider in contract management meetings.

<b>Date and responsible officer for the review of the EIA</b>	Kelly Brighthouse, Oct 2023
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## 7. Sign Off

When you have completed your EIA, it should be sent to the [Equality, Diversity and Inclusion Mailbox](#) for review. If your EIA is approved, it must then be signed off by a senior manager within your Department (Head of Service or above).

Once the EIA has been signed off, please forward a copy to the Equality, Diversity and Inclusion Officer to be published on the website. For Transparency, we are committed to publishing all Equality Impact Assessments relating to public engagement.

<b>Name</b>	N.Darwin
<b>Signature</b>	N.Darwin
<b>Date</b>	08/09/2023

## 8. Help and Support

For support and advice please contact [EqualityandInclusion@cheshireeast.gov.uk](mailto:EqualityandInclusion@cheshireeast.gov.uk)

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OPEN

## **Adults and Health Committee**

**25 September 2023**

### **Commissioning Children and Young Peoples Emotional Health and Wellbeing Service**

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#### **Report of: Shelley Brough, Acting Director of Commissioning**

**Report Reference No: AH/07/2023-24**

**Ward(s) Affected: All**

#### **Purpose of Report**

- 1 The Emotionally Healthy Children and Young People Service (EHCYP) was commissioned in 2019 to deliver early help support, training and interventions to children, young people their families and professionals. This service is currently being recommissioned with a new contract start date of 1<sup>st</sup> April 2024. This report details the engagement and coproduction that underpins commissioning intentions and provides evidence to demonstrate the need to invest in early help emotional wellbeing support services for children and young people (CYP).
- 2 The commissioning work undertaken aligns with the priority within Cheshire East Council Corporate Plan: 'a Council which empowers and cares about people'. It also aligns with the Joint Local Health and Wellbeing Strategy for the population of Cheshire East 2023/2028: 'our children and young people experience good physical and emotional health and wellbeing'. The model presented is underpinned by the outcomes detailed in Cheshire East Children and Young People's Plan (2022 – 26), which focus on providing CYP access to help when they need it, to prevent problems from getting worse.

#### **Executive Summary**

- 3 Cheshire East Council has commissioned the EHCYP service since 2019. The service aims to equip educational settings with the tools and knowledge required to prevent CYP emotional health needs escalating and allow them access to support at the earliest opportunity. The

service has trailblazed significant advances in terms of detection and management of CYP mental health in schools, but there remains a lack of capacity in early help therapeutic services.

- 4 Since the original EHCYP commission in 2019, there has been evidence of increasing levels of mental health need and demand in CYP across Cheshire East. Furthermore, there is growing body of evidence that the COVID-19 pandemic has negatively impacted not only on mental health in some of our younger residents, but also on the risk factors that lead to mental health problems if not addressed early.
- 5 This report details the journey of coproduction and explores current need and demand for services, upon which commissioning intentions will be based. The report highlights key findings from the Joint Strategic Needs Assessment (JSNA) and couples this with qualitative feedback gathered during an extensive engagement exercise, which ensures that the resulting service model creates system change to accurately reflect need and significantly improve outcomes for CYP and their families.

#### RECOMMENDATIONS

The Children and Families / Adults and Health committee is recommended to:

1. To approve recommission the EHCYP programme with a focus on early help and prevention for children and young people, to ultimately reduce demand on statutory social care and mental health services
2. To delegate authority to the Director of Commissioning to award the contract(s)

### Background

- 6 The EHCYP service was commissioned in 2019 for 4 years following the success of the Emotionally Healthy Schools (EHS) Programme, its predecessor. The aim of the service was to achieve efficiencies by integrating education settings with children's specialist mental health providers, to create a clearly defined universal and targeted offer. Additionally, the EHCYP service extended its reach into early years education and primary care, as well as providing a digital offer and parenting support.
- 7 In 2019, the EHCYP service was awarded to Cheshire and Wirral Partnership (CWP) who subcontracted to locality-based therapeutic support providers: Just Drop In (north), Visyon (central) and CLASP (south). Additionally, Kooth were commissioned to deliver borough-wide digital access to online counselling and support.

- 8 The contract was awarded with an initial 2-year term, with two possible 1 year extensions. Funding was enhanced for the first two years to focus resource on training and development in education settings to embed an infrastructure which empowers professionals to recognise and respond to emotional harm or mental health concerns. In years 3 and 4, funding was lower as the service shifted focus to providing therapeutic interventions for CYP and their families, including counselling and group-based support.
- 9 The EHCYP service model used a ‘train the trainer’ approach to develop sustainable structures within education settings, where the emotional health of CYP is front and centre commissioned. The service aimed to provide schools with improved access to early support and specialist mental health advice, in addition to access to a menu of evidence-based policies, procedures and tools to increase CYP resilience. The service also pioneers a whole-school approach to creating emotionally healthy environments and facilitated multi-agency working to encourage a system-approach to early help. Work in schools was significantly affected by the Covid-19 pandemic whilst referrals for CYP individual support rose exponentially during lockdown, so extra resource was provided to therapeutic support providers.
- 10 In 2017, the government outlined its ambitious plans to address CYP mental health in ‘Transforming Children and Young People’s Mental Health Provision: a Green Paper’. The EHCYP model was designed to complement two main commitments within the programme:
  - Establishing Mental Health Support Teams (MHSTs) in education settings, including Educational Mental Health Practitioners who deliver evidence-based interventions onsite and provide a link to other CYP mental health services
  - Provide Senior Mental Health Lead (SMHL) training for every eligible educational setting in England by 2025
- 11 In Cheshire East, we have 34 MHST’s situated in Crewe and Macclesfield settings (areas experiencing the highest levels of deprivation) with another three waves planned. 66% of Cheshire East schools have a trained SMHL and a network has been established to share best practice and create a sustainable model for improving wellbeing in education.
- 12 Despite this investment, the increase in demand and complexity in CYP presentations has resulted in long waiting lists for preventative therapeutic interventions, resulting in a domino effect into specialist and crisis services. Between April and June 2021, the EHCYP service provided therapeutic support to 220 CYP. Within the same quarter in

2022, this figure rose to 294. Providers are seeing increased complexity in presentations, with one provider commenting that over 50% of referrals contained a 'cause for concern'.

- 13 Whilst many CYP across England experience good mental wellbeing, in 2022, an estimated 18% of children aged 7 to 16 years and 22% of young people aged 17 to 24 years had a probable mental disorder (the 2021 census shows there are 85,292 children aged 0-19 years living in Cheshire East). Overall prevalence rates for children and young people aged 7-19 increased from 11.8% in 2017 to 19.8% in 2022, meaning that in 2022, there was somewhere between 8,606 to 13,525 CYP in Cheshire East with a probable mental health disorder<sup>1</sup>.
- 14 Data supplied internally shows that mental wellbeing is a key factor within assessments for CYP and families presenting to social care. 25% of children in need present with mental health issues, rising to 28% for CYP on a Child Protection Plan. Similarly, 44% of parents with a child in need cite mental health concerns, rising to 59% of parents involved in child protection arrangements. During 2021/22, emotional wellbeing was a cause for concern in 36% of children in care across Cheshire East, which is higher than recorded in 2014/15<sup>2</sup>. Addressing CYP and familial emotional wellbeing at the earliest opportunity will have a long-term effect of reducing demand on statutory services.
- 15 The legacy created by the covid-19 pandemic should not be underestimated, with research showing that 80% of CYP with existing mental health needs agree that their condition has worsened since lockdown (YoungMinds, 2022). The most significant impact was felt by CYP who were transitioning between schooling stages. Since returning to 'normality', CYP feel pressured to "go back to the way things were", but state they have lost their "identity", with this especially felt in migrant communities.
- 16 Good education is an important protective factor for emotional and mental wellbeing; however, mental health is the leading cause for school absence and medical needs tuition. In the academic year 21/22, Cheshire East's Medical Needs Tuition Team supported 106 CYP, of which 76% were referred due to poor mental health<sup>3</sup>. CYP told us that social isolation and disjointed transitions have increased their anxiety

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<sup>1</sup> Mental Health of Children and Young People in England 2022 - wave 3 follow up to the 2017 survey. Official statistics, Survey. 29 November 2022. Available from: <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2022-follow-up-to-the-2017-survey#:~:text=Key%20findings,between%202020%2C%202021%20and%202022> (Accessed 22 December 2022)

<sup>2</sup> *Department for Education* 'Office for Health Improvement & Disparities. Public Health Profiles. [26/07/23] <https://fingertips.phe.org.uk> © Crown copyright [2022]

<sup>3</sup> Email correspondence (Tuition Team Manager, 09/02/23)

around school, but there is a distinct lack of support for emotionally based school non-attenders.

- 17 As of January 2022, there were 3,412 CYP in Cheshire East with an Education, Health and Care Plan (EHCP), of which 23.7% were attributed to social, emotional and mental health<sup>4</sup>. The NHS Long Term Plan promises additional resource for mental health and wellbeing in schools, but the scale and speed of the planned improvements is simply not sufficient, so we must take steps locally to create clear pathways for schools to access bespoke support.
- 18 School staff report that screening tools and resources for addressing CYP emotional health are in abundance, but there is a lack of repository for evidence-based, tried and tested tools. Similarly, they told us that there is a lack of support for risk management and safety planning for CYP exhibiting self-harm and suicide ideation. According to Labour Force Survey estimates, across Great Britain education staff have a significantly higher than average rate of work-related stress, depression or anxiety<sup>5</sup>. To reduce future demand on services, school staff need to be provided with the tools needed to support themselves and the children in their care.
- 19 Between 2012/13 and 2021/22 across Cheshire East, there has been an increase in the proportion of adults reporting a 'high anxiety score' (23.3%). As of 2021/22 the proportion of adults thought to be diagnosed as having depression by their GP is approximately 14%. Rates have increased since 2012/13<sup>6</sup>. Parents/carers tell us that their own mental health struggles are often dismissed when addressing their children's emotional wellbeing, so we plan to create a service that takes a 'whole family approach'. There is limited support to empower and build confidence in parents/carers, with missed opportunities to provide coping mechanisms that could transform the familial dynamic and improve emotional wellbeing without therapeutic interventions.
- 20 Poverty can be associated with poor emotional wellbeing in CYP and their families. Wards in Crewe and Macclesfield have a high proportion of children eligible for free school meals, however, there has been an increase in eligibility for other wards, including Wrenbury, Audlem and Handforth over the past 4 years<sup>7</sup>.

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<sup>4</sup> Cheshire East Council (2022) Single SEND Forecast Data document. May 2022. Available from: [single-send-forecast-data-document-v1.0-final-may-2022.pdf](https://www.cheshireeast.gov.uk/single-send-forecast-data-document-v1.0-final-may-2022.pdf) (cheshireeast.gov.uk)

<sup>5</sup> Source: HSE (2022) Work-related stress, anxiety or depression statistics in Great Britain, 2022. Available from: <https://www.hse.gov.uk/statistics/causdis/stress.pdf> (Accessed 2 February 2023).

<sup>6</sup> Annual Population Survey (APS), Office for National Statistics (ONS). Office for Health Improvement & Disparities. Public Health Profiles. [30<sup>th</sup> June 2023] <https://fingertips.phe.org.uk> © Crown copyright [2023]

<sup>7</sup> Spring (January) School Census, Public Health Intelligence Team © Crown Copyright and database right 2022. Ordnance Survey 100049045

- 21 Since 2015/16, Cheshire East has seen higher rates of children under 18 years admitted to hospital for mental health conditions than the England average<sup>8</sup>. The current rate of admissions for a mental health condition in CYP in Cheshire East is 133.9 per 100,000. There has also been an increase in rates of substance misuse hospital admissions, with the Cheshire East rate significantly worse than the England average<sup>9</sup>.
- 22 In Cheshire East, hospital admission rates for self-harm in CYP aged 10-24 years have been increasing since 2013/14 and are worse than the England average. During 21/22, there were 450 admissions for self-harm in CYP aged between 10 and 24, which is 130 more admission than the previous year. Compared to our statistical neighbours, Cheshire East has the highest rate (725.3 per 100,000) of 10–24-year-olds being admitted to hospital as a result of self-harm<sup>10</sup>. Without increased resource and investment upstream to address issues early and prevent escalation, the demand on hospitals will continue to increase. There is a lack of preventative advice and health promotion available in schools and the community, so this service will seek to shift the balance and increase capacity in vital upstream support.
- 23 CYP were clear about the factors impinging on their mental health, which include bullying, social media, domestic abuse and lack of physical activity. 58% of CYP respondents to Our Vision survey<sup>11</sup> had either experienced or witnessed bullying (Vision, 2021) and 12.6% of 11- to 16-year-olds reported they had been bullied via social media (NHS Digital, 2022). Despite this, only 8 out of 144 Cheshire East schools are currently engaged with the KiVa programme and only 14 calls were received by the SCiEs team during an 11-month period<sup>12</sup>. CYP identifying as LGBTQ+ highlighted challenges of not getting support until in crisis, being at risk of bullying and feeling expected to fit in. Only 45.1% of children aged 5-16 years old are "active" and meeting the Chief Medical Officer recommendations for physical activity<sup>13</sup>.
- 24 Access issues are felt by service users and professionals alike, with general feedback during our engagement including the words "confusion", "inequality" and "overwhelming". 1 in 5 children with a probable mental disorder wait more than 6 months for contact with a

<sup>8</sup> Office for Health Improvement & Disparities. Public Health Profiles. [20/09/22] <https://fingertips.phe.org.uk> © Crown copyright [2022]

<sup>9</sup> Office for Health Improvement & Disparities. Public Health Profiles. [20/09/22] <https://fingertips.phe.org.uk/profile/child-health-profiles/data#page/0/gid/1938133228/pat/6/par/E12000002/ati/402/are/E06000049> © Crown copyright [2022]

<sup>10</sup> Office for Health Improvement & Disparities. Public Health Profiles. [18/3/22] <https://fingertips.phe.org.uk> © Crown copyright [2022]

<sup>11</sup> Survey conducted with CYP living in Sandbach, Middlewich, Congleton, Holmes Chapel and Alsager

<sup>12</sup> Email Correspondence Education COVID response and Project Manager (31/01/23 & 02/02/23)

<sup>13</sup> Sport England. Active Lives Survey. Children and Young People data. Available from: <https://activelives.sportengland.org/Home/ActivityData> (Accessed 12 January 2023) © Sport England 2023

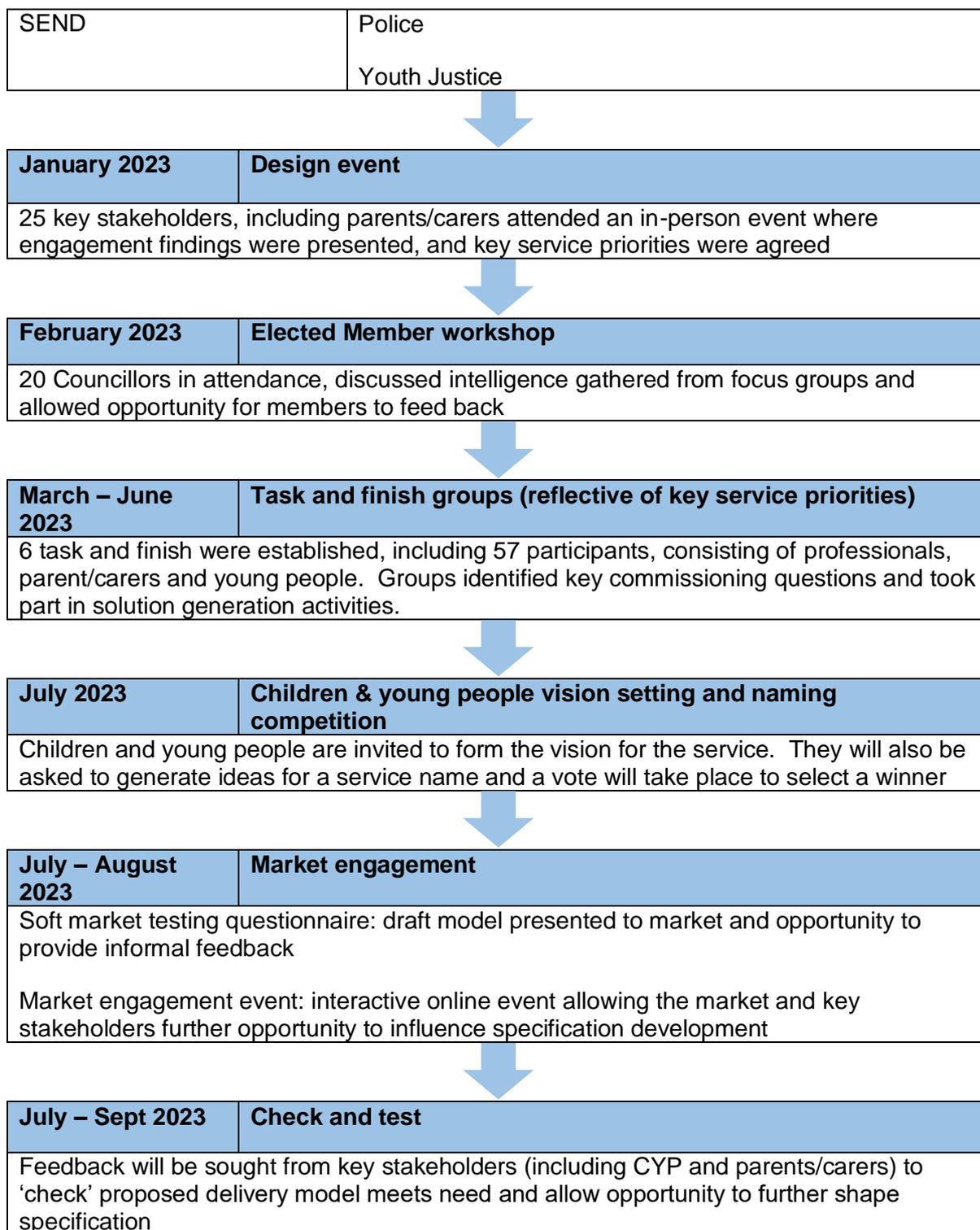
specialist (Public Health England, 2019), which is compounded by the inconsistency in eligibility thresholds across the system. We know that 5.5% of children aged 0 to 5 have a probable mental disorder and anecdotally our partners are telling us that children presenting for support since the pandemic are getting younger and more complex, so we need to create an equitable service which provides a clear pathway to support for CYP of all ages. Parents/carers of CYP with Special Educational Needs and Disabilities (SEND) we engaged with expressed frustration about unnavigable pathways and silo working.

- 25 To deliver sustainable improvements to outcomes for CYP, we should adopt a whole-system, preventative, public health approach that spans all departments and takes a holistic approach to addressing CYP mental health and emotional wellbeing. Respondents during our engagement told us that services operate in isolation, are fragmented with their own agenda and there is often a requirement to tell their 'story' more than once. We intend to create transformational change across the system by inspiring a shared vision and encouraging services to work as an alliance to reduce duplication and increase partnership working.

## Consultation and Engagement

- 26 The proposed model for the new EHCYP service has been entirely coproduced with a large range of stakeholders, including parent/carers, education providers, professionals (including health, social care, police) and most importantly CYP. The commissioning activity is underpinned by 'Together in Cheshire East' and Cheshire East's 'Live Well for Longer Plan'. Highlights of our journey of coproduction are detailed below, with further detail and an overview of the proposed service model available in appendix A:

Sept 22 – Jan 23	Engagement	
<p>36 focus groups were held, with 346 participants. Insight-based discussion focussed on the following questions, seeking a breadth of intelligence from a wide range of stakeholders:            'Children &amp; young people's mental health and emotional wellbeing is like what?'            'At its best, what does children and young people's mental health and emotional wellbeing look like?'</p>		
Children and young people	Stakeholders	
Primary School Secondary School Further Education Alternative Education Young Carers Youth Clubs Children in Care LGBTQ+ Migrants	Children and Families Service Commissioned Providers Early Years Education Further Education Providers Headteachers	Primary / Secondary School staff Health (GPs & 0 – 19 Service) LGBTQ+ SEND VCFSE Sector Out of School / Tuition team



- 27 Feedback from CYP, parents/carers and stakeholders during the coproduction journey has been very valuable, and they have been offered the opportunity to remain engaged in this process into procurement and contract management. We have worked with the Cheshire East Participation Team and other forums throughout the

recommissioning process, so relationships have been developed and will remain through the lifetime of the contract.

## Reasons for Recommendations

- 28 This recommission will allow us to improve emotional health support available to CYP and create an innovative, flexible service that embodies true early intervention. This meets strategic priorities by aligning with Cheshire East Corporate Plan (2021 – 2025), Cheshire East’s Children and Young People’s Plan (2022 – 26) and The Joint Local Health and Wellbeing Strategy for the population of Cheshire East (2023 – 2028).
- 29 Data gathered as part of the CYP Emotional and Mental Wellbeing deep dive JSNA clearly demonstrates a significant need amongst CYP for this service. This need has intensified in recent years due to the pandemic, which has resulted in an increase in risk factors and erosion of protective factors in CYP mental health. The evidence strongly highlights the increasing pressure this creates on other children and families’ services including social care, school absenteeism and SEND. The service would help address these issues through an evidence-based early intervention approach, aligned to the i-Thrive Model<sup>14</sup> (developed by Anna Freud National Centre for Children and Families and Tavistock and Portman NHS Foundation Trust in 2014). This will ensure that resource is targeted toward CYP who need advice, signposting and focused goal-based input:

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<sup>14</sup> [i-THRIVE | Implementing the THRIVE Framework \(implementingthrive.org\)](https://www.implementingthrive.org/)



Figure 1: Thrive framework for system change, 2019

- 30 CYP, their families and professionals have been engaged extensively throughout the commissioning process, resulting a coproduced model which accurately reflects need and demand, and addresses gaps in services.

### Other Options Considered

- 31 Decommissioning the service (do nothing): this would decrease resource and capacity in early intervention and prevention CYP mental health and emotional wellbeing service, which would lead to increase pressure on secondary and crisis mental health services. By providing less therapeutic interventions and support to schools and professionals upstream, the complexity of presentations will continue to increase, and demand will increase for NHS services.

Option	Impact	Risk
Decommissioning the service (do nothing)	Lack of resource for early intervention and preventative mental health and emotional wellbeing support for CYP	Complexity and risk in CYP mental health will continue to increase and crisis service will be come overwhelmed

## Implications and Comments

### *Legal*

- 32 EHCYP services are classified as health and social care services for the purposes of Schedule 3 of the Public Contract Regulations 2015. If the value of the proposed contract over its entire term exceeds the applicable threshold for services of this nature (£663,540K) the contract will be awarded in accordance with the “Light Touch Regime” procedure as set out under Regulations 74 to 76 of the Public Contracts Regulations 2015.
- 33 Above threshold, light touch contracts are advertised using either a contract notice or a Prior Information Notice (PIN) and both notices must be submitted to the Find a Tender (FTS) website. The Council should also ensure that all of the procurement documents are made available to interested bidders on the online procurement portal at the time that the contract notice is published. If the Council publishes a contract notice, the opportunity should be published on Contracts Finder.
- 34 There are no specific procurement procedures for above threshold Schedule 3 services and therefore Contracting Authorities are free to exercise their discretion and create their own rules provided that these rules
- (a) Ensure that the contracting authority complies with the principles of transparency and equal treatment of all potential bidders
  - (b) Allows the contracting authority to take into account the need to ensure quality, continuity, accessibility, affordability, availability comprehensiveness of services and the specific needs of different categories of service users.
- 35 The contract award rules used by the contracting authority may also be based on the tender representing the best price-quality ratio.

*Section 151 Officer/Finance*

- 36 The EHCYP service is detailed within the Peoples Commissioning Team Plan and currently has an annual budget of £527,655.98.
- 37 The proposals recommended within this report will not directly impact on the Council’s Medium Term Financial Strategy (MTFS) as the service is fully funded via the Public Health grant. However, efficiencies made through an early intervention and prevention model will impact upon wider Council spend on specialist CYP mental health services.
- 38 We are currently exploring additional external funding streams to enhance the value of the contract and increase therapeutic delivery, which will again reduce spend on specialist mental health services.

*Policy*

- 39 At this stage there are no policy implications identified.

<b>An open and enabling organisation</b>	<b>A council which empowers and cares about people</b>	<b>A thriving and sustainable place</b>
<p>Listen, learn and respond to our residents, promoting opportunities for a two-way conversation</p> <p>Promote and develop the services of the council through regular communication and engagement with all residents</p>	<p>Support all children to have the best start in life</p> <p>Ensure all children have a high quality, enjoyable education that enables them to achieve their full potential</p>	<p>Thriving urban and rural economies with opportunities for all</p>

*Equality, Diversity and Inclusion*

- 40 An Equality Impact Assessment has been completed in parallel with the extensive consultation and engagement exercise (Appendix B)

*Human Resources*

- 41 It is likely that TUPE would apply for staff from the existing provider dependent on the outcome of the procurement exercise, so support will be sought from Legal when required.

*Risk Management*

- 42 Recommissioning of the service follows a project management approach which includes the identification of risks. Any significant risk will be controlled and escalated for action where appropriate.

#### *Rural Communities*

- 43 CYP, parents/carers and professionals from rural communities were key contributors throughout our engagement and coproduction journey. Our findings showed inequality in service availability and accessibility in our rural areas, so the new service will work alongside Cheshire East Rural Action Plan to ensure equitability across the borough.

#### *Children and Young People including Cared for Children, care leavers and Children with special educational needs and disabilities (SEND)*

- 44 Time was invested into speaking with cared for, care leavers and CYP with SEND (plus their parents/carers). They told us that having a trusted adult and a space to feel safe is important in supporting their mental health and emotional wellbeing. We learned that complicated pathways and long waiting lists leave many CYP in 'limbo' for extended periods of time. A conference led by Cheshire East Youth Council (Taboo Conference, 2021) found that careful planning of the school environment and training staff to understand how to respond to any young person who is struggling to cope with their emotional wellbeing are of paramount importance. This service will encompass recommendations from those with lived experience as a golden thread to increase inclusivity and equality.

#### *Public Health*

- 45 Commissioning intentions for the new EHCYP service will be underpinned by early help and prevention. The service is aligned to the Joint Local Health and Wellbeing Strategy Cheshire East 2023-2028 and performance management will be guided by the Joint Outcomes Framework. Service design will be informed by the JSNA (Tartan Rug) and wider Marmot Communities developments in Cheshire East.

#### *Climate Change*

- 46 The design and delivery of the EHCYP service will be underpinned environmental and sustainability considerations. The service specification will contain specific requirements for providers to work collaboratively to generate efficiencies and use innovative solutions to minimise the environmental impact of delivery. The tender process will include social value questions, including one specific to the environment.

<b>Access to Information</b>	
Contact Officer:	Katy Ellison, Project Manager (Thriving and Prevention)  Katy.ellison@cheshireeast.gov.uk
Appendices:	Appendix A – Engagement findings in detail  Appendix B – Equality Impact Assessment
Background Papers:	<a href="#">Cheshire East Corporate Plan</a>  <a href="#">The Joint Local Health and Wellbeing Strategy for the population of Cheshire East (2023 – 2028)</a>  <a href="#">Cheshire East’s Children and Young People’s Plan (2022 – 26)</a>  <a href="#">Together in Cheshire East</a>  <a href="#">Cheshire East Live Well for Longer Plan</a>  <a href="#">Cheshire East Joint Strategic Needs Assessment</a>  <a href="#">Transforming Children and Young People’s Mental Health Provision: a Green Paper</a>

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# Engagement Findings

We spoke to over 100 children and young people about their experiences of school, mental health services and generally what it is like to be young.

## What's good...

Independence and not much responsibility  
 Friends & family, playing with pets, feeling safe  
 Excited for the future, having a goal in sight  
 My voice is heard and I don't care about standing out  
 Meeting new people, experiencing new things and not scared of change  
 Digital social media – entertaining, keeps me connected and helps me be myself  
 Smiling and laughing  
 Being outdoors and exploring, travelling to new places  
 Hugs, kindness and compliments

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## Children and Young People

### What's not so good...

**Complexity** – isolation, overload, pressure, self-harm, suicide ideation

**School** – non-attendance, academically overwhelming, stressful, MH issues not acknowledged, conflict between teachers and parents/carers

**Covid legacy** – mental health, domestic abuse, missing out, social isolation, disruption to education, poor management of transitions

**Communication** – unaware of what support is available

**Service accessibility** – transport issues, waiting lists, lack of follow-up, 'square peg & round hole'

**Aspirations** – anxious about future, National / International crisis

**Trust** – takes time, don't want to burden

**Bullying & social media** – no escape, lack of support, hide behind screen, judgement, FOMO, unrealistic body image

# Engagement Findings

## CYP mental health and services available are like what?

**Complex** – stretched, crisis, younger children, too much resource in safeguarding so no EI&P

**Self-Harm & suicide ideation** – numbers increasing, grey area for risk management

**School avoidance** – increasing, no outreach support

**School** – performance over wellbeing, resource stretched, emergency service, inconsistency, ‘what next?’

**Collaboration** – isolation, silos, duplication, firefighting, no communication

**Navigation** – Onerous referral processes, overwhelming, no outreach, geographical inequality, not inclusive

**Service capacity** – waiting lists, red tape, eligibility restrictions

**Fear** – stigma, let down in the past, ‘threat’

## Stakeholders

We spoke to over 250 key stakeholders, including parents/carers and professionals about their experience of CYP mental health and emotional wellbeing, including the services available to support them

**Parenting** – trauma, lack of support, anxiety, dismissed, not listened to, poor family environment

**Aspirations** – anxiety (cost of living, war, covid), low parental aspirations, lack of resilience

**Resource** – knowledge gaps, high staff turnover, recruitment issues

**Media** – creates anxiety, no safety planning, bullying, catastrophising

**SEND** – undiagnosed conditions, lack of specialist support, increase in assessments

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# Themes presented at Design Event on 26<sup>th</sup> January

1. **Complex** – stretched, crisis, younger children, overload, pressure
2. **Social Isolation** – covid legacy, anxiety
3. **Early Intervention & Prevention** – not enough resource up stream
4. **Self-Harm & suicide ideation** – numbers increasing, grey area for risk management
5. **School** – non-attendance, performance over wellbeing, stressful, inconsistency, MH issues undetected
6. **Collaboration** – silos, duplication, firefighting
7. **Navigation** – Referrals onerous, no outreach, geographical inequality, not inclusive
8. **Communication** – services, amongst professionals
9. **Service accessibility** – transport, waiting lists, 'square peg & round hole'
10. **Service capacity** – waiting lists, red tape, eligibility restriction
11. **Fear** – stigma, let down in the past, 'threat'
12. **Parenting** – lack of support, anxiety, dismissed
13. **Aspirations** – anxiety (cost of living, war, covid), low parental aspirations, lack of resilience
14. **Resource** – knowledge gaps, high staff turnover, recruitment issues
15. **Media** – creates anxiety, catastrophising
16. **SEND** – undiagnosed conditions, lack of specialist support
17. **Trust** – takes time, don't want to burden
18. **Bullying & social media** – no escape, lack of support, judgement, FOMO, negativity, unrealistic

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# Coproduced Service Priorities (what are we hoping to solve?)

## Parenting support

- How do we create an **accessible, well communicated menu** of parenting support options?
- How do we ensure that parents feel safe, supported and are equipped with the ability to **embed strategies** to improve **family resilience**?
- How do we empower parents to work as **equal partners** within the wider system in decision making forums about their children?
- How do we support parents to identify and access the support they need to address **their own MH issues**?

## Service access and navigation

- How can we **work as a system** to identify gaps in service and position resource where needed?
- How do we ensure that support is available in the **right place at the right time**?
- How do we help CYP and their families to **understand the journey** they will be taken on?
- How do we **simplify** service accessibility / eligibility?
- How do we **empower** CYP and their families to become more resilient (rather than chasing a diagnosis)?

## Collaboration

- How do we create **system change** to enable collaborative service delivery?
- How do we encourage professionals to **work together** in early intervention to prevent crisis?
- How do we ensure that children & young people only have to **tell their story once**?

## Self-harm & suicide ideation

- How do we equip EVERYONE with the ability to **react appropriately** to concerns around self-harm and suicide ideation?
- How do we work as a system to create **supportive environments** that are accessible to all CYP?
- How do we ensure that CYP can access a **'trusted adult'** who is confident in having challenging conversations?

## Bullying and social media

- How do we educate parents/carers about **online safety**?
- How do we create a sense of **shared responsibility** in schools for addressing bullying and abuse online?
- How do we educate CYP in their **rights and legal protection** in the way they are treated by peers?
- How do we increase **protective factors** to mitigate long term effects of bullying and abuse online?

## School

- How do we create a **shared understanding** of what 'good' (support/intervention) looks like?
- How do we ensure there is a **trusted adult** and **safe space** available to CYP in every setting?
- How do we ensure every member of staff in school is **equipped to respond** and support CYP?
- How do we provide equality in support for those CYP **not attending** school?

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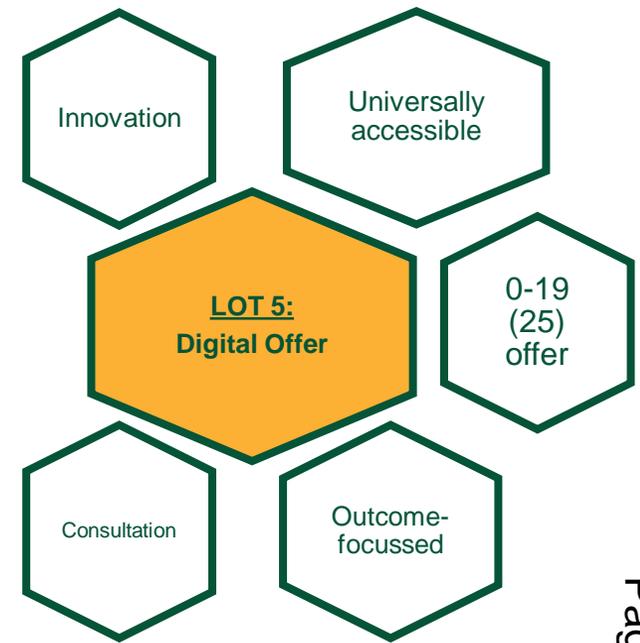
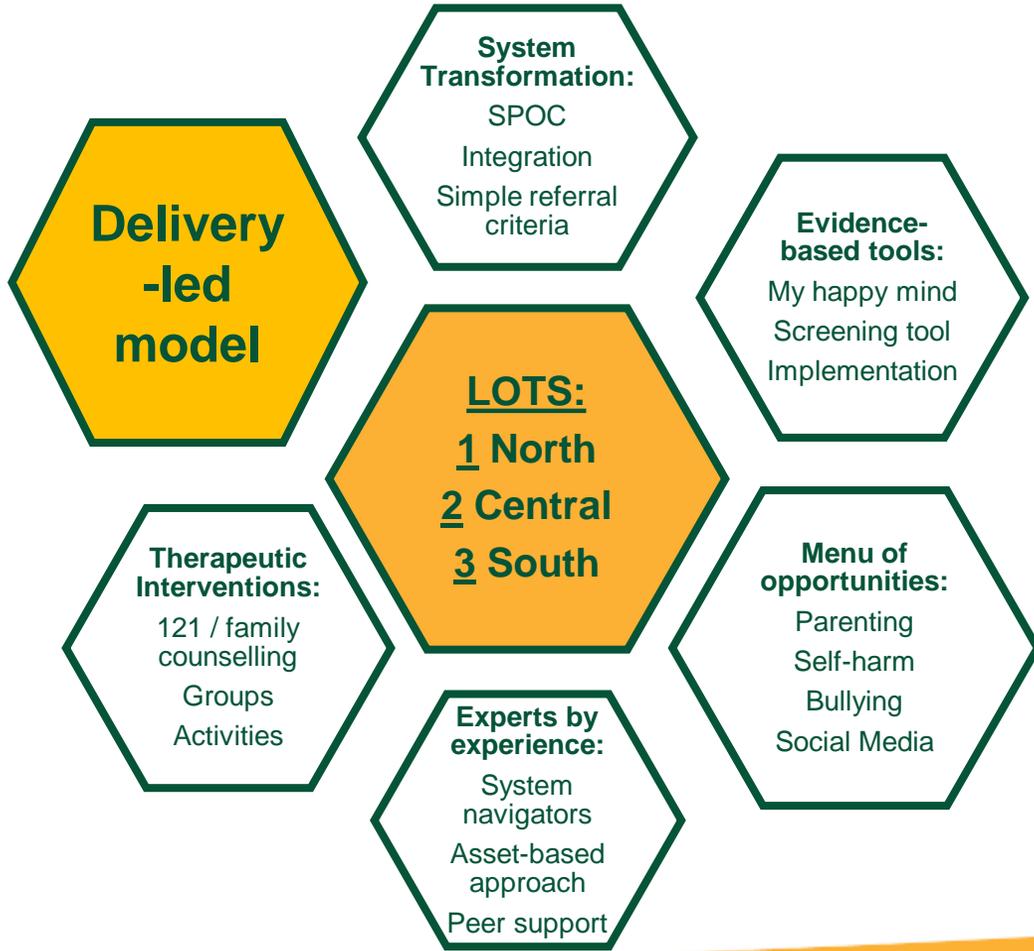
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# Proposed Model (subject to consultation and further coproduction)

- 0 – 19 (25) offer
- Early intervention & health promotion
- Focus on developing resilience
- Whole-family approach
- Delivery-led model
- MECC
- Consortium / alliance
- Proportionate universalism
- Equality of offer – geographically & school non-attenders
- Data flow to NHS England
- Trusted adult / safe space
- Asset-based
- Targeted social value



# The detail



## Equality Impact Assessment (EIA) Engagement and our equality duty

Whilst [the Gunning Principles](#) set out the rules for consulting ‘everyone’, additional requirements are in place to avoid discrimination and inequality.

Cheshire East Council is required to comply with the Equality Act 2010 and the Public Sector Equality Duty. The Equality Act 2010 simplified previous anti-discrimination laws with a single piece of legislation. Within the Act, the Public Sector Equality Duty (Section 149) has three aims. It requires public bodies to have due regard to the need to:

- eliminate unlawful discrimination, harassment, victimisation and any other conduct prohibited by the Act, by consciously thinking about equality when making decisions (such as in developing policy, delivering services and commissioning from others)
- advance equality of opportunity between people who share a protected characteristic and people who do not share it, by removing disadvantages, meeting their specific needs, and encouraging their participation in public life
- foster good relations between people who share a protected characteristic and people who do not

The Equality Duty helps public bodies to deliver their overall objectives for public services, and as such should be approached as a positive opportunity to support good decision-making.

It encourages public bodies to understand how different people will be affected by their activities so that policies and services are appropriate and accessible to all and meet different people’s needs. By understanding the effect of their activities on different people, and how inclusive public services can support and open up people’s opportunities, public bodies are better placed to deliver policies and services that are efficient and effective.

Complying with the Equality Duty may involve treating some people better than others, as far as this is allowed by discrimination law. For example, it may involve providing a service in a way which is appropriate for people who share a protected characteristic, such as providing computer training to all people to help them access information and services.

The Equality Act identifies nine 'protected characteristics' and makes it a legal requirement to make sure that people with these characteristics are protected from discrimination:

- Age
- Disability
- Gender reassignment
- Marriage and civil partnerships
- Pregnancy and maternity
- Race
- Religion or belief
- Sex
- Sexual orientation

### **Applying the equality duty to engagement**

If you are developing a new policy, strategy or programme you may need to carry out an Equality Impact Assessment. You may be able to ascertain the impact of your proposal on different characteristics through desk-based research and learning from similar programmes, but you also need to carry out some primary research and engagement. People with protected characteristics are often described as 'hard to reach' but you will find everyone can be reached – you just need to tailor your approach, so it is accessible for them.

Contacting the [Equality and Diversity mailbox](#) will help you to understand how you can gain insight as to the impacts of your proposals and will ensure that you help the Council to comply with the Equality Act 2010 and the Public Sector Equality Duty.

Section 1 – Details of the service, service change, decommissioning of the service, strategy, function or procedure

<b>Proposal Title</b>	Emotionally Healthy Children & Young People service
<b>Date of Assessment</b>	28 <sup>th</sup> June 2023
<b>Assessment Lead Officer Name</b>	Trevor Smith
<b>Directorate/Service</b>	People Directorate/Thriving & Prevention
<b>Details of the service, service change, decommissioning of the service, strategy, function or procedure.</b>	<p><b>Description of the service:</b> The Emotionally Healthy Children and Young People’s (EHCYP) service aims to offer secure, sustainable support to all children and young people who may need help or advice in order to achieve good emotional wellbeing. The service brings together colleagues from early years, education, health and the voluntary sector to support children, families and professionals in Cheshire East in their efforts to improve mental health outcomes.</p> <p><b>The purpose or aim:</b> To improve the mental health and wellbeing of children and young people across Cheshire East.</p> <p><b>Why is the service being commissioned and what evidence has been used to reach this decision?</b> The existing EHCYP service contract naturally expires on 31<sup>st</sup> March 2024 and a new service will commence on 1<sup>st</sup> April 2024. The proposal for the new service is to adopt a new delivery model which will see a mental health alliance created and the removal of the lead provider. A robust series of engagement/consultation sessions have been undertaken over a period of 3 months which has enabled the co-production of a plan/model for the new service going forward into the future.</p>
<b>Who is Affected?</b>	<p>The new service model proposal will affect the following</p> <ul style="list-style-type: none"> <li>• Children and young people (CYP)</li> <li>• Families</li> <li>• Service providers</li> <li>• Partners &amp; stakeholders</li> </ul>

	<p>CYP may be affected by the service recommissioning (in the short term) as the new service model may take a short period to mobilise, however in the longer term the service model intends to be more inclusive and easier accessed, so the impact on CYP and their families will be positive in nature. CYP and their families have helped to co-produce the new service design through active engagement and consultation so the proposed model has been formulated based on their feedback.</p> <p>Key partners and stakeholders will not be adversely affected as many of them have been on the journey of coproduction and are on-board with the new service model.</p>
<p><b>Links and impact on other services, strategies, functions or procedures.</b></p>	<p>The proposed model does not adversely impact upon delivery of other Council services, functions or procedures. The proposal does link into the following strategies and policies:</p> <ul style="list-style-type: none"> <li>• Cheshire East Corporate Plan 2021 – 2025</li> <li>• Cheshire East Live Well for Longer Plan 2022 – 2027</li> <li>• Cheshire and Merseyside Health and Care Partnership Interim Strategy 2023 – 2028</li> <li>• Cheshire East Joint Local Health and Wellbeing Strategy 2023 – 2028</li> <li>• All Age Mental Health Strategy (draft)</li> <li>• Children and Young People’s Plan 2022-2026</li> </ul> <p>The proposed service fits into the Cheshire East Council Corporate Plan as it supports all children to have the best start in life, increases opportunities for all children and young adults with additional needs and ensures all children have a high quality, enjoyable education that enables them to achieve their full potential.</p>

<p><b>How does the service, service change, strategy, function or procedure help the Council meet the requirements of the <a href="#">Public Sector Equality Duty</a>?</b></p>	<p>The proposed service helps the Council meet the requirements of the Public Sector Equality Duty by:</p> <ul style="list-style-type: none"> <li>• The proposed service delivery model was coproduced with CYP, their families and relevant professional partners</li> <li>• The proposed service is inclusive to CYP and their families of all cultures, religions and nationality. Workshops and engagement events were held with hard-to-reach groups including migrants and asylum seekers to ensure their voice contributed to the design of the new service</li> <li>• The engagement and consultation process actively included CYP who consider themselves to have a disability and those from the LGBTQIA+ community</li> <li>• The new service proposal is inclusive to all, it does not distinguish between genders or sexual orientation as the principles and commitments benefit everyone</li> </ul>
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## Section 2- Information – What do you know?

<p><b>What do you know?</b></p>	<p><b>What information (qualitative and quantitative) and/or research have you used to commission/change/decommission the service, strategy, function, or procedure?</b></p> <p>There has been a blend of information, both qualitative and quantitative which has provided the foundation to the new service proposal. Public Health colleagues have conducted a Joint Strategic Needs Assessment (JSNA) deep dive review on emotional and mental wellbeing in CYP and the resulting data and recommendations have provided a foundation for commissioning intentions. 36 focus groups have been conducted with over 300 participants, including CYP and their families, and a host of other stakeholders such as Children and Families Service, commissioned Providers, early years, education, further education providers, Headteachers, Police, Primary / Secondary School staff, Health (GPs &amp; 0 – 19 Service), the LGBTQ+ community, SEND, the VCFSE Sector, the Out of School / Tuition team and Youth Justice.</p>
<p><b>Information you used</b></p>	<p>Cheshire East Council Joint Strategic Needs Assessment (JSNA): <a href="https://www.cheshireeast.gov.uk/jсна">Joint Strategic Needs Assessment (cheshireeast.gov.uk)</a>          Together in Cheshire East (our shared definition of coproduction): <a href="#">TOGETHER in Cheshire East</a>          Equality and Human Rights Commission: <a href="https://www.equalityhumanrights.com">Protected characteristics   Equality and Human Rights Commission (equalityhumanrights.com)</a></p>

	Jigsaw for young people with additional needs: <a href="#">Jigsaw for young people with additional needs   CheshireEast MarketPlace</a> Utopia LGBTQ+ Youth Group: <a href="#">Utopia LGBTQ+ Youth Group - Crewe   CheshireEast MarketPlace</a>
<b>Gaps in your Information</b>	There are no gaps in information as the engagement/consultations were so thorough.

### 3. What did people tell you?

<b>What did people tell you</b>	<b>What consultation and engagement activities have you already undertaken and what did people tell you? Is there any feedback from other local and/or external regional/national consultations that could be included in your assessment?</b>
<b>Details and dates of the consultation/s and/or engagement activities</b>	<p>Between September 2022 to December 2022 there were 36 focus groups held both face to face and online and 346 participants engaged, including children and young people in Primary School, Secondary School, Further Education, Alternative Education and Youth Clubs. Young Carers, Children in Care, LGBTQ+, Migrants and SEND were specifically engaged.</p> <p>A number of stakeholders were also engaged. These included Children and Families Service, commissioned Providers, early years, education, further education providers, Headteachers, Police, Primary / Secondary School staff, Health (GPs &amp; 0 – 19 Service), the LGBTQ+ community, SEND, the VCFSE Sector, the Out of School / Tuition team and Youth Justice.</p> <p>From the focus groups we learnt that the current challenges are as follows:</p> <ul style="list-style-type: none"> <li>• There is a lack of early intervention and increased complexity</li> <li>• Covid has left a legacy</li> <li>• Self-harm and suicide ideation is increasing, younger people are presenting with issues and there is a grey area</li> <li>• Organisations and partners are often working in silo's</li> <li>• There are increasing academic pressures facing children and young people currently</li> <li>• There are system navigation issues for partners and referrals are 'bouncing' around the system</li> <li>• There is a geographical inequality across Cheshire East</li> </ul>

	<ul style="list-style-type: none"> <li>• There is a lack of therapeutic support for under 11s</li> <li>• There is a distinct lack of parenting support</li> <li>• Pathways are unclear</li> <li>• There is a lack of emotionally available trusted adults</li> <li>• There is a lack of support for bullying and online abuse</li> <li>• There is a lack of knowledge from children and young people around online safety</li> <li>• Support in schools is inconsistent</li> <li>• Emotional needs have risen exponentially, and resilience is down</li> </ul> <p>Following the focus groups a specific design event took place in January 2023. From that design event which was attended by a number of key stakeholders and partners 6 key themes emerged which form the basis on the new service model. These were:</p> <ul style="list-style-type: none"> <li>• Collaboration</li> <li>• System access and navigation</li> <li>• Parenting</li> <li>• Bullying and social media</li> <li>• Suicide and self-harm</li> <li>• School</li> </ul> <p>In March 2023 6 multi-agency task and finish groups were set up and a total of 57 people participated in these groups. The purpose of the groups was to generate solutions to the issues raised in the focus groups, specifically around the 6 key identified themes.</p>
<p><b>Gaps in consultation and engagement feedback</b></p>	<p>There are no identified gaps in knowledge given the comprehensive feedback received from children, young people, partners and stakeholders.</p>

#### 4. Review of information, consultation feedback and equality analysis

<b>Protected characteristics groups from the <a href="#">Equality Act 2010</a></b>	<b>What do you know?</b> Summary of information used to inform the proposal	<b>What did people tell you?</b> Summary of customer and/or staff feedback	<b>What does this mean?</b> Impacts identified from the information and feedback (actual and potential). These can be either positive, negative or have no impact.
<b>Age</b>	The co-production process was inclusive of all ages. Children and young people contributed to the insights because it was important to hear their intentions and wishes for their future.	The new service proposal should focus on children and young people aged between 0 to 19 years (up to 25 for SEND). There is a current inequality of service offer relating to age.	Positive impact
<b>Disability</b>	The engagement and consultation process actively included children and young people who consider themselves to have a disability so the proposed service model will be inclusive to this community.	<p><b>What's it like to be a young person?</b></p> <ul style="list-style-type: none"> <li>• Long waiting lists</li> <li>• Pressure to achieve from schools – all about academic results</li> <li>• I love my independence</li> <li>• Obsessed with social media, addiction, fear of missing out,</li> <li>• Pressures from social media, route for bullying, bullies can reach me at home</li> <li>• Impact of lockdown – mental health, domestic abuse, missing out</li> <li>• transitions without preparation</li> <li>• lack of social interaction</li> <li>• Stopped leaving the house due to OCD (germs)</li> </ul> <p><b>What needs to be in place to pick you up when you're feeling down?</b></p> <ul style="list-style-type: none"> <li>• Support from school / college</li> <li>• Cut down waiting lists for mental health services</li> <li>• Talk to someone I trust – parents / family, youth support service, teacher, peers</li> </ul>	Positive impact

		<ul style="list-style-type: none"> <li>• A place to go to where there's support available – face to the service, rather than just a phone number</li> <li>• Communication about support services as they are often hidden</li> </ul> <p><b>Barriers to services</b></p> <ul style="list-style-type: none"> <li>• Waiting lists</li> <li>• Not knowing they exist</li> <li>• Referral process and fear of not meeting criteria / thresholds</li> <li>• Inaccessibility due to transport and physical health difficulties</li> <li>• Not feeling confident</li> <li>• Don't access help because they don't think they're bad enough – let it get to crisis point before they seek help</li> </ul>	
<b>Gender reassignment</b>	The proposed service model is inclusive to all, it does not distinguish between genders as the principles and commitments benefits children and young people and their families.	CYP told us that advice and support around gender reassignment is predominantly only available for adults, so they feel dismissed. Hormone treatment therapies are also not readily available for CYP.	Positive impact
<b>Pregnancy and maternity</b>	The proposed service model is inclusive to all	Prospective parents told us that they would benefit from parenting support as early as possible to equip them with the knowledge and confident needed to address problems with their children early and to prevent escalation	Positive impact
<b>Race/ethnicity</b>	The proposed service model is inclusive to all cultures, religions and nationalities. Workshops and engagement events were held with hard to reach groups including migrants and asylum seekers to ensure their insights contributed to the Plan.	<p><b>What's tough about being a Young Person &amp; from another race or religion?</b></p> <ul style="list-style-type: none"> <li>• Adults can be judgmental about young people</li> <li>• School work can be tough and homework too frequent</li> <li>• Difficult to motivate yourself to attend school</li> <li>• People being fake – also fake profiles online and abuse</li> <li>• Covid was really tough – it messed up options at School</li> <li>• Language is different at home than it is at School – so harder to transition back and forth (most parents could only speak broken English at best so had to revert to non-English language)</li> <li>• The pandemic did affect language as we got sent home in lockdown which affected our development and time was lost</li> </ul>	Positive impact

		<ul style="list-style-type: none"> <li>• Pandemic meant we had to stay in a bubble which was ok but limited social interaction</li> <li>• We kind of lost our identity (within School) during Covid lockdowns due to the disruption</li> <li>• Could not travel back to native Country due to the increased costs – so could not see wider family in person</li> </ul>	
<b>Religion or belief</b>	The co-production process involved engaging with children and young people of various religions and beliefs.	See comments in race/ethnicity	Positive impact
<b>Sex</b>	The co-production process involved engaging with children and young people of all genders.	There was no disparity in feedback across all genders, with all CYP highlighting the same gaps in service.	Positive impact
<b>Sexual orientation</b>	22 representatives from Vibrance and Utopia LGBTQ+ focus group engaged with during consultation process.	<p><b>What's good about being a young person</b></p> <ul style="list-style-type: none"> <li>• Attending Utopia youth group</li> <li>• I get confidence from looking confident and I don't care about standing out</li> <li>• NHS are there for me – they don't know everything, but they help me</li> <li>• Phones / social media – be myself, more social, anonymity</li> </ul> <p><b>What's bad about being a young person?</b></p> <ul style="list-style-type: none"> <li>• There's an unrealistic expectation to fit in</li> <li>• You can be a bit different, but not too much, but only if you're popular</li> <li>• Bullied for being different, bullied for being fake</li> <li>• Schools don't always follow up on bullying complaints and take a punishment rather than supportive approach</li> <li>• Scared of talking about my feelings to close family as I don't want to be a burden</li> <li>• Mental health issues are overlooked in young people</li> <li>• Prejudice towards sexuality – especially in school</li> </ul>	Positive impact

		<ul style="list-style-type: none"> <li>• Lack of confidence in teachers to address behavioural issues (e.g. homophobia)</li> <li>• Help is more accessible for older people (e.g. hormone therapy)</li> <li>• I'm only taken seriously if I reach crisis point</li> <li>• Social media – hate, death threats, lack of security</li> <li>• Poor experience of crisis MH services (CAMHS, A&amp;E)</li> </ul>	
<b>Marriage and civil partnership</b>	The service proposal is inclusive to all.	CYP and their families told us that taking a 'whole family' approach to support provision is vital for addressing their mental health and emotional wellbeing.	Positive

## 5. Justification, Mitigation and Actions

<b>Mitigation</b>	<b>What can you do?</b> Actions to mitigate any negative impacts or further enhance positive impacts
<p>Please provide justification for the proposal if negative impacts have been identified? Are there any actions that could be undertaken to mitigate, reduce or remove negative impacts?</p> <p>Have all available options been explored? Please include details of alternative options and why they couldn't be considered?</p> <p>Please include details of how positive impacts could be further enhanced, if possible?</p>	<p>There are no negative impacts identified. The proposed service model is entirely coproduced by CYP, their families and professional stakeholders so there will be no negative impact on service delivery, only positive as the proposed service will go further to accurately meet needs. The proposed model creates an 'alliance' of agencies working in partnership to take a systematic approach toward achieving a shared goal.</p> <p>The current model has a lead provider and several sub-contractors, which is an option that has been explored. However, this requires additional funding for the lead provider for contract management oversight, which takes resource away from delivery, so the preferred model is proposed as an alliance of providers with an infrastructure development lead to encourage collaboration and create sustainability.</p>

## 6. Monitoring and Review -

<b>Monitoring and review</b>	<b>How will the impact of the service, service change, decommissioning of the service, strategy, function or procedure be monitored? How will actions to mitigate negative impacts be monitored? Date for review of the EIA</b>
<b>Details of monitoring activities</b>	The impact of the new proposal will be monitored through regular meetings, quarterly reviews, feedback from service users, feedback from providers, partners and stakeholders.
<b>Date and responsible officer for the review of the EIA</b>	Review September 2024, Trevor Smith – Project Support Officer, Thriving & Prevention, People Directorate

## 7. Sign Off

When you have completed your EIA, it should be sent to the [Equality, Diversity and Inclusion Mailbox](#) for review. If your EIA is approved, it must then be signed off by a senior manager within your Department (Head of Service or above).

Once the EIA has been signed off, please forward a copy to the Equality, Diversity and Inclusion Officer to be published on the website. For Transparency, we are committed to publishing all Equality Impact Assessments relating to public engagement.

<b>Name</b>	
<b>Signature</b>	
<b>Date</b>	

## 8. Help and Support

For support and advice please contact [EqualityandInclusion@cheshireeast.gov.uk](mailto:EqualityandInclusion@cheshireeast.gov.uk)

OPEN

## **Adults and Health Committee**

**25<sup>th</sup> Sept 2023**

### **Adults Social Care Q1 scorecard 2023/24**

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

**Report Reference No: AH/26/2023-24**

**Ward(s) Affected: All Wards**

### **Purpose of Report**

- 1 To provide Adults and Health Committee 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.

### **Executive Summary**

- 2 This report provides an overview of quarter one performance for adult social care services for the relevant indicators for the reporting year of 2023-24. It also provides where applicable the outturn position for the reporting year end.
- 3 The committee will note the report reflects a rolling four quarter activity.

### **RECOMMENDATIONS**

The Adults and Health Committee is recommended to:

1. Scrutinise the performance of adult social care services for quarter one and the finalised performance for the full reporting year.

## Background

- 4 This quarterly report provides the committee with an overview of performance across Adult Social Care services. This report relates to quarter 1 of 2023-24 (1 April 2023 – 30 June 2023).
- 5 The outcomes framework scorecard contains 35 indicators across adult social care services and provides a strategic overview of the core activity with the service areas that demonstrate how we support the children and young people in Cheshire East. It also gives a very high-level indicative picture of the gross financial costs of services.
- 6 The following indicators have been highlighted for consideration – please note the numbers relate to the corresponding indicator in the attached appendix outcomes framework scorecard.
  - **1.3 - Total number of individuals currently in short-term residential/ nursing care.** Quarter one has continued to see a reduction in those being supported in short term placements. This is in line with the medium-term financial strategy line to reduce the usage of short-term placements where appropriate. It has been possible because of the work undertaken to grow capacity in the domiciliary care market within Cheshire East, as set out in the Market Sustainability Plan, approved by Committee in March 2023. This approach enables individuals to return home in a more timely fashion and be supported in the community.
  - **1.4 - Weekly number of Domiciliary Care Hours.** In the last 12 months there has been significant progress made to increase domiciliary care market capacity in the authority. As noted above this is a critical action to reduce over-reliance on residential and nursing care beds. As a result, we are now able to commission almost 4,000 more hours a week which on an average of 20 hours care per person per week would equate to an additional 200 people per week being supported to stay in their own homes.
  - **2.1 - Number of New Case Contacts.** These continue on a downward trend with the lowest quarterly number in the last four quarters. This can be linked to the front door approach to signposting individuals where applicable to preventative services in-order to prevent, reduce or delay the need for care and local authority support. This may also be an indicator that individuals are accessing support via the LiveWell site and other preventative services in the first instance. We are currently evaluating the use of the LiveWell site to understand whether any changes are required and if so, what those changes may be.

- **2.8 – Number of Contacts resulting in a New Referral.** As noted above the number of new contacts in total is reducing, but the proportion of people who contact us and are then referred for an assessment has increased slightly and has been at around 71% for the last 6 months. This suggests that those now contacting the front door for support have a higher level of need than has been the case in the past. Taken together these two indicators suggest that this strand of the Directorate's strategy for managing demand is working. There is further work to do to understand what the overall impact of reduced contacts but increased referrals is having on overall workload for social care teams and we do not yet have enough information to know whether people have accessed or used prevention services prior to contacting us.
- **2.4 and 2.9 – Number of Support Plan Reviews Completed and Percentage of Clients who have received Long Term Support for 24 months continuously that have been reviewed in the last 24 month.** We are not carrying out reviews in as timely a way as we would wish, primarily due to increased referrals and safeguarding. This is a conscious decision based on our assessment of the relative risk. Where possible risks are being mitigated through other forms of contact in place from services, together with prioritising those who have no carer or support network in place, in the first instance.
- **3.4 - Percentage of community support reablement completed with no ongoing package of care.** Care4Ce continues to be a highly valued resource and an area where we receive a substantial number of compliments each quarter, in 22/23 a total of 355 compliments were received. Prompt intervention is crucial to the success of reablement achieving lasting results and whilst the increased capacity in the domiciliary care market is providing some support the demand for reablement continues to exceed our capacity to support all cases. We are reviewing our use of reablement to ensure that we are deploying the service in the most effective way possible. We will also consider whether there is a business case for expanding the service, which would be self-financing.
- **4.6 – Total number of Clients only receiving a Telecare service.** The increased usage of the wide range of assistive technology available is one of the key strategic aims of the Adults service transformation programme and medium-term financial strategy. There is work ongoing with the frontline teams to highlight the different items available and how they can be used

instead of or alongside other services to maximise independence and help them expand the use of assistive technology. We have also commenced formal contract interventions with the provider to ensure that the additional activity and capacity required to meet our strategic ambitions is delivered.

- **5.4-5.5 – Number of new Safeguarding Concerns received in a period (events not individuals) and Number of new S42 Safeguarding Enquiries starting in a period.** The number of safeguarding concerns received in a quarter continued on an upward trend. This is probably indicative of the overall pressures in the wider care system, such as workforce and recruitment difficulties, which is resulting in more concerns. However, fortunately, we are not seeing an increase in those meeting the threshold of a S42 enquiry. This potentially means providers and others are recognising issues at an early stage and the appropriate support and interventions can be put in place sooner to safeguard and prevent escalation. In quarter one where S42's were completed an increasing percentage who expressed their desired outcomes, had those outcomes fully achieved.

## **Consultation and Engagement**

7 Not applicable

## **Reasons for Recommendations**

8 One of the key areas of focus for the Adults and Health Committee is to review performance and scrutinise the effectiveness of services for our most vulnerable adults. This is in alignment with the strategic aims of a Fair Council.

## **Other Options Considered**

9 Not applicable.

## **Implications and Comments**

*Monitoring Officer/Legal*

10 There are no direct legal implications.

*Section 151 Officer/Finance*

- 11 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 budget pressures at a service level.

*Policy*

- 12 There are no direct policy implications.

*Equality, Diversity and Inclusion*

- 13 Members may want to use the information from the performance indicators to ensure that services are targeted at more vulnerable adults.

*Human Resources*

- 14 There are no direct human resources implications.

*Risk Management*

There are risks associated with some performance measures, e.g. increases in demand and timeliness of services.

*Rural Communities*

- 15 There are no direct implications to rural.

*Public Health*

- 16 There are no direct public health implications.

*Climate Change*

- 17 This report does not impact on climate change.

<b>Access to Information</b>	
Contact Officer:	Bev Harding, Business Intelligence Manager <a href="mailto:Bev.Harding@cheshireeast.gov.uk">Bev.Harding@cheshireeast.gov.uk</a>
Appendices:	Adults Social Care Score Card June 2023
Background Papers:	None

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### Adult Services Score Card Q1 2023-24 (Rolling four quarter period)

Indicator	Benchmarking Indicators	Year end 2022-23	Quarter 2 2022-23	Quarter 3 2022-23	Quarter 4 2022-23	Quarter 1 2023-24	Year to date 2023-24
1.1	Total number of individuals currently in permanent residential/ nursing care 18-64	169	173	174	169	172	172
1.2	Total number of individuals currently in permanent residential/ nursing care 65+	1,178	1,189	1,192	1,178	1,232	1,232
1.3	Total number of individuals currently in short-term residential/ nursing care	139	202	157	139	109	109
1.4	Weekly number of Domiciliary Care Hours	18,603	16,115	17,486	18,603	19,887	19,887
<b>Core Service Activity</b>							
2.1	Number of New case Contacts	13,014	3,455	3,150	3,346	3,061	3,061
2.2	Assessments that result in any commissioned service (including long-term, short-term and telecare)	1,904	439	452	541	548	548
2.3	Number of Assessments completed in the period	2,442	580	603	667	708	708
2.4	Number of Support Plan Reviews Completed	3,596	852	867	998	849	849
2.5	% of all new contacts (other than safeguarding) where the Client had any other contact in the previous 12 months	35.4%	34.8%	35.3%	35.4%	33.9%	33.9%
2.6	Number of service users in receipt of a community based service	3,952	4,555	4,520	3,952	4,614	4,614
2.7	Proportion of services users in receipt of a community based service	83%	78.7%	78.3%	76.3%	78.2%	78.2%
2.8	Number of Contacts resulting in a New referral	9,011	2,357	2,111	2,412	2,200	2,200
2.9	% of Clients who have received Long Term Support for 24 months continuously that have been reviewed in the last 24 months	87.2%	87.5%	87.1%	87.2%	86.8%	86.8%
<b>Care4CE</b>							
3.1	Number of community support reablement referrals received	893	200	213	185	197	197
3.2	Number of mental health reablement referrals received	2,798	725	711	715	715	715
3.3	Number of dementia reablement referrals received	1,020	225	237	276	248	248
3.4	% of community support reablement completed with no ongoing package of care	62.5%	63.2%	60.4%	67.3%	59.7%	59.7%
3.5	% of mental health reablement referrals where individual engaged	72%	73%	74%	67%	74%	74%
<b>Active Service Users</b>							
4.1	Total number of individuals on the visual impairment register	2,298	2,141	2,219	2,298	2,230	2,230
4.2	Total number of Clients with an active service other than Telecare (18-25)	248	243	236	248	238	238
4.3	Total number of Clients with an active service other than Telecare (26-64)	1,373	1,333	1,350	1,373	1,404	1,404
4.4	Total number of Clients with an active service other than Telecare (65-84)	1,586	1,522	1,580	1,586	1,654	1,654
4.5	Total number of Clients with an active service other than Telecare (85+)	1,233	1,226	1,223	1,233	1,283	1,283
4.6	Total number of Clients only receiving a Telecare service	1,366	1,480	1,401	1,366	1,328	1,328
4.7	Total number of Clients receiving any service - including Telecare (65+)	4,090	4,135	4,114	4,090	4,166	4,166
<b>Risk Enablement</b>							
5.1	Number of mental health act assessments completed	689	194	156	173	163	163
5.2	Number of S117 clients (includes Z65 MH Aftercare)	1,037	1,027	1,034	1,037	1,047	1,047
5.3	Number of Substantiated (including partially Substantiated) S42 Enquiries concluding with a 'Type' of Domestic Abuse	55	19	17	9	6	6
5.4	Number of new Safeguarding Concerns received in a period (events not individuals)	5,537	1,427	1,547	1,376	1,550	1,550
5.5	Number of new S42 Safeguarding Enquiries starting in a period	1,223	302	309	316	268	268
5.6	Number of new Other (non-S42) Safeguarding Enquiries starting in a period	89	23	31	15	24	24

5.7	S42 Enquires concluded in the period	1,160	314	278	319	289	289
5.8	S42 Enquires concluded for which the client expressed their desired outcomes	788	219	182	221	201	201
5.9	Of S42 Enquires completed that the client expressed their desired outcomes, the number that were fully achieved (not partially achieved)	444	148	93	117	120	120
5.10	Number of concluded S42 Enquires where outcome of enquiry was substantiated/ partially substantiated	728	198	172	203	171	171
	Finance Figures	Year end 2022: 23	Periods 4-6	Periods 7-9	Periods 10-13	Periods 1-3	Year to date
6.1	All Costs Gross Actuals	£148,325,945	£33,748,264	£34,870,285	£47,425,422	£37,409,461	£37,409,461
6.2	External Gross Costs	£138,922,341	£31,599,241	£32,666,945	£34,492,600	£35,147,297	£35,147,297
6.3	Internal Gross Costs	£9,258,352	£2,137,265	£2,175,537	£2,896,462	£2,196,136	£2,196,136
6.4	Other Gross Costs	£145,253	£11,756	£27,803	£89,360	£66,028	£66,028

## CHESHIRE EAST COUNCIL

Minutes of a meeting of the **Cheshire East Health and Wellbeing Board** held on Tuesday, 27th June, 2023 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  
Jenny Lloyd, Healthwatch Cheshire  
Rich Burgess, Interim Associate Director of Transformation & Partnerships, NHS Cheshire & Merseyside Integrated Care Board  
Dr Matt Tyrer, Director of Public Health  
Isla Wilson, Health and Care Partnership Board Chair

#### Associate Non-Voting Members

Councillor Janet Clowes, Cheshire East Council  
Kathryn Sullivan, CVS Cheshire East  
Charlotte Wright, Cheshire Fire and Rescue

#### Cheshire East Officers and Others

Dr Andrew Davies, Chair of the Youth Justice Health Subgroup  
Tom Dooks, Senior Manager, Youth Justice Services  
Neil Evans, Associate Director of Strategy and Collaboration, NHS Cheshire and Merseyside ICB  
Guy Kilminster, Corporate Manager Health Improvement  
Dan McCabe, Team Manager, Adults Commissioning  
Patrick Rhoden, Business Finance Lead  
Dr Susie Roberts, Public Health Consultant  
Karen Shuker, Democratic Services Officer

### 1 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.

### 2 APPOINTMENT OF VICE CHAIR

It was proposed and seconded that the appointment of Vice Chair would be deferred to the September meeting.

This was voted on and was carried unanimously.

**RESOLVED:**

That the appointment of vice chair would be deferred to the September meeting.

**3 APOLOGIES FOR ABSENCE**

Apologies for absence were received from Louise Barry, Helen Charlesworth-May, Denise Frodsham, Dr Patrick Kearns, Dr Lorraine O'Donnell, Superintendent Claire Jesson, Jayne Traverse, Mark Wilkinson and Claire Williamson.

Jenny Lloyd attended as a substitute for Louise Barry.  
Rich Burgess attended as a substitute for Mark Wilkinson.

The Chair thanked the following members who would no longer be Board members following approval of the revised terms of reference which was due to be considered at Council on the 19 July 2023.

- Chris Hart
- Dr Lorraine O'Donnell
- Dr Patrick Kearns
- Denise Frodsham

**4 DECLARATIONS OF INTEREST**

There were no declarations of interest.

**5 MINUTES OF PREVIOUS MEETING**

**RESOLVED:**

That the minutes of the meeting held on 27 March 2023 be confirmed as a correct record.

**6 PUBLIC SPEAKING TIME/OPEN SESSION**

There were no members of the public present.

**7 ASSOCIATE MEMBER NOMINATIONS 2023-2024**

**RESOLVED:**

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

Councillor Janet Clowes – Opposition Group representative  
Peter Skates – representing the Executive Director of Place  
Superintendent Claire Jesson – representing the Police and Crime

Commissioner

Victoria Elliott - representing the Chief Fire Officer

Kathryn Sullivan - representing the community, voluntary and social enterprise sector

Claire Wilkinson – an additional representative for Children and Families

A representative of housing providers – to be nominated

A Business representative – to be nominated

## **8 CHESHIRE YOUTH JUSTICE SERVICES HEALTH NEEDS ASSESSMENT**

The Board received a presentation on the Cheshire Youth Justice services Health Needs Assessment from Dr Andrew Davies, Chair of the Youth Justice Health Subgroup and Tom Dooks, Senior Manager, Youth Justice Services.

The presentation included the aims and key findings of the assessment as well as identifying the needs and assets, the health offer and recommendations.

The Board agreed that education was the biggest prevention factor and the earlier this happened then the more benefits communities as well as individuals would see.

### **RESOLVED:**

That the presentation be noted.

## **9 CHESHIRE AND MERSEYSIDE INTEGRATED CARE BOARD DRAFT JOINT FORWARD PLAN**

The Board considered a report which shared details in relation to the requirement for Integrated Care Boards, and NHS provider partners to produce a Joint Forward Plan by June 2023. The report contained the draft content of the Cheshire and Merseyside Joint Forward Plan in advance of the final document being presented to the Integrated Care Board for approval on 29th June.

The aspirations set out within the draft Joint Forward Plan aligned closely with the priorities set out within the Cheshire East Joint Local Health and Wellbeing Strategy. The Joint Forward Plan included a summary describing the priorities for Cheshire East Place in delivering the Joint Local Health and Wellbeing Strategy.

The Board members provided feedback and asked questions in respect of:

- Welcomed the reference to the Marmot Principles

- Welcomed the statement which indicated that there would be a more reactive rather than proactive approach to health care
- There was a need to make use of systems already in place where there was a requirement for more strategic data and links into strategic outcomes.
- there were some synergies with, and due to the need to review it in 2024, how would it be measured against the nine JSNA's.
- There was a need for consistency when sharing data

There was a statutory requirement for the Cheshire East Health and Wellbeing Board to provide a statement which would advise the Integrated Care Board to what extent it agreed on the plan content and alignment with the existing Health and Wellbeing Board Strategies and Place Plans from across the nine Places.

**RESOLVED:** (Unanimously)

That the Cheshire East Health and Wellbeing Board:

1. Noted the approach being taken in developing the Cheshire and Merseyside Joint Forward Plan
2. Provided feedback as to key areas of content and highlighted any additions, or revisions the Board would like to see in this plan, or which needs to be recognised in the next version of the plan.
3. Would provide a statement outlining whether the plan includes the relevant local priorities contained within the Joint Local Health and Wellbeing Strategy

## 10 **OUTCOMES FRAMEWORK FIRST QUARTER MONITORING REPORT**

The Board received an update in respect of the development of the Joint Outcomes Framework and plans for next steps, including publication of the fourteen key outcome Phase One indicators and commencement of Phase Two.

Phase two would include:

- Development of a Microsoft Power BI Dashboard to present the Joint Outcomes Framework indicators
- Improving the ability to understand variation in the indicators by ward or care community level
- Consider including further indicators to the Phase One set
- Developing a further second set of indicators to monitor against the Cheshire East Health and Wellbeing Board's Five Year Delivery Plan 2023 – 2028 that would sit along side the Joint Local Health and Wellbeing Strategy/ Place Plan.

**RESOLVED:**

That the Cheshire East Health and Wellbeing Board:-

1. Note the finalised Phase One Joint Outcomes Framework, and the consensus building process undertaken to agree this.
2. Note the plans for Phase Two.

**11 JOINT STRATEGIC NEEDS ASSESSMENT UPDATE: THE 2023/24 WORK PROGRAMME**

The Board considered a report which outlined the 2023/2024 Joint strategic Needs Assessment (JSNA) work programme. The five priorities that had been identified were:

- A special educational needs and disabilities (SEND) deep dive review
- An Isolation deep dive review
- Care for older people deep dive review
- Macclesfield light touch review
- A lifestyle survey

A plan to evaluate the JSNA programme over the course of 2023/2024 would seek to understand how the new JSNA had been received and how partners found the new approach to collaborative working.

**RESOLVED:-**

That the Health and Wellbeing Board approve the 2023/2024 JSNA work programme.

**12 BETTER CARE FUND END OF YEAR REPORT 2022-2023**

The Board received a report which highlighted the performance of the Better Care Fund including the Improved Better Care Fund in Cheshire East in 2022/2023.

The key priorities noted for the 2022/2023 period included

- Implementing the Home first programme
- Stabilising the care at home market
- Reducing the impact of the Cost-of-living crisis
- Having joined up winter planning

**RESOLVED:**

That the Better Care Fund programme performance in 2022/2023 be noted.

**13 BETTER CARE FUND 2023-2024**

The Board considered a report which described the areas of activity and the proposed expenditure for the Better Care Fund covering Cheshire East in 2023/2024. A number of schemes had been identified and an outline of the rationale of how they would meet the needs and demands of the local care and health economy in Cheshire East was provided.

The Board sought assurance that as a result of changes to support the provider market last year that officers were confident that proposals for 2023/2024 were robust.

**RESOLVED** (Unanimously)

That the Health and Wellbeing Board noted and endorsed the Better Care Fund plan for 2023/2024.

**14 CHESHIRE EAST HEALTH AND WELLBEING BOARD DRAFT REVISED TERMS OF REFERENCE**

The Board considered a report on the draft revised terms of reference for the Cheshire East Health and Wellbeing Board.

Changes had been made to the current terms of reference to reflect the change from the cabinet to the committee system along with changes within the constitution.

The main change would be the removal of the two-tier membership to create a single tier so that every member of the board would have a vote.

The changes would go to Corporate Policy Committee and then Full Council and if approved these would go live in September.

**RESOLVED:** (Unanimously)

That Cheshire East Health and Wellbeing Board recommend that the Corporate Policy Committee and full Council adopt the revised terms of reference for the Cheshire East Health and Wellbeing Board.

**15 CHESHIRE EAST HEALTH AND CARE PARTNERSHIP UPDATE**

The Board received an update on the progress with the development of an integrated care system for Cheshire and Merseyside and more specifically Cheshire East.

The Board heard that good progress had been made in delivering improved performance in urgent and emergency care, returning the full range of maternity services to Macclesfield District General Hospital, and with the inclusion of Leighton hospital for Cheshire East in the NHS new hospitals programme.

**RESOLVED:**

That the update be noted.

The meeting commenced at 2.00 pm and concluded at 3.40 pm

Councillor S Corcoran (Chair)

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## Adults and Health Committee Work Programme 2023-24

Adults & Health Committee	Title	Purpose of Report	Lead Officer	Corporate Plan Priority	Exempt Item and Paragraph Number	Consultation and Engagement Process and Timeline	Equality Impact Assessment	Part of Budget and Policy Framework
20/11/2023	One You Recommission	To be confirmed	Executive Director of Adults, Health & Integration	Fair	TBC	TBC	TBC	TBC
20/11/2023	Cheshire East Place - Learning Disability and Mental Health Plans	The recommendations will be to approve the co-production of the Cheshire East Place - Mental Health Plan and Cheshire East Place - Learning Disabilities Plan	Executive Director of Adults, Health & Integration	Fair	No	Yes	Yes	Yes
20/11/2023	A review of the Learning Disability Conference initiatives	To provide Adults and Health Committee with a progress update on the key priorities that were outlined at the Cheshire East Learning Disabilities Conference in June 2022, that	Executive Director of Adults, Health & Integration	Fair	No	No	No	No

## Adults and Health Committee Work Programme 2023-24

		have been taken forward by the Learning Disability Partnership Board						
20/11/2023	Progress Update on the Day Opportunities Flexible Purchasing System	To provide an update on the Day Opportunities Flexible Purchasing System.	Executive Director of Adults, Health & Integration	Fair	No	No	No	No
20/11/2023	Second Financial Review of 2023/24 (Adults & Health Committee)	This report outlines how the Council is managing resources to provide value for money services during the 2023/24 financial year. The purpose of the report is to note and comment on the Second Financial Review and Performance position of 2023/24 and approve Supplementary Estimates and Virements.	Director of Finance & Customer Services	Open	No	No	No	Yes

## Adults and Health Committee Work Programme 2023-24

20/11/2023	Medium Term Financial Strategy Consultation 2024/25 - 2027/28 (Adults & Health Committee)	All Committees were being asked to provide feedback in relation to their financial responsibilities as identified within the Constitution and linked to the budget alignment approved by the Finance Sub-Committee in March 2023. Responses to the consultation would be reported to the Corporate Policy Committee to support that Committee in making recommendations to Council on changes to the current financial strategy.	Director of Finance & Customer Services	Open	No	Yes	No	Yes
20/11/2023	ANTON - Safeguarding Adults Review Report	The purpose of the Report is to share the findings from a Safeguarding Adults Review with Adults, Health, and Integration DMT	Executive Director of Adults, Health & Integration	Open	TBC	No	No	No
20/11/2023	Extra Care	Extra Care development	Executive Director of	Fair	No	No	No	Yes

## Adults and Health Committee Work Programme 2023-24

		proposals for Cheshire East	Adults, Health & Integration					
22/01/2024	Substance Misuse Re-commission	To be confirmed	Executive Director of Adults, Health & Integration	Fair	No	Yes	Yes	No
22/01/2024	Third Financial Review of 2023/24 (Adults & Health Committee)	This report outlines how the Council is managing resources to provide value for money services during the 2023/24 financial year. The purpose of the report is to note and comment on the Third Financial Review and Performance position of 2023/24 and approve Supplementary Estimates and Virements.	Director of Finance & Customer Services	Open	No	No	No	Yes
22/01/2024	Medium Term Financial Strategy Consultation 2024/25 - 2027/28 Provisional Settlement Update (Adults &	All Committees were being asked to provide feedback in relation to their financial responsibilities as identified within the Constitution	Director of Finance & Customer Services	Open	No	Yes	No	Yes

## Adults and Health Committee Work Programme 2023-24

	Health Committee)	and linked to the budget alignment approved by the Finance Sub-Committee in March 2023. Responses to the consultation would be reported to the Corporate Policy Committee to support that Committee in making recommendations to Council on changes to the current financial strategy.						
22/01/2024	Supported Employment Strategy and Implementation Plan	This report sets out the recommendations for a strategic approach to supported employment. This is about adult social care customers with complex needs and support into work	Executive Director of Adults, Health & Integration	Open;#Fair;#Green	No	Yes	Yes	Yes
25/03/2024	Direct Payments	The purpose of the take-off presentation is to provide an update on the status of the Direct Payment	Executive Director of Adults, Health & Integration	Fair	No	Yes	Yes	Yes

## Adults and Health Committee Work Programme 2023-24

		workstream in Cheshire East, in terms of the all age direct payments policy developments						
25/03/2024	Charging Consultation - draft proposal	Briefing presentation highlighting a proposal for a charging consultation before we start a consultation	Executive Director of Adults, Health & Integration	Open	TBC	TBC	TBC	TBC
24/06/2024	Service Budgets 2024/25 (Adults & Health Committee)	The purpose of the report is to set out the allocation of budgets for 2024/25, for all Committees, following Council's approval of the Medium-Term Financial Strategy in February 2024	Director of Finance & Customer Services	Open	No	No	No	Yes
22/07/2024	Update on Falls Prevention Strategy	To provide an update in terms of the delivery against the action plan	Executive Director of Adults, Health & Integration	Open	No	No	No	Yes