

# Adults and Health Committee

## Agenda

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**Date:** Monday, 24th June, 2024  
**Time:** 6.00 pm  
**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 foot 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 interests, other registerable interests, and non-registerable interests in any item on the agenda..

3. **Minutes of Previous Meeting** (Pages 5 - 10)

To approve as a correct record the minutes of the previous meeting held on 25 March 2024.

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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.

Petitions - To receive any petitions which have met the criteria - [Petitions Scheme Criteria](#), and falls within the remit of the Committee. Petition organisers will be allowed up to three minutes to speak.

#### 5. **Cheshire East Place Mental Health Plan (2024-2029) Update (Pages 11 - 26)**

To receive an update on the Cheshire East Place Mental Health Plan (2024-2029).

#### 6. **Learning Disability Respite Review (Pages 27 - 72)**

To consider a report on the recommissioning of accommodation-based learning disability respite services based on the findings of a review of current service provision.

#### 7. **Final Outturn 2023/24 (Pages 73 - 92)**

To consider a report on the final outturn for Adults and Health Committee services for the financial year 2023/24.

#### 8. **Service Budgets 2024/25 (Adults & Health Committee) (Pages 93 - 114)**

To receive the report setting out the allocation of the approved budgets for 2024/25 to the Adults and Health Committee.

#### 9. **Cheshire and Merseyside Joint Health Scrutiny Arrangements Protocol (Pages 115 - 132)**

To consider a report on the revised Protocol for Joint Health Scrutiny Arrangements for Cheshire and Merseyside.

#### 10. **Appointments to Sub-Committees, Working Groups, Panels, Boards and Joint Committees (Pages 133 - 162)**

To consider a report to nominate members to the bodies referred to in the report.

#### 11. **Minutes of the Cheshire East Health and Wellbeing Board (Pages 163 - 166)**

To receive the minutes of the Cheshire East Health and Wellbeing Board – 19 March 2024.

12. **Work Programme** (Pages 167 - 172)

To consider the Work Programme and determine any required amendments.

**THERE ARE NO PART 2 ITEMS**

**Membership:** Councillors S Adams, A Burton, J Clowes, S Gardiner, A Kolker, R Moreton, A Moran (Vice-Chair), H Moss, J Place, J Rhodes (Chair), J Snowball, R Vernon and L Wardlaw

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**CHESHIRE EAST COUNCIL**

Minutes of a meeting of the **Adults and Health Committee**  
held on Monday, 25th March, 2024 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, D Edwardes, M Edwards,  
S Gardiner, A Kolker, J Place, L Wardlaw and E Gilman

**OFFICERS IN ATTENDANCE**

Roisin Beressi, Principal Lawyer (Adults & Education)  
Danielle Brookes, Service Manager, Social Care Business Support and Finance  
Jill Broomhall, Direct of Adult Social Care  
Helen Charlesworth-May, Executive Director Adults, Health, and Integration  
Nik Darwin, Acting Programme Lead, Thriving and Prevention/ Live Well for Longer  
Lee Hudson Service Manager, Business Support and Finance  
Katie Jones, Business Manager, Cheshire East Safeguarding Adults Board  
Stephen Kelly, Communications Business Partner  
Sandra Murphy, Head of Adult Safeguarding  
Karen Shuker, Democratic Services Officer  
Dr Matt Tyrer, Director of Public Health  
Curtis Vickers, Head of Integrated Commissioning  
Nikki Wood-Hill, Lead Finance Business Partner

Prior to the start of the formal business, the Chair welcomed two sixth form politics students from Malbank School who were observing the meeting as part of their work experience.

**56 APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillor N Cook. Councillor E Gilman attended as a substitute.

**57 DECLARATIONS OF INTEREST**

In the interests of openness and transparency the following declarations were made:

Councillor A Kolker declared that he was a Chair of trustees at Everybody Health and Leisure and would withdraw from the meeting during consideration of item 7.

Councillor J Place declared that he was a member of the Together Trust in Cheadle.

Following the meeting, in relation to item 8, Councillor S Gardiner declared that in his paid job he had regular contact with the Home Office.

**58 MINUTES OF PREVIOUS MEETING**

**RESOLVED:**

That the minutes of the meeting held on 2 February 2024 be approved as a correct record

**59 PUBLIC SPEAKING/OPEN SESSION**

There were no members of the public present.

**60 ADULT SOCIAL CARE CHARGING POLICY**

The Committee considered a report which sought approval to implement the revised Adult Social Care charging policies.

The policy had not been updated since 2015 and the revised policy would align the Council's fees and charges with those paid for commissioned services and adopt the minimum income guarantee set by the Department of Health and Social Care. The changes outlined aimed to enable reinvestment of savings into front line services, contributing to maintaining service delivery and ability to meet growing demand.

Work would be undertaken with residents to mitigate concerns in respect of affordability. Every resident charged for Adult Social Care services would have a financial assessment review after the 1<sup>st</sup> of April.

In response to questions and comments from Members, Officers reported that:

- Although the policy had not been updated since 2015, there were many fees and charges linked to benefits and pensions that automatically changed every year, which did not require a change in policy.
- At the point of assessment in adult social care the finances of the Council could be taken into consideration. However, once the eligible needs of an individual have been assessed, the Council has a duty to meet the needs after this point,
- The Care Act provided a legal framework for charging for care and support and the Council could challenge an individual if it could be proven that they may have tried to deliberately avoid paying for care costs through depriving themselves of assets – either capital or income.

**RESOLVED** (by Majority):

That the Adults and Health Committee approve the implementation of the revised Adult Social Care charging policies.

**61 IMPLEMENTATION OF ALL-AGE DIRECT PAYMENT POLICY**

The Committee considered a report which sought approval to endorse and implement the 'all age' Direct Payment Policy. The Policy aligns the approach for providing and managing direct payments for adults and children, to meet their care and support needs.

Members welcomed the diversity with which people can access services as it was agreed that one size does not fit all. Members sought assurance in respect of whether the policy would prevent people from making top-ups to their direct payment and what additional safeguards would be considered to avoid the vulnerable being financially abused.

In response officers stated that in respect of top-ups, families and individuals could top up their care if there were other services they would like to have. In respect of protecting the vulnerable, whilst it was not possible to eradicate all risk, it was believed that the use of pre-paid cards would help manage risk more easily than a bank account would as it was possible, if required, to see in real time what people were spending their money on.

Pre-paid cards are already being used in some areas including helping people to manage their finances directly. There was a contract already in place to support those people who were in receipt of direct payments with becoming an employer and the responsibilities that came with that, but officers would take in to account the concerns raised by members.

Members agreed that a detailed communications package was required for service users in respect of how the direct payment card would be employed and that it be drafted in such a way that all client groups understood.

In response to a question asked in relation to the low turnout at the face-to-face consultation events and whether further development was required in this area, officers reported that everyone who used direct payment had been written to, so all those it was relevant to had been targeted. The policy had been shaped by the outline of the consultation responses.

In response to a question raised in relation to the transitional arrangements from children to adults, specifically those children who want to take on responsibility for their own payment's officers reported that as part of the transitional arrangements an advocate would be provided to help support with the transition.

**RESOLVED:** (by Majority)

That the Adults and Health Committee approve and instruct officers to implement the 'all age' Direct Payment Policy in Cheshire East.

*Councillor A Kolker left the meeting.*

**62 RECOMMISSIONING OF AN INTEGRATED LIFESTYLE SERVICE (ONE YOU CHESHIRE EAST)**

The Committee considered a report which sought approval to recommission an Integrated Lifestyle Service, currently known as One You Cheshire East.

The service provided information and support to encourage positive lifestyle behaviour change in Cheshire East residents, thereby providing early intervention support to reduce the need for statutory services.

Members asked questions in relation to the service and how it worked alongside the public health team, specifically in relation to elements such as smoking and vaping. Officers agreed to circulate a presentation which had been provided to the Health and Wellbeing Board by the Trading Standards team and included information on their enforcement activity. Members wanted to see that whoever was awarded the contract recognised that there was an aging population, and this was just as important as the smoking element of the contract.

Some members expressed concerns that the One You service was part of a national programme, but the report lacked some detail in respect of KPI's. Concerns were raised in respect of handing over responsibility to award a contract if members were not sure what it was that was being awarded and how well anyone bidding for the contract would meet those KPI's. Officers assured members that information on performance was collated in all areas of the service and this could be shared with members. Further KPI's would be developed going forward which would be shaped by national guidance and legislation.

Members asked questions in relation to the advertising of the service especially in rural areas. Officers reported that substantial efforts had been made in trying to communicate what the service provided and that they were at the beginning of the process and in designing what the new service would look like consideration would be given to lessons learnt and what has changed in needs assessment.

Members requested that they have sight of the proposed service design prior to it being awarded to offer oversight and scrutiny but stated that they did not want to delay the procurement process.

An amendment was moved and seconded which sought to include a third recommendation which requested that the Adults and Health Committee

are provided with a full briefing on the redesigned contract specification before it is offered for bids.

This was voted on and carried unanimously and became part of the substantive motion.

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

1. approve the recommissioning of an Integrated Lifestyle Service.
2. are provided with a full briefing on the redesigned contract before it is offered for bids.
3. Delegate authority to the Executive Director – Adults, Health and Integration to award the contract.

*Councillor A Kolker returned to the meeting following consideration of this item.*

**63 ANTON AND PAM - SAFEGUARDING ADULTS AND DOMESTIC HOMICIDE REVIEW - UPDATES**

The Committee received updates in relation to a Safeguarding Adults Review and a Domestic Homicide Review which the Committee had discussed at previous meetings.

The update included themes which had been identified, recommendations and actions taken following the reviews.

Members expressed their concern in the delay from the date of the incident in relation to PAM and the date of the inquest which was scheduled for 2025. Officers reported that there had been delay at the Home Office in signing off the final report and a change in coroner which may have impacted on the timescales.

Members welcomed the idea that the ICB and other organisations had taken on board the comments and recommendations in respect of the availability of information in multiple languages. It was agreed that this was an area which required further investigation and investment.

**RESOLVED:**

That the update be noted.

**64 MINUTES OF THE CHESHIRE EAST HEALTH AND WELLBEING BOARD**

**RESOLVED:-**

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

**65 WORK PROGRAMME**

The Committee considered the Work Programme for the 2024/25 municipal year.

Officers reported that they would bring items to committee in respect of the following: -

- The impact of implementing previous strategy and policies for committee to provide scrutiny.
- The Council's transformation plan and how it would relate to the committee's work.
- The items included in the MTFS that been approved at Council in February 2024.
- Performance management.

It was requested that the Chair of the Learning Disabilities Partnership Board be invited to the September meeting.

Following agreement at Corporate Policy Committee for every service committee to trial a twilight meeting, members had a discussion on potential dates and times to schedule the twilight meeting.

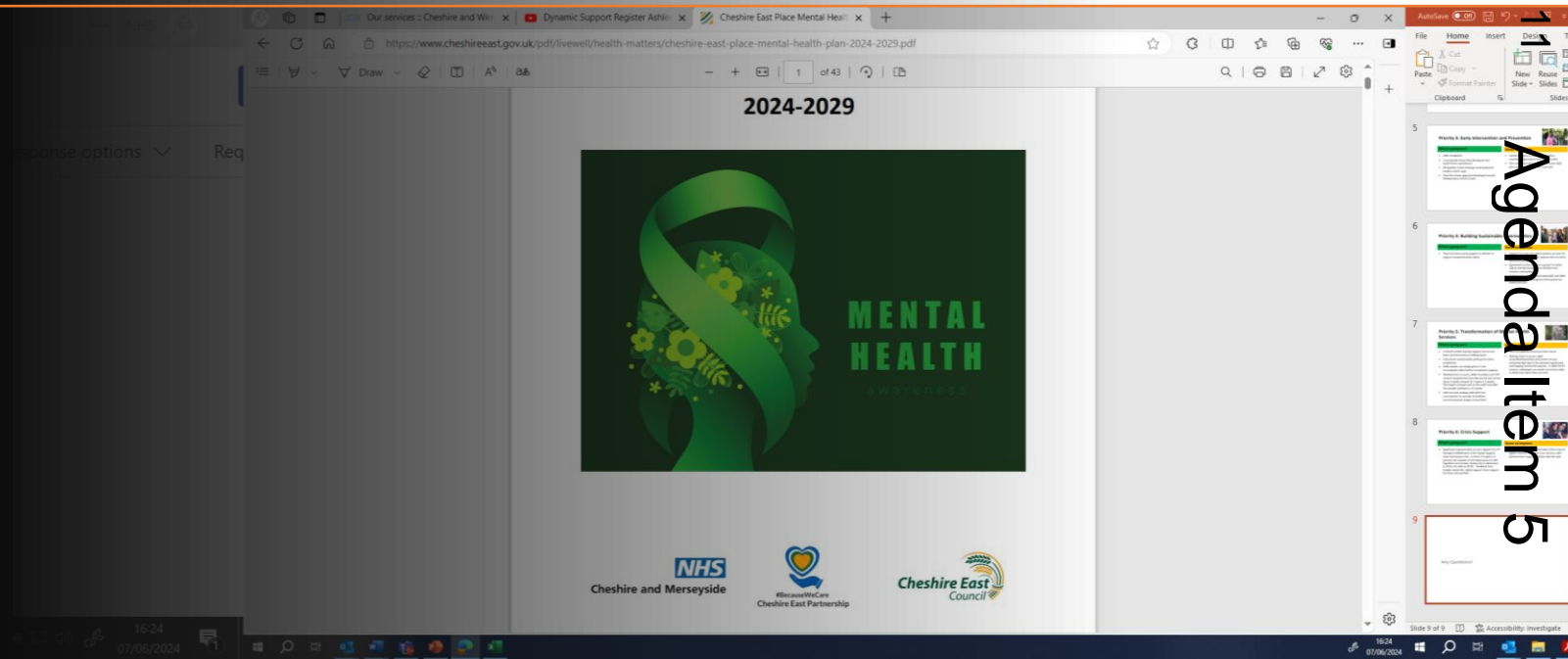
Members agreed, by majority to hold the twilight meeting in June with a start time of 6.00pm. Officers would have further discussions on the venue.

The meeting commenced at 10.00 am and concluded at 12.14 pm

Councillor J Rhodes (Chair)

# Cheshire East Place Mental Health Plan (2024-2029) Update by the CE Mental Health Partnership Board

## Adults and Health Committee – 24 June 2024



# Cheshire East Mental Health Partnership Board (MHPB)

**We will strive to ensure good mental health and well-being for people who live in the borough of Cheshire East**

**Reports to:  
Cheshire East Health and Wellbeing Board**

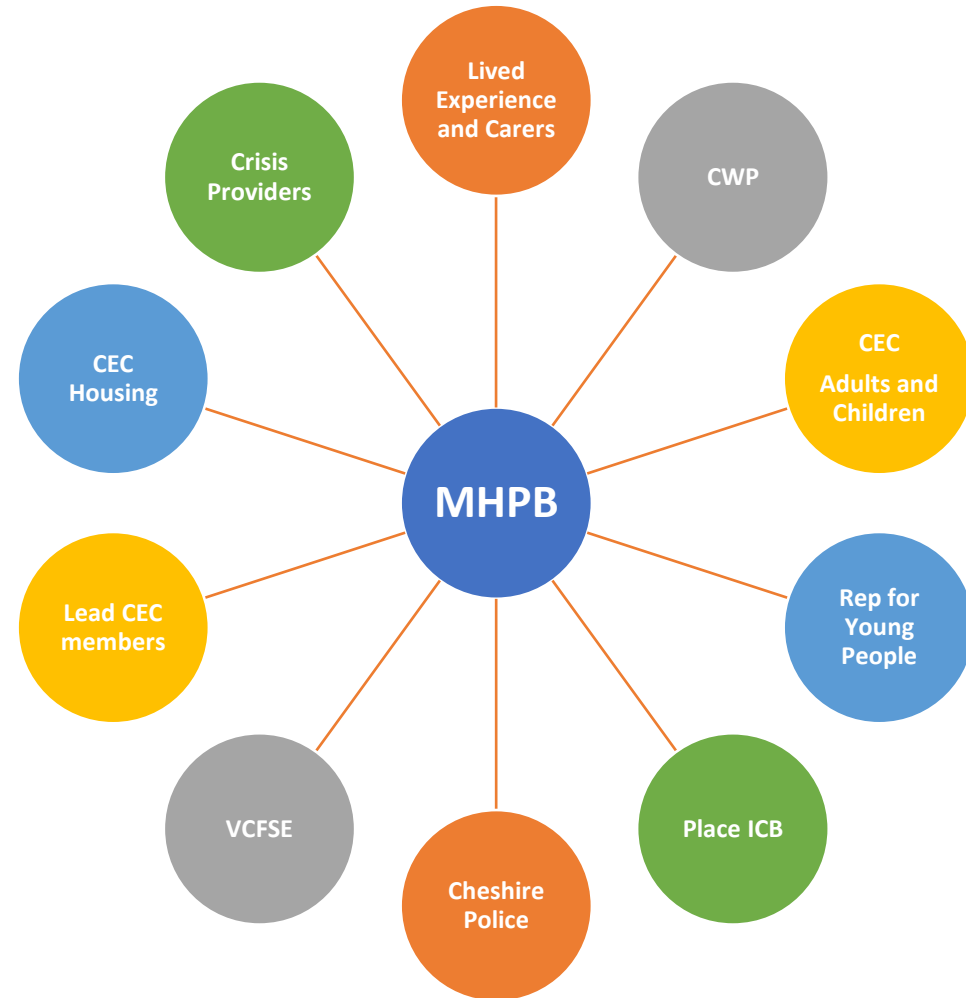
**Provides updates on the implementation of the Cheshire East Place Mental Health Plan to:**

- **Adults and Health Committee**
- **Children's and Families Committee**

**Updates are provided on request**

# MHPB Membership

- The MHPB is made up of partners from a range of organisations including health, the local authority., police, VCFSE sector and people with lived experience.
- Many of the partners have their own plans/strategies and workstreams which have been aligned and reflected in the development of the Cheshire East Place Mental Health Plan



# Working with other lived experience groups/forums

Representatives from lived experience groups/forums attend the MHPB including:

- **Cheshire East Parent Carer Forum**
- **East Cheshire Mental Health Forum (Macclesfield/Congleton, adults)**
- **Cheshire East Carers Forum**
- **Representative from the Children and Young People's Co-Production Workstream**

CEC Communities Team will be working with the MHPB to re-establish an adult user led forum in Crewe in 24/25 to ensure representation from this local area.

# How do people with lived experience work with the MHPB?

- Lived experience members play a key role and have been involved on the MHPB since it was established in 2019.
- They also input into the meeting agenda and have a dedicated item at each meeting.
- Lived experience groups/forums were consulted with about the Cheshire East Place Mental Health Plan from the beginning and were able to input and raise concerns for both carers and children. These were then included in the plan.

*“Being on the board allows the PCF to keep updated on all changes as they happen. We can also raise any concerns directly, get answers to these, and then communicate them back to the parents and the forum.”*

***Sarah, Cheshire East Parent Carer Forum***

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# Monitoring of the Cheshire East Place Mental Health Plan 2024-2029

- Monitoring of the plan is being undertaken on a bi-monthly basis
- Each meeting focuses on specific priorities from the plan
- Nominated Lead Officers submit a highlight report detailing progress updates and provide a verbal updates at meetings
- Officers can obtain feedback, collaboration opportunities and also escalate items which require further support.
- The board has a risk register in place, which contains identified actions to explore and mitigate their impact.

# Monitoring of the Cheshire East Place Mental Health Plan

# Priority 1: Children and Young People's Mental Health and Emotional Wellbeing



## What have we achieved?

- Waiting times for CYP MH initial appointments (Choice appointments) have decreased since November 2023
- The JSNA for CYP Emotional Mental Well-being has been completed and published
- Positive feedback from children and young people, teachers and parents about the My Happy Mind programme, which offers digital resources to support children in schools
- Demonstrable, positive co-production with children and young people across a range of activities/ topics.
- The Family Hub workstream successfully reached its PbR (payment by results) target for Supporting Families for April and May 2024.

## What will we do next?

- Roll out the As One Platform – digital platform of resources for children and young people ([CEC – Education Team](#))
- Further implementation of My Happy Mind Programme, with final evaluation report in October 2024 ([CEC – Education Team](#))
- Delivery of focus groups with cared for children and care leavers so that they can develop recommendations for change to local leaders ([CEC - Youth Support](#)).

## Areas for improvement?

- Waiting times for CYP MH treatment appointments (Partnership appointments) and for neurodevelopmental assessments have increased since November 2023. The longest waits are for autism and ADHD assessment in Cheshire East at 20 weeks (each). This position is reported across all areas (UK) and a national ADHD workstream has been announced. Ongoing discussions between [CWP](#) and the [ICB](#) are underway to address capacity to meet demand.

# Priority 2: Education, Employment and Training



## What have we achieved?

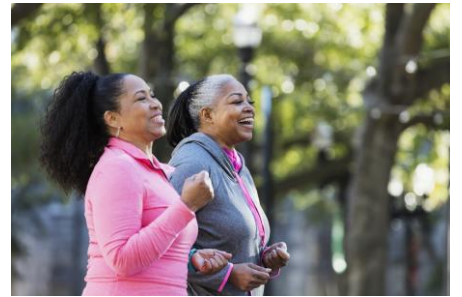
- Positive uptake of Senior Mental Health Lead roles in schools across the footprint.
- An Individual Placement and Support service is in place to help people with mental health needs access employment.
- The Supported Employment Strategy is now at draft stage.

## What will we do next?

- Supported Employment Strategy will be finalised and approved by A&H Committee in November 2024 ([CEC – Supported Employment Team](#))

## Areas for improvement?

- Some isolated and rural schools are struggling to release staff time to engage with the Senior Mental Health Lead programme. Rural isolated schools will be supported to access a bespoke offer by [CEC Education Team](#).



# Priority 3: Early Intervention and Prevention

## What's going well

- Local Suicide Action Plan developed and workstreams operational
- All Together Active Strategy around physical health at draft stage
- Train the trainer approach developed around Making Every Contact Count

## What will we do next?

In Q3 24/25 the [CEC Communities Team](#) will be working to:

- Develop a consistent approach to Peer Support roles through the development of a framework.
- Reestablish an adult user led forum for Mental Health in Crewe.

A new lead for physical activity and health commenced with Active Cheshire from 20th March ([Active Cheshire](#))

## Areas for improvement?

Work towards producing a Monitoring & Evaluation Framework for C&M All Together Active, including associated outcome measures and methods ([Active Cheshire](#))

Ongoing development of CE Physical Activity action plan and partnership. ([Active Cheshire](#))

# Priority 4: Building Sustainable Communities



## What have we achieved?

- There has been some progress in relation to support around domestic abuse
  - MDT has been established to support people at risk of homelessness
  - Joint working with Domestic Abuse Services, Health and CEC Suicide Prevention Lead on workplan to improve support for people

## What will we do next?

- Support for carers has been raised as an area for concern. Specific action to improve this has been discussed and agreed (CEC –Urgent and Emergency Care & Adults, Health and Integration)

- Agreement on the scope of a project to tackle stigma and discrimination in Cheshire East remains outstanding (All partners)
- Work with Health colleagues to identify funding for an offer of DA support in primary care (e.g. IRIS model) (CEC – Children and Families and CWP)
- Development of a renewed Vulnerable and Older Persons Housing Strategy (CEC – Strategic Housing Team)

## Areas for improvement?

- Trauma informed recovery programme to be developed for people experiencing domestic abuse in addition to mental ill health and/or problematic substance use (CEC – Children and Families and CWP)

# Priority 5: Transformation of Mental Health Services



## What have we achieved?

- A Mental Health Floating Support Service has been commissioned with Making Space
- Low level mental health pathway established to support individuals to step down from hospital back into the community
- Additional Roles Reimbursement Scheme (ARRS) workers working across Primary Care able to triage individuals and link in with social prescribing, and are now employed in 4 Care Communities
- Waiting times to access adult secondary care MH services (outpatients) have decreased but remain above 4 weeks (except for Crewe at 3 weeks). The longest average wait on the adult and older MH peoples pathways is 12 weeks.
- CWP are now working with all 8 Care Communities to consider and deliver transformational change at local level

## What will we do next?

- Review lower level mental health pathway in light of any funding implications in relation to Rapid Response outreach service from 1 July 2024 ([CEC – Adults Commissioning Team](#))
- Further engagement with the provider market will be undertaken to develop new service models for people with complex needs ([CEC – Adults Commissioning Team and ICB](#))
- Monthly wait list meetings are focusing on monitoring and support, including impact of nurse-led assessment clinics. There is an away day on 1st July 24 to look in detail at waiting list activity, data etc. ([CWP](#))

## Areas for improvement?

- Waiting times to access adult neurodevelopmental assessments remain extremely high due to the demand significantly outstripping contracted capacity. This position is reported across all areas (UK) and a national ADHD workstream has been announced. [CWP](#) and [the ICB](#) are working to address the issue with the available funding.

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# Priority 6: Crisis Support

## What have we achieved?

- Significant improvements in crisis support offer for children and young people through establishment of the Urgent Support Team and Ancora Care which provide support in the community and admissions avoidance
- In terms of impact, at present, the number of Children and Young People admissions to CWP inpatient care remains steady (13 CE admissions in 2023, 6 to date in 2024).
- Feedback from families about the Urgent Support Team support has been very positive.

## What will we do next?

- Evaluation of CYP UST offer is expected in October 2024 (CWP)
- Contract management of the community crisis beds will move from the ICB to CWP
- Work with Crisis Cafes to promote the services with accessible information on the services in other languages and easy read information being launched (CEC – Adults Commissioning Team and CWP)

## Areas for improvement?

- Schools are being identified where there may be higher 'referral' rates into crisis services, with planned extra support initiative due this year. (CWP)

# Overall Assessment

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- There is demonstrable progress across the Priorities with some commitments already completed. There is a high level of engagement from partners in this work.
  - Areas for focused attention include:
    - Improving support for carers
    - A deep dive into support at Styal Prison
    - Supporting rural and isolated schools
    - Addressing waiting times (CYP and adults)
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**Any Questions?**

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OPEN

## **Adults and Health Committee**

**24 June 2024**

### **Learning Disability Respite Review**

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

**Report Reference No: AH/02/2024-25**

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

#### **Purpose of Report**

- 1 This report seeks approval to recommission accommodation-based learning disability respite services based on the findings of a review of current service provision.
- 2 This report will outline the rationale for the proposed recommissioning and the potential benefits that this will bring, to meet demand, deliver value for money and improve outcomes for people using learning disability respite services.

#### **Executive Summary**

- 3 The Learning Disability Respite Review covers both the in-house Care4CE service at Warwick Mews Short Breaks and commissioned learning disability respite services.
- 4 While there are other types of respite that are accessed by people with learning disabilities including day opportunities, community support and services provided using a direct payment, the focus of this review is on accommodation-based respite support. This type of support remains a vital component in ensuring that carers of individuals with learning disabilities get appropriate overnight respite, to take a break from their caring responsibilities.
- 5 The key drivers for reviewing respite services for people with learning disabilities, are to ensure respite services offer the best possible

outcomes for the people they support and to make sure we provide value for money, considering the financial challenges facing the council.

- 6 In 2023/24 a review was undertaken focusing on the care and support delivered, accommodation, occupancy data and analysis of current and future demand.
- 7 As part of the review, a consultation and engagement process has been undertaken to obtain the views of a wide range of stakeholders including people who use respite services (and their carers), social work teams and care providers.
- 8 The key findings of this review and feedback from the consultation have highlighted that:
  - Current respite services are highly valued by people accessing respite and carers. The services provide people with opportunities to socialise, undertake a range of different activities and they provide a valuable break for carers. However, as part of this respite experience people would like more opportunities to access the wider community and stay up late.
  - Occupancy across respite services has decreased significantly compared to pre-COVID levels. This is mainly down to decreases in usage within the commissioned respite services. This means that overall, we have too many beds/units compared to the current service demand, and we are not achieving value for money.
  - Current services and in particular the Care4CE provision at Warwick Mews Short Breaks often struggle to accommodate individuals with more complex support needs, due to environmental factors and the flexibility to provide additional support staff.
  - Accommodation and facilities across the current respite services could be enhanced to support improved outcomes, promote greater independence and in turn enable services to support a wider cohort of individuals (including those with more complex support needs).
- 9 In respect of the findings of the review we are seeking to develop a new respite model which will:
  - Deliver a more person-centred service, that is flexible and can meet a wide range of different support needs,

- Provide more modern accommodation to support a wider range of individual support needs and promote independence using assistive technology.
  - See a reduction in the numbers of units (from 8 to 6) to reflect service demand and which will ensure improved value for money by optimising occupancy levels.
- 10 The new model will include two new respite services, one in the North of the borough, and one in the South of the borough. These services will replace the current commissioned respite services and the Care4CE provision at Warwick Mews Short Breaks. Existing services will remain in place until new services are fully operational, ensuring no gap in service provision.
- 11 This new model would require an estimated annual budget of between £550,000 and £620,000, compared to the current annual spend of £769,000.
- 12 The procurement of this new respite model will significantly contribute to meeting the £250,000 saving in the 2023/24 Medium-Term Financial Strategy by decommissioning Warwick Mews Short Breaks. Further cost reductions are anticipated by a reduction in spot purchasing arrangements, through an enhanced staffing model and improved accommodation offer. This will mean respite services are better equipped to support more complex individuals.
- 13 A new person-centred service specification will be developed. The selection and awarding of contracts will be fully co-produced involving people who use services/carers.
- 14 New services are anticipated to be operational between March 2025 and April 2026 and will have an initial term of 5 years, with an option to extend for two further periods of 1 year each i.e., a potential maximum term of 7 years.

## RECOMMENDATIONS

The Adults and Health Committee is recommended to:

1. Approve the proposed new model for learning disability respite services and for consultation to be progressed with the trade unions and staff based on all necessary considerations included in this report.

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| 2. Delegate authority to award contracts to providers to deliver commissioned learning disabilities respite services to the Executive Director Adults Health and Integration |
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## Background

- 15 The key reasons for conducting a review of Learning Disability Respite Services are to ensure:
- respite services offer the best possible outcomes for the people they support.
  - the council achieves value for money (£) considering the current financial challenges.
  - we review current commissioned respite contracts which will expire on 1 March 2025, meaning that we need to re-procure these services.
- 16 The current learning disabilities respite provision in Cheshire East consists of commissioned services, in house provision (Warwick Mews Short Breaks), plus spot purchases. This current provision consists of:
- 2 self-contained flats at Valleybrook Court, Crewe, which are delivered by a commissioned provider.
  - 2 self-contained flats at Hani Grange, Handforth, which are delivered by a commissioned provider.
  - 3 beds at Warwick Mews Short Breaks (a residential short breaks service), delivered by Care4CE.
  - 1 emergency bed at Warwick Mews Short Breaks, delivered by Care4CE.
  - Spot purchases within residential settings.

## Occupancy Levels

- 17 The data in **Table 1** below shows respite occupancy levels Pre-COVID 19 compared to October 2023-March 2024.

<b>Table 1: Learning Disabilities Respite Occupancy Data (%) in Cheshire East</b>			
<b>Respite Service</b>	<b>Pre-Covid 19 (September 2019-February 2020)</b>	<b>2023/24</b>	<b>Annual Costs (£)</b>
Commissioned Respite (4 units)	80.5% (all 4 flats were based at Valleybrook, Crewe)	65.4% Valleybrook, Crewe (2 flats) 46.1% Hani Grange, Handforth (2 flats)  55.8% Overall	£298K (these are full-service costs including 1-1 hours)
Warwick Mews Short Breaks (3 units)	52.5%	68.9%	£410K (these are full-service costs including operational costs and building costs)
Warwick Mews Short Breaks (1 Emergency bed/unit)	95.6%	94.8%	

- 18 Also, during 2023/24 there was an additional spend of £61K on spot purchased respite in care homes (for 5 individuals, totalling 132 nights).
- 19 **Table 1** also highlights value for money concerns given the current occupancy rates across the respite services. When factoring in spot purchases we are spending a total of £769K per annum, with £410K (53% of the total costs) attributed to the Warwick Mews Short Breaks service.
- 20 A review of occupancy across commissioned respite services had shown that usage has dropped significantly compared to pre-COVID levels from a rate of 80.5% to 55.8%. The reasons for this are mainly attributed to younger people who have accessed respite, transitioning into supported living tenancies (22 people have transitioned in the last five years). Some older individuals who stopped accessing respite during the pandemic have not returned to the services and are accessing other forms of support such as outreach provision.

- 21 Warwick Mews Short Breaks occupancy has increased from pre-COVID levels (52.5% compared to 68.9%).
- 22 The Warwick Mews Short Breaks Emergency Bed occupancy has remained high, as it was previously pre-COVID (95.6% compared to 94.8%). Further analysis has shown that during the period April 2023-March 2024, this bed has only been occupied by 3 people, with an average length of stay of 115 nights. These individuals have all had a significant length of stay while they have been awaiting supported living accommodation and are therefore not traditional emergency respite placements, which are associated with carer breakdown and provider breakdown.
- 23 Due to the limitations of the current service model and environmental challenges, we are still commissioning spot purchased placements, as both Warwick Mews Short Breaks and commissioned respite services cannot always accept individuals with more complex support needs. These are individuals who often require 1-1 support and current services struggle to meet their support and accommodation requirements.
- 24 **Table 2** shows that based on population projections of people with moderate and severe learning disabilities who live at home with parents and the current cohort of people using learning disability respite, the increase in demand will only be marginal.
- 25 People aged 18-24 are the cohort with the highest numbers accessing respite and that looks set to rise slightly by 2030. However, this is the cohort of people most likely to transition into a long-term placement after only a short spell of being in receipt of respite.

**Table 2: Projections of People Living at Home with Parents with a Moderate/Severe LD in CE 2023-2030**

	2023	Currently accessing respite	%	2025	Projected need	2030	Projected Need
People aged 18-24	91	16	17.58%	93	16.35	104	18.29
People aged 25-34	107	10	9.35%	105	9.81	98	9.16
People aged 35-44	111	6	5.41%	112	6.05	116	6.27
People aged 45-54	62	9	14.52%	61	8.85	62	9
People aged 55-64	26	2	7.69%	26	2	25	1.92
<b>Total aged 18-64</b>	<b>397</b>	<b>43</b>	<b>10.83%</b>	<b>398</b>	<b>43.11</b>	<b>404</b>	<b>43.76</b>

## Care and Support

- 26 Feedback taken from the survey among current service users and carers is positive in terms of the quality of care and support that is provided and the staff within the services are also highly regarded.
- 27 Social workers also value the individualised support provided across current respite services. However, the lack of flexibility within the services to accommodate individuals with more complex support needs (including mobility needs) was highlighted by social work teams as a barrier to accessing respite.
- 28 The current model at Warwick Mews Short Breaks is not able to provide 1-1 support and waking night support, which would enable the service to accommodate more complex individuals, which is further compounded by environmental challenges.

### **Current Service Provision**

- 29 Learning disability respite services are highly valued by people who access respite and carers (both commissioned and Care4CE provision). They offer the ability for people to make friendships, socialise and undertake a range of different activities, while allowing carers time to take a break.
- 30 Some of the main positives highlighted by users include service locations being close to home, stability and continuity of care, ability to maintain routines, support for people to keep fit and active, and opportunities for people to go out in the community and learn new skills,
- 31 People using the Warwick Mews Short Breaks service did highlight a lack of access into the wider community in the afternoon and evening. Warwick Mews Short Breaks is unable to provide this under the current model (unlike the commissioned service) and would require additional staffing resources (including 1-1 support) and the acquiring of a vehicle to undertake such activities.

### **Accommodation**

- 32 Having access to safe and secure accommodation was seen as the most important factor for people and carers who access respite services.
- 33 From the survey most respondents would be willing to share a living room / lounge area (29 out of 37 who answered) and a kitchen area (25 out of the 35 who answered), however many would prefer to have their own bathroom (23 out of the 36 who answered).
- 34 Warwick Mews Short Breaks doesn't provide access to a private bathroom, unlike the commissioned respite service. This was an area which many respondents highlighted as an important part of the facilities

from a dignity and person-centred perspective. The building at Warwick Mews Short Breaks wouldn't be able to be reconfigured to accommodate individual bathrooms for all rooms.

- 35 Having some outdoor space for relaxation and activities was seen as the most important aspect of respite facilities. This is currently available at both Warwick Mews Short Breaks and the commissioned respite services.
- 36 Another aspect that was flagged up was not have access to Wi-Fi at Warwick Mews Short Breaks, which was available at the commissioned service.

### **The Proposed New Model**

- 37 The proposed new model for learning disability respite has been designed using feedback from service users/carers. It considers current respite usage/projected demand, analysis of the current support and accommodation and ensures value for money in the way that services are commissioned.
- 38 The council currently utilise 1,921 respite nights per year out of a total of 2920 nights (which equates to 65.8% of the overall respite capacity of 8 units/beds).
- 39 This can be broken down into the following types of usage:

<b>Learning Disability Respite Usage by Type 2023/24</b>		
<b>Type of respite</b>	<b>Number of nights</b>	<b>Description</b>
Planned respite in the commissioned service (4 units) and Warwick Mews Short Breaks (3 units)	1,574 nights	These are pre bookable respite stays
Emergency respite bed at Warwick Mews (1 unit)	347 nights	This was used for 3 short term bridging placements, with an average length of stay of 115 days
<b>Total</b>	1,921 nights	

- 40 We are therefore proposing to reduce the current number of respite units/beds from 8 to 6. This would provide an overall capacity of 2,190 respite nights per year to meet overall demand.
- 41 Based on this capacity we are proposing that an annual total of 1,825 respite nights would be available for planned respite (3 units in the North and 2 units in the South) and 365 respite nights would be available for short term placements/emergency respite (1 unit in the North).
- 42 Based on current trends we would utilise an estimated 1,574 days of planned respite (86% of 1,825 days of capacity) and an estimated 347 days for short term placements/emergency respite (95% of 365 days of capacity).
- 43 Overall, across both the planned respite and short-term placements/emergency respite, this would mean that occupancy levels would be optimised and that ensure value for money.

<b>Proposed New Learning Disability Respite Model</b>		
<b>Location</b>	<b>No. of Units</b>	<b>Description of Service</b>
North (Macclesfield and surrounding areas)	4	<ul style="list-style-type: none"> <li>• 3 units would support planned respite.</li> <li>• 1 unit allocated for short term placements and emergency respite.</li> </ul> <p>These would be semi self-contained units with bedroom, private bathroom, communal lounge.</p> <p>At least 2 units would need to meet the needs of people with physical disabilities/wheelchair users.</p> <p>Service would have a core staffing of 2 people, sleep in/waking night (night support would be flexible depending on individual need)</p>
South (Crewe and surrounding areas)	2	<ul style="list-style-type: none"> <li>• 2 self-contained units with bedroom, private bathroom, kitchen, lounge, with access to communal space.</li> </ul> <p>This would be planned respite.</p>

		<p>At least 1 unit would need to meet the needs of people with physical disabilities/wheelchair users.</p> <p>Service would have a core staffing of 1 person, sleep in/waking night (night support would be flexible depending on individual need)</p>
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- 44 The proposed model has been designed to reflect the current respite usage in the different geographic areas of Cheshire East, based on current usage and predicted demand.
- 45 It also takes into consideration value for money and the costs associated with delivering models which meet individual needs, deliver positive outcomes, and ensure optimum occupancy levels.
- 46 The new model would be based on a short term supported living service, with a greater emphasis on development of independent living skills, promoting the use of assistive technology to encourage independence and reduce the need for intensive support.
- 47 The accommodation offer would better reflect the requirements of individuals using respite and be able to accommodate a range of differing care and support needs, from individuals with moderate to more complex needs.
- 48 Each unit would have its own private bathroom to support those with personal care needs and ensure dignity. Access to communal space would be provided to promote social interaction. The building would also be enabled with assistive technology and WI-FI would also be provided throughout the building.
- 49 Care and support would need to ensure a personalised service, offering the flexibility to meet different levels of support needs (including 1-1 support). The service would also ensure that individuals could access the wider community during the daytime and the evening with access to a vehicle.
- 50 As part of the development of the new model, we will decommission the Care4CE service provided at Warwick Mews Short Breaks. This service is limited by the current building (there isn't enough space to reconfigure this to the proposed model), staffing resources (inability to provide 1-1) and its overall ability to offer a personalised service, without significant additional investment.

- 51 From a value for money perspective the service at Warwick Mews Short Breaks is 32% more expensive than current commissioned respite provision (with 4 units/beds in each service). Considering the current financial position of the council, the most cost-effective way to procure such a service would be to commission this through the independent sector.
- 52 A procurement exercise would be undertaken to find a new commissioned provider(s). This will ensure that the council can ensure that providers work closely with development partners to progress a service within the proposed requirements and ensure value for money through a competitive tender process.
- 53 The new services would be issued as block contracts to incentivise providers to develop services and ensure their viability. The contracts would be for 7-years (5 years plus option for a 2-year extension), A robust service specification and a quality and outcomes framework will be developed, with regular reporting and contract monitoring processes established.
- 54 It is envisaged that the new services would go live between March 2025 and April 2026, to ensure that an appropriate mobilisation period for staff training/recruitment and any relevant building works can be carried out.

### **Consultation and Engagement**

- 55 A range of consultation and engagement activity has taken place as part of the review to inform the transformation of learning disability respite services.
- 56 Consultation with people with learning disabilities and carers has been undertaken including:
- October 2023 - Engagement meetings (face to face and online)
  - October/November 2023 - Survey/Easy Read surveys (38 responses in total)
  - February 2024 - Consultation on proposed new model (face to face meetings and online meeting)
- 57 Provider Market Engagement has also been undertaken using a variety of methods.
- October/November 2023 - Provider Market Engagement Survey (27 providers responded)

- February 2024 - Consultation on proposed new model with Providers (42 providers were present).

58 A survey was also undertaken with social work teams to find out their experiences of current respite services and how services could be delivered in the future.

### Reasons for Recommendations

59 The key reasons why we are proposing to redesign respite services for people with learning disabilities are as follows:

- **Improved value for money to meet current/future demand** - Compared to Pre-COVID 19 levels, occupancy rates (%) have dropped within commissioned respite. This means the level of provision can be reduced from 8 units to 6 units, which is able to meet service demand.
- **Ability to support a wider range of individuals including those with more complex support needs and deliver enhanced outcomes** - We are seeking to commission a learning disability respite service that is able meet a wide range of individual needs. This includes services that can support individuals with moderate and complex needs and deliver positive outcomes and ensure value for money in the services we commission.
- **Improve the accommodation offer** - We need to modernise and stabilise the future offer for individuals with learning disabilities and the current in house offer at Warwick Mews Short Breaks cannot always meet the accommodation and support needs of those who require respite.

### Other Options Considered

60 Several other options have been considered.

Option	Impacts	Risk
<b>Maintain in-house provision at Warwick Mews Short Breaks and current commissioned services</b>	<ul style="list-style-type: none"> <li>• This would ensure continuity for current service users/carers</li> <li>• Existing accommodation could be utilised.</li> </ul>	<ul style="list-style-type: none"> <li>• This would not address the current issues that Warwick Mews Short Breaks experiences in providing 1-1 support (without additional budgetary provision) to meet the needs of people with more complex needs.</li> </ul>

	<ul style="list-style-type: none"> <li>• There would be no transition and mobilisation required.</li> </ul>	<ul style="list-style-type: none"> <li>• The building at Warwick Mews Short Breaks wouldn't be able to be reconfigured to meet the requirements outlined in the proposed new model (individual bathrooms for all rooms).</li> <li>• MTFS 2023/24 identified a potential saving of £250K by decommissioning Warwick Mews, and these savings would not be achieved if we maintained this service.</li> <li>• The current service costs at Warwick Mews Short Breaks are 32% more expensive than commissioned respite</li> </ul>
<b>Develop a respite service over one single site</b>	<ul style="list-style-type: none"> <li>• This would be attractive to the market, in terms of viability by having this service in one location.</li> <li>• Would be able to be developed as a stand-alone service or part of an existing service</li> </ul>	<ul style="list-style-type: none"> <li>• People in certain parts of Cheshire East would have to travel significant distances to access respite.</li> <li>• Potential for under occupancy with this being in one location within the borough.</li> </ul>
<b>Commission an additional unit for those with highly complex needs</b>	<ul style="list-style-type: none"> <li>• Would enable Cheshire East to have a dedicated resource for those with highly complex needs (challenging behaviour)</li> <li>• Would reduce the need to</li> </ul>	<ul style="list-style-type: none"> <li>• In 2023/24 there was a total spend of £61K on spot purchased respite in care homes (for 5 individuals, totalling 132 nights per year).</li> <li>• This level of usage indicates we wouldn't have the demand to commission a dedicated unit.</li> </ul>

	potentially pay higher rates for spot purchased placements in care homes	<ul style="list-style-type: none"> <li>• Evidence from market engagement would indicate commissioning on a spot purchase basis would be more cost effective</li> </ul>
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## Implications and Comments

### *Monitoring Officer/Legal*

- 61 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).
- 62 The findings from the consultation and market engagement have been incorporated into the redesign and recommissioning of learning disability respite.
- 63 Once the decision to approve the recommissioning and procurement of services has been made, the procurement will be undertaken in accordance with the relevant provisions of the Public Contract Regulations 2015 and Cheshire East Council's Contract Procedure Rules or the new Procurement Act 2023 which will come into force in October 2024 and will apply to all procurements commenced on or after 28<sup>th</sup> October 2024. The Transitional Guidance published by the government stipulates that a procurement will have commenced once a contract notice has been published.

### **Employment law implications:**

- 64 If a decision is made to proceed with the new respite model, this will have staffing implications for the Council employees currently delivering the Care4CE in-house respite provision (Warwick Mews Short Breaks). TUPE is unlikely to apply to the Care4CE staff, with the proposed new model being a substantially different service based on a supported living model, in contrast to the current residential based model. However, this situation should be kept under review as consultation progresses.
- 65 Assuming TUPE does not apply to the in-house provision, Council staff will either need to be redeployed into suitable alternative vacancies within

Care4CE or their roles may be redundant and a redundancy payment due.

- 66 In assessing suitability of alternative roles, regard must be had to:
- (a) The employee's skills, aptitudes, and experience, and whether they meet the requirements of the job on offer.
  - (b) The terms of the alternative job (for example, status, place of work, tasks to be performed, pay, hours and responsibility) and how they compare with the terms of the employee's previous employment.
- 67 Full consultation and engagement will need to take place with the trade unions and affected staff if a decision is made to discontinue the in-house respite provision and the process for redeployment into alternative roles. This will mitigate the risk of any potential claim for unfair dismissal and/or breach of contract. The Council's policies and procedures regarding organisational change and redeployment will also need to be adhered to.
- 68 Regarding the current commissioned respite service, TUPE may apply to the procurement of the new commissioned service model if the services are fundamentally the same going forward. The applicability of TUPE would be a matter for the new and incumbent providers to determine. The Council has no legal liability under TUPE as client but would be expected to provide relevant TUPE information as part of the procurement process (see paragraph 85 which confirms that TUPE is not applicable).

*Section 151 Officer/Finance*

- 69 In terms of learning disability respite expenditure, we currently spend a total of £769,000 annually across Care4CE, commissioned services and spot purchases (see Table 1 for full breakdowns by service).
- 70 We estimate that the proposed new model would require a budget of between £550,000 and £620,000. This is based on feedback from providers as part of the market engagement and considers potential spot purchases.
- 71 The 2023/24 Medium-Term Financial Strategy identified a £250,000 financial saving by decommissioning of Warwick Mews Short Breaks. By implementing the new respite model, this will significantly contribute to meeting this saving. We also anticipate that the new services will be better equipped to manage more complex individuals and reduce the need to spot purchase additional respite placements and reduce costs further.

- 72 The cost benefits of an individual accessing respite support compared to requiring a long-term care and support package are clear. The average cost of providing a maximum of 56 nights of respite (based on current commissioned costs) is £11,430 per annum, compared to the average cost of a learning disability supported living placement which is £57,304.
- 73 The proposed new model for learning disabilities respite will ensure value for money by ensuring optimum occupancy levels, by reducing the number of units and through the undertaking of a competitive procurement process to ensure best value.
- 74 Existing staffing resources in procurement, commissioning, operational teams, and brokerage will be involved in the re-commissioning and ongoing contract management and referrals process.

### *Policy*

- 75 The Care Act (2014) places people and their carers in greater control of their care and support needs. The Act is particularly pertinent to how services for people with learning disabilities are commissioned and how support is arranged and aims to give greater control and influence on those in need of support. This includes encouraging people to think about what outcomes they want to achieve in their lives, with a greater emphasis on prevention.
- 76 The recommended approach to developing a new learning disability respite model, firmly align to several priorities within the Cheshire East Corporate Plan 2021-2025.
- Reduce the reliance on long term care by improving services closer to home and providing more extra care facilities, including dementia services.
  - Increase opportunities for all children and young adults with additional needs.
  - Work together with residents and partners to support people and communities to be strong and resilient.
- 77 The NHS Long Term Plan also seeks to support people with learning disabilities and other complex needs to lead longer, happier, and healthier lives. The redesign of respite aligns with the aims of the plan for more people with learning disabilities to be supported to live fulfilling lives and giving them choice over the type of support they need to live the life they choose.

### *Equality, Diversity and Inclusion*

- 78 As part of its decision-making process, Cheshire East Council, must have 'due regard' to its equality's duties. Under section 149 of the Equality Act 2010, the Council/ICB in exercise of its adult care and support functions, must have 'due regard' to the need to eliminate discrimination, advance equality of opportunity between persons who share a protected characteristic and those who do not, foster good relations between persons who share a relevant protected characteristic and persons who do not in order to tackle prejudice and understanding.
- 79 Under the Equality Act (2010), partners are required to identify the impacts of any decisions, policies etc. on certain protected groups to ensure equality is promoted, and inequality minimised. For example, there must be an assessment made of the impacts on groups or individuals who are disabled, including mental health problems, who belong to ethnic or racial groups, on the grounds of age or sex discrimination etc. An Equality Impact Assessment can both assist in evidencing that these equality duties are being met and inform decision making.
- 80 The Council is required to give serious, substantive, and advance consideration of what (if any) the proposals would have on the protected group and what mitigating factors can be put in place. This exercise must be carried out with rigour and an open mind and should not be a form of box ticking. These are mandatory considerations.
- 81 An Equality Impact Assessment has been completed (see Appendix 1)
- 82 Age and Disability are the protected characteristics which are most impacted by those accessing learning disability respite services currently. However, eligibility for the service is determined by assessed need as set out with the Care Act's legal framework. Therefore, those unable to access the service will be because of assessed needs thresholds not being met rather than any form of discriminatory practice linked to protected characteristics.
- 83 The service is designed to promote independence and develop new skills and as such there is an expectation that part of the support provided includes integration within wider communities and promoting access to activities/opportunities. By ensuring that the service is coproduced with service users it will enable commissioners to use lived experience of the service so that no unlawful discrimination, harassment and victimisation to anyone with a protected characteristic occurs.

#### *Human Resources*

- 84 There are potential human resources implications associated with the future commissioning of learning disability respite services.

- 85 The current commissioned provider has confirmed TUPE will not apply to any staff working on the contract.
- 86 TUPE will also not be applicable for Care4CE staff currently working within Warwick Mews Short Breaks, with the proposed new model being a substantially different service based on a supported living model, in contrast to the current residential based model.
- 87 No formal consultation discussions have taken place yet with Warwick Mews Short Breaks staff. Care4CE have vacancies for staff in other services that would be offered to staff through redeployment.
- 88 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*

- 89 Any proposals to change the way that learning disability respite services are currently delivered and commissioned will present challenges and risks.
- 90 See below identified risks with mitigation.

### **Ensuring buy in from providers to deliver learning disability services in Cheshire East**

- Initial scoping and feedback from providers, has been encouraging with over 40 providers attending a market engagement event in February 2024.
- Feedback on the proposed model has been positive, indicating interest to participate in a tender exercise.
- A pre-tender go live session will take place to ensure providers can answer any questions relating to the tender process.
- In terms of the contract length (5+2 years), we are seeking to incentivise the market and development partners to invest in developing a service and accommodation. This contract length will offer greater sustainability to providers, so they can look to reduce costs with their being less risk attached than if this was a shorter contract.

### **Ensuring that people and carers continue to access services in the event of a change in location and provider.**

- Engagement and consultation on the proposed model has been

- We are seeking to involve a carer/service user representative(s) on the evaluation panel, as part of the co-production.
- Mobilisation meetings will take place with service users and carers to ensure they meet the new provider and any questions on the new service can be answered.
- Visits to the new service will be held as part of this process.

**Delays in the development of accommodation and recruitment impact on the start date of the new respite service**

- A flexible mobilisation period will be factored into the timeline to allow for development of new services.
- Feedback from provider engagement has indicated several existing properties and others in the pipeline to deliver respite services from in Cheshire East.
- We will ensure that contingencies are in place with Care4CE continuing to deliver respite at Warwick Mews Short Breaks.
- We will also seek to extend current commissioned contracts with commissioned provider.

*Rural Communities*

- 91 One of the benefits of the proposed respite model is that we will have two sites across the borough. This will enable the services to reach those individuals in more rural parts of the borough, rather than a single service.

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

- 92 The proposed respite model will continue to support the preparing for adulthood and transition agenda. 22 people (many of which were aged between 18-25) have transitioned from commissioned respite into their own supported living tenancy over the last five years.
- 93 A joined-up approach to commissioning provision across Children's and Adults across the Council and health will ensure a smoother transition and improved outcomes for individuals who require care and support services.

*Public Health*

- 94 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.

- 95 Supporting individuals with learning disabilities closer to home gives them the best opportunity to effect positive change, reducing risk and supporting sustainable, safe outcomes.

### *Climate Change*

- 96 The proposed respite model supports the views from the engagement sessions, where it was evident that people who access respite, benefit from services being delivered closer to home.
- 97 If more people are supported in services in borough which better meet their support needs, key people working with the individual will usually be assigned based on location and therefore reduce the carbon footprint by remaining local. We would also reduce the number of individuals with learning disabilities who are placed in respite at a distance and reduce the associated travel for contact or statutory visit.

<b>Access to Information</b>	
Contact Officers:	<p>Mark Hughes, Programme Lead, Complex Needs  <a href="mailto:mark.hughes@cheshireeast.gov.uk">mark.hughes@cheshireeast.gov.uk</a></p> <p>Keith Evans, Head of Service, Learning Disabilities and Mental Health  <a href="mailto:Keith.Evans@cheshireeast.gov.uk">Keith.Evans@cheshireeast.gov.uk</a></p>
Appendices:	<p>Appendix 1 – Equality Impact Assessment</p> <p>Appendix 2 – Learning Disability Respite Pre-Consultation Survey, December 2023</p>
Background Papers:	None

## Appendix 1 - 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>	Learning Disability Respite Review
<b>Date of Assessment</b>	30 <sup>th</sup> October 2023 (Reviewed 16 April 2024)
<b>Assessment Lead Officer Name</b>	Lindsey MacAulay – Project Manager
<b>Directorate/Service</b>	Adults Commissioning Team – Complex Needs
<b>Details of the service, service change, decommissioning of the service, strategy, function or procedure.</b>	<p><b>Current Service -</b> Cheshire East Council currently provides respite services for Adults with Learning Disabilities across three sites within the Cheshire East geographical footprint. Within each of these three sites there are 4 beds that the Council has a block purchasing arrangement for to ensure that they are always available (barring unforeseen circumstances that would require sudden temporary/permanent closure).</p> <p>There is a specific bed at Care4CE's provision that has been ring fenced for use in emergencies and 1<sup>st</sup> Enable will accept emergency admissions if they have availability, but this isn't always feasible.</p> <p>Of these three sites, 1 is operated by Cheshire East Council's Care4CE called Warwick Mews Short Breaks and 2 are operated by a Commissioned provider. The location of these services are as follows:</p> <p>Care4CE –Warwick Mews Short Breaks in Macclesfield (3x normal beds and 1 x Emergency Bed)</p> <p>Commissioned Provider –</p> <ol style="list-style-type: none"> <li>1. Hani Grange in Handforth (2 x beds)</li> <li>2. Valleybrook in Crewe (2 x beds)</li> </ol> <p><a href="#">Learning disabilities respite provision in Cheshire East</a></p> <p>The current offer has been designed to offer modern and flexible support with a focus on enabling those accessing the service to retain skills and independence as well as further development in these areas. It</p>

	<p>enables carers to have a break from their caring role knowing that the person in receipt of the service is being appropriately supported.</p> <p>The service was originally designed to be able to cater to the respite needs of all eligible Cheshire East residents who have a learning disability. However, it has been identified that both providers encounter challenges in being able to support service users with high intensity needs. As such spot purchasing arrangements have had to be made to ensure that these individuals are able to access some form of respite provision and enabling their carers to have the same option to have a break as their peers whose family members are able to access the commissioned services.</p> <p>A review of overall occupancy across commissioned respite services had shown that usage has dropped significantly compared to pre-COVID levels. The reasons for this are mainly attributed to younger people who have accessed respite successfully transitioning into supported living tenancy (22 people have transitioned in the last five years). Some older individuals who stopped accessing respite during the pandemic have not returned to the services.</p> <p>Figures for the Emergency bed at Warwick Mews Short Breaks remain high but upon greater scrutiny of circumstances of those using the bed it would indicate that the criteria for those accessing it do not necessarily meet the criteria of an emergency either at point of admission or after a period of time where it is identified that a long-term provision is required.</p> <p>As such there has been a requirement for 'spot purchases' to be made where other emergency cases have occurred. Likewise spot purchases have been required when neither of the provisions have been able to meet the needs of those accessing the service which would indicate a shortfall in current service capabilities across both settings.</p> <p><b>Future Demand</b></p> <p>The main cohort of the individuals with learning disabilities who access building-based respite services are those who live at home with parents/family. However, the introduction of a supported living style respite</p>
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	<p>service provision from the commissioned service has seen an increase in first time accessors (predominantly young people) using the service as a steppingstone to long term supported living.</p> <p>The Institute of Public Care's Projecting Adult Needs and Service Information (PANSI) tool provides localised projections on the number of individuals with a moderate or severe learning disability living with a parent. The below table, taken from <a href="http://www.pansi.org.uk">www.pansi.org.uk</a> demonstrates that the number in Cheshire East will remain relatively consistent between 2023-2040.</p> <p>Cheshire East Total population aged 18-64 predicted to be living with a parent 2023 – 397, 2025 – 398, 2030 – 404, 2039 – 408 and 2040 - 409.</p> <p>Part of the review of the Learning Disability service offer, and consistent with the strategy to move away from buildings-based respite provision is that younger people in transition to adulthood have told us they would like to access a respite service that are more person centred, promote independence and skills development, and also experience greater access to the community as part of their respite stay.</p> <p>What we are also seeing is that number of young people aged 18+ with Education, Health and Care Plans (EHCP) has increased significantly in recent years and as a result the numbers with a current funded package has increased which means the overall costs to adult social care have increased significantly. The below table is the latest transitioning trend data:</p> <p>In 2018 People aged 18+ with an EHCP 698, number of these young people with a current funded package 133 Total cost to adult social care per week £105,340 and Total cost to adult social care per year £5.48m.</p> <p>In 2020 People aged 18+ with an EHCP 953, number of these young people with a current funded package 176 Total cost to adult social care per week £157,260 and Total cost to adult social care per year £8.18m.</p> <p>In 2023 People aged 18+ with an EHCP 1436, number of these young people with a current funded package 230 Total cost to adult social care per week £195,290 and Total cost to adult social care per year £10.16m.</p>
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	<p>Therefore, as a council we need to ensure that future services continue to meet the needs of a growing cohort of individuals with a learning disability and other complex needs as well as ensuring we get value for money from commissioning services in the most effective way possible.</p> <p>Likewise, the increase in spot purchasing arrangements previously noted would indicate the need to determine whether a service that can accommodate those with complex support needs would be the most cost-effective option for public funds. Or whether the current arrangements are the most appropriate to ensure best outcomes for those who utilised provision in a spot purchased setting.</p> <p><b><u>Purpose</u></b></p> <p>The purpose of this review was to carry out engagement with key stakeholders to ensure the respite services we are commissioning are meeting peoples support needs and delivering positive outcomes, or whether there are improvements that can be made for the benefit of those currently accessing the service and those who will access it in the future.</p> <p>Engagement has allowed for the development of a service that is designed to meet all needs of those who will be eligible for the service. The council now has a better understanding on what model meets this need and where changes to services need to be made.</p>
<p><b>Who is Affected?</b></p>	<ul style="list-style-type: none"> <li>• Ward Members (All)</li> <li>• People who currently access Respite services</li> <li>• Carers/family members of those who access Respite Services</li> <li>• Care4CE Staff working at Warwick Mews Short Breaks</li> <li>• Social Work teams who support those who access the service and their families</li> <li>• Adult Social Care Providers</li> </ul> <p>A level of pre-engagement has taken place with providers, Social Workers and services users and their carers to get a baseline understanding of their view of current services before looking at new service</p>

	<p>development. Recurrent themes are that those using the services and their families like the convenience of current service locations and the support provided at each setting.</p> <p>Operational colleagues have fed back that the environmental and staffing structures of each setting make it difficult for those with higher intensity needs to access both the in house and commissioned services. Warwick Mews Short Breaks not being able to offer enhanced support (1:1,2:1 etc) minimises the provisions ability to access the community, promote independence and develop new skills. Operational colleagues felt that if the service was able to mirror the current options provided by the commissioned provider it would improve outcomes. Pre-engagement with the adult social care market has identified that there is suitable appetite for delivery of respite provisions across different settings (supported living or residential).</p>
<b>Links and impact on other services, strategies, functions or procedures.</b>	<p>As mentioned above, there is the potential for this recommission to be included as part of a wider flexible purchasing system being developed to include most, if not all contracts. Were it to be included in this process it would negate the need for a standalone procurement and would reduce pressures on all normally involved in this process (Commissioners, Operational staff and Procurement). Should the procurement exercise result in new providers being utilised for the provision, mitigating steps would be put in place to ensure that there were no disruptions in the event that proposed new settings were not operational on planned start date.</p> <p>The service is in line with the following aim set out on page 17 of Cheshire East's Corporate Plan 2021-2025</p> <ul style="list-style-type: none"> <li>• 'Reduce the reliance on long term care by improving services closer to home and providing more extra care facilities, including dementia services'</li> </ul> <p>The respite service seeks to provide carer respite and enable the service user to remain within the home for as long as possible.</p>

	<p>Without this service it is likely that there would be an increased need for long term service as a result of irreparable carer breakdown. There is also an increased risk of inappropriate hospital admissions when families reached crisis point.</p> <p>Under the Care Act 2014, carers are entitled to a care's assessment. This may result in carers being able to access additional services such as respite which enables them to have a break from their caring responsibilities which in turn supports people in receipt of the service to remain at home rather than in a full-time care setting.</p> <p>The service provided by Cheshire East Council ensures that there is year-round provision available to those exercise this offer. Provision of respite aligns with section 2.10 of the Care Act's statutory guidance in that tertiary services such as respite enables carers to continue to have a life of their own alongside their caring responsibilities.</p>
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<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 service being commissioned is designed to ensure that there is no unlawful discrimination, harassment and victimisation to anyone with a protected characteristic. Age and Disability are the protected characteristics held by those accessing the service currently. However, eligibility for the service is determined by assessed need as set out with the Care Act's legal framework. Therefore, those unable to access the service will be because of assessed needs thresholds not being met rather than any form of discriminatory practice linked to protected characteristics.</p> <p>The service is designed to promote independence and develop new skills and as such there is an expectation that part of the support provided includes integration within wider communities and promoting access to activities/opportunities. By ensuring that the service is coproduced with service users it will enable commissioners to use lived experience of the service to ensure that it is designed to meet varied need.</p>
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## Section 2 - Information – What do you know?

What do you know?	What information (qualitative and quantitative) and/or research have you used to commission/change/decommission the service, strategy, function, or procedure?
<p><b>Information you used</b></p>	<p>Information used comes from a wide variety of sources some of which are freely available to the Public. However, there are some elements that are not freely available to the public as internal data has been used to provide specific information. These are:</p> <ul style="list-style-type: none"> <li>• Usage information of current service</li> <li>• Education, Health and Care Plans cost information</li> <li>• Age profile of those accessing the service (Liquid Logic record system utilised).</li> <li>• Further data on Learning Disability was taken from <a href="http://www.pansi.org.uk">www.pansi.org.uk</a>. Information on this website is intended for use by local authorities, the NHS and other bodies who need to be informed about trends in the population of adults aged 18 and over in England. As such registration is required before information can be accessed.</li> </ul>

	<ul style="list-style-type: none"> <li>• Data from the Consultation including public survey, easy read survey, feedback from consultation events, social workers survey, and provider survey.</li> </ul> <p>The elements that Council information that can be accessed by online were the following:</p> <ul style="list-style-type: none"> <li>• <a href="#">Learning disabilities respite provision in Cheshire East</a></li> <li>• <a href="#">Cheshire East Corporate Plan 2021-2025</a></li> <li>• <a href="#">Market Position Statement</a></li> </ul> <p>Care Act Statutory guidance was accessed online <a href="#">Care and support statutory guidance - GOV.UK (www.gov.uk)</a>.</p>
<b>Gaps in your Information</b>	<p>At this stage it is not felt that there are any gaps in the information provided.</p> <p>However, from the formal consultation no gaps become apparent to suggest that further research was required to be undertaken to identify what, if any, additional impact these may have on the proposed recommission.</p> <p>The main potential impact on the protected groups linked to this proposal is a potential change in service provider. That is a known risk when any public procurement exercise could lead to a change in service provision. If this occurs, Commissioners, Social Workers, Out-going provider(s) and incoming provider(s) will work together to ensure that a robust mobilisation plan is in place that is designed to minimise any disruptions.</p>

### 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</b>	Between September and October 2023, a number of pre consultation activities took place with those most likely to be impacted by any changes to the current Learning Disability respite service.

<b>engagement activities</b>	<p>In addition to these surveys 2 face to face meetings and 1 virtual meeting were held for Service Users and Carers to meet with Commissioners and Social Workers to discuss the current services provided. These meetings were held on 16<sup>th</sup> October 2023 at Crewe Municipal Building, 24<sup>th</sup> October 2023 at Macclesfield Town Hall and 25<sup>th</sup> October via Microsoft Teams. The overarching themes of which can be found in section 1 'Who is affected'.</p> <p>The purpose of these meetings was to formulate a baseline assessment of the current Learning Disability respite provision. From this information formal surveys will be developed, and the feedback gathered will help to inform service development.</p> <p>Following this further consultation with people with learning disabilities and carers has been undertaken including:</p> <ul style="list-style-type: none"> <li>• October/November 2023 - Survey/Easy Read surveys (38 responses in total)</li> <li>• February 2024 - Consultation of proposed new model (face to face meetings and online)</li> </ul> <p>Provider Market Engagement has also been undertaken using a variety of methods.</p> <ul style="list-style-type: none"> <li>• October/November 2023 - Provider Market Engagement Survey (27 providers responded)</li> <li>• February 2024 - Consultation of proposed new model with Providers (42 providers were present).</li> </ul> <p>A survey was also undertaken with social work teams to find out their experiences of current respite services and how services could be delivered in the future.</p> <p><u>What did people say?</u></p> <p>Having access to safe and secure accommodation was seen as the most important factor for people and carers who access respite services.</p> <p>From the surveys most respondents would be willing to share a living room / lounge area (29 out of 37 who answered) and a kitchen area (25 out of the 35 who answered) however would prefer to have their own bathroom (23 out of the 36 who answered).</p>
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	<p>People in certain parts of Cheshire East would have to travel significant distances to access respite if we moved to model which only provided respite in one location. From 23 responses 10 respondents stated they would be willing to travel up to 20 minutes, 8 stated 20-30 minutes and 5 stated 30 minutes or longer.</p> <p>In terms of the site itself, some outdoor space for relaxation and activities was seen as the most important aspect of respite facilities. This is currently available at both Warwick Mews Short Breaks and the commissioned respite services.</p> <p>Another aspect that was flagged up was the lack of Wi-Fi at Warwick Mews Short Breaks, which was present at the commissioned service.</p>
<b>Gaps in consultation and engagement feedback</b>	<p>There are no perceived gaps in the consultation that has taken place. Feedback has been received as part of the initial pre-engagement and this will help to develop potential options for the next iteration of the service with a view to the final service being co-produced with key stakeholders (service users and carers).</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>	<ul style="list-style-type: none"> <li>• The age range, in the main, of those currently accessing the service is 18-64. All share the common trait that their main residence is their own home living with their carer/family. The service is designed to provide said carer/family member respite from their caring responsibilities.</li> <li>• As such there is a requirement for the service to be able to cater to varying needs and age cohorts at a given time. This is something that will need to continue with the new service.</li> <li>• The age-related data used in this assessment indicates that an increase in younger people is expected into the service.</li> <li>• The younger cohort have indicated that a preference to</li> </ul>	<ul style="list-style-type: none"> <li>• Service users (and their carers) who are older tended to favour the shared living style arrangement provided by Warwick Mews Short Breaks.</li> <li>• Service Users (and their carers) who are younger presented with a mixed view on their preferences to the style of services provided by both Warwick Mews Short Breaks and the commissioned service. However, the areas that people said could be improved such as community access would indicate a style of service more aligned to the one provided by the commissioned service would be more favourable.</li> <li>• Service needs to be accessible to a wide variety of needs.</li> </ul>	<p>As previously mentioned, there is a potential negative implication associated with a change in service provider. However, if this were to occur then a plan to mitigate disruptions would be implemented.</p> <p>No other negative implications have been identified but based on feedback received there are further elements that need to be explored as part of ongoing service development:</p> <ul style="list-style-type: none"> <li>• As part of the service development look at how the service seeks to prepare for transitions from the short-term respite setting to a long term supported living setting.</li> <li>• Based on the feedback consideration needs to be given as to how a blended offer could be developed to capture the key things people favour in each setting.</li> </ul>

	<p>the 'own front door' style of supported living rather than the shared living style accommodation that is now viewed as being a dated set up.</p> <ul style="list-style-type: none"> <li>• The new service must continue to be able to cater to the needs of all who use it.</li> </ul>	<ul style="list-style-type: none"> <li>• Service needs to be designed so that supporting independence and developing new skills is part of service ethos.</li> <li>• People are happy that there is a service available within a close geographical proximity.</li> </ul>	<ul style="list-style-type: none"> <li>• Engagement and consultation has been positive and seeking greater input in the procurement phase of any service would help to deliver a service that is coproduced by those who use the service and carers.</li> </ul>
<b>Disability</b>	<ul style="list-style-type: none"> <li>• The current service is unable to cater to those with more complex needs.</li> <li>• This can be due to staffing requirements but also the environmental layout of the provision.</li> <li>• The review of the current service will enable Commissioners to seek to co-design services in collaboration with both those who will be accessing them but also those who will be delivering them.</li> <li>• Any changes should seek to ensure the service is person centred and focused on ensuring each individual is able to achieve their desired outcomes from it.</li> <li>• The proposals could have a number of potentially negative</li> </ul>	<ul style="list-style-type: none"> <li>• The service needs to be accessible to a wide variety of needs.</li> <li>• This would relate not only to environmental structure but also a services staffing structure.</li> <li>• Current provision is not always able to accommodate those with more complex needs (including those with profound and multiple disabilities).</li> <li>• There needs to be more focus on developing independent living skills.</li> </ul>	<ul style="list-style-type: none"> <li>• As mentioned above, a potential change in service provider could have an initial negative implication on those using the service but in the event this were to occur then a suitable plan would be enacted to mitigate this.</li> <li>• The positive implication is that by ensuring service user voice continues to be captured the new service will be co-designed and reshaped to meet the needs of those using it.</li> </ul>

	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.		
<b>Gender reassignment</b>	There is no evidence to suggest an impact on this protected characteristic.		
<b>Pregnancy and maternity</b>	There is no evidence to suggest an impact on this protected characteristic.		
<b>Race/ethnicity</b>	There is no evidence to suggest an impact on this protected characteristic.		
<b>Religion or belief</b>	There is no evidence to suggest an impact on this protected characteristic.		

<b>Sex</b>	There is no evidence to suggest an impact on this protected characteristic.		
<b>Sexual orientation</b>	There is no evidence to suggest an impact on this protected characteristic.		
<b>Marriage and civil partnership</b>	There is no evidence to suggest an impact on this protected characteristic.		

## 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>As mentioned above, any changing of service provider has the potential to cause a negative impact on those using the service.</p> <p>In the case of the commissioned service provision, the Council is bound by public procurement regulations and is now at a stage where this provision will need to go out to tender. Extending the contract further is not an option as all of the current contracts built in extension periods have been utilised.</p> <p>Warwick Mews Short Breaks is an in-house provision delivered by Care4CE. Although feedback has been</p>	<p>Operational staff have been present at all engagement meetings with service users and carers which has helped to allay any concerns raised about how this might impact on respite entitlement they current received.</p> <p>As mentioned above, should the new service result in a change of provider(s) then Commissioners, Social Workers and Providers (incoming and outgoing) will develop a robust mobilisation plan in place to ensure minimal disruption. Should any proposed new service not be ready for the proposed start date there would also be the option to extend the current provision(s) due to extenuating circumstances. This would ensure that there is no break in service delivery.</p>

<p>positive from those using the services the current set up does not make it as accessible to those with higher level needs.</p> <p>Likewise, the staffing structure can lead to challenges in supporting people to engage with the wider community. As part of the ongoing review further assessment will take place to see whether alterations can be made so that service can meet the requirements set by those who access the service.</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>	<p>A project team and project group are already in place for the review, whose membership will be continually reviewed by the group on an ongoing basis. This project group will be responsible for the development of the procurement documents, evaluation, and mobilisation of the new service(s).</p> <p>Once new service providers are appointed, we will undertake the following processes.</p> <ul style="list-style-type: none"> <li>• Monthly project meetings with incoming and outgoing providers</li> <li>• Regular communications with current people who access services and their carers.</li> <li>• Visits to new service premises by individuals and carers as part of transition to new service</li> </ul> <p>Once the new service is operational there will be regular monitoring and consultation activities including</p> <ul style="list-style-type: none"> <li>• Monthly contract meetings with providers</li> <li>• Monthly performance monitoring returns completed by providers to commissioners.</li> </ul>

	<ul style="list-style-type: none"> <li>Annual feedback meetings and surveys with people who use respite and their carers</li> </ul>
<b>Date and responsible officer for the review of the EIA</b>	This EIA has been reviewed by Lindsey MacAulay Project Manager and Mark Hughes Programme Lead on 16 April 2024, following the conclusion of the review.

## 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>Martyn Baggaley, Head of Commissioning Children, Families &amp; Adults with Complex Needs</b>
<b>Signature</b>	
<b>Date</b>	02.04.24

## 8. Help and Support

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

## Appendix 2

A summary of responses to Cheshire East Council's

# **Learning Disabilities Respite Pre-Consultation Survey**

# Introduction

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## Purpose of the survey

During October / November 2023 Cheshire East Council undertook a pre-consultation survey to seek views on accommodation-based respite provision for people with learning disabilities.

Services have been in place for several years and the time has come for, the Council to review the current offer and consider what is the best way in the future to provide support to those who access learning disabilities respite services in Cheshire East.

## Promotion and responses

The survey was held online with paper copies being made available on request. Easy read versions of the survey were made available alongside the full version. The survey was promoted to:

- Current learning disability respite service users and their carers
- Potential future service users
- Local stakeholders including relevant organisations
- The general public

In total, 38 responses were received:

- 23 full survey response
- 15 easy read survey responses

## Respondent characteristics

The majority of respondents who answered the full version of the survey ranged between 45-74 (16 out of the 20 who answered the question). 9 out of the 15 who answered the easy read version of the survey were aged between 16-34.

Out of the 23 respondents who answered the full version of the survey:

- 11 have a family member or care for someone who attends a learning disabilities respite service in Cheshire East. 10 stated they or someone they know may attend in the future or and/or have attended in the past. 2 responded as a professional / nurse.
- The majority (18) would describe their ethnic origin as White British / English / Welsh / Scottish / Northern Irish or Irish. 10 were Christian and 6 had no religion.
- 10 stated that they had a health problem or disability which has lasted, or is expected to last, at least 12 months.
- 14 were female, 5 were male (the remaining respondents preferred not to say or skipped the question).

# Analysis of results

## Current Respite Provision

Respondents who currently attend respite provision or were answering on behalf of someone that attends were asked which service they attend, where they live and which mode of travel they take to get there. Out of the 26 respondents who currently attend or have a family member / care for someone who attends a learning disabilities respite service in Cheshire East:

- 10 attend a commissioned service with 1st Enable (Crewe or Handforth). 11 attend Warwick Mews and 5 stated another provision e.g., Seashell Trust, Meridian, Kidsgrove Care Solutions.
- 25 lived at home with family and 1 lived in their own property with paid support.
- 22 are taken by a family/carer, 7 use own transport and 5 travel by taxi (please note that respondents could select all that apply).

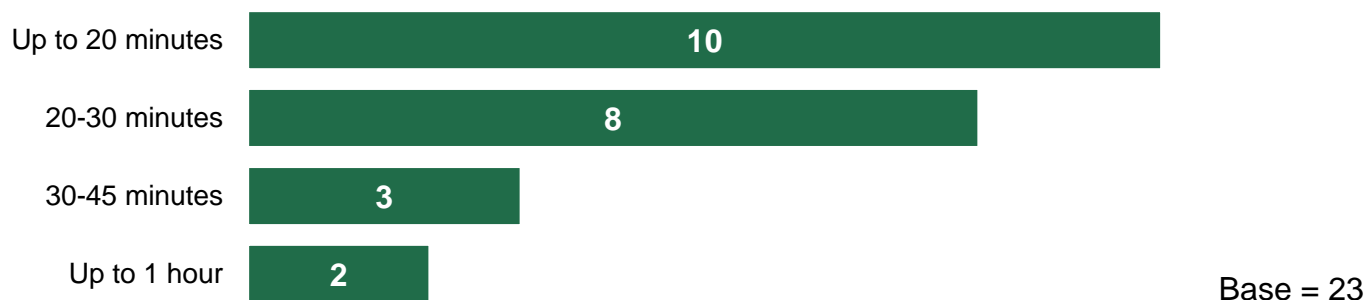
Respondents were then asked what they like or dislike about the learning disabilities respite/services that they currently attend. 31 respondents left a comment, some of those who do not currently attend a service also chose to provide a comment. The comments received are summarised in Table 1 below:

Table 1: What respondents like or dislike about the current respite provision			
Like		Dislike	
Theme / summary		Theme / summary	
Familiar and friendly staff.	12	Nothing, like it here.	10
Socialising with other people, making friends, people to chat and play games with.	12	No trips out or visits, lack of outings in late/afternoon & evening would like to do more things with friends in the local areas.	6
Accommodation is good, private bathroom. Facilities are good.	9	Choice, need more regular updates on when we can use respite, shouldn't be about budget – needs to be person centred.	4
Close to home, local, convenient location.	6	Changing staff, unfamiliar, agency staff.	3
Supports in keeping fit and active, go out in the community and learn new skills, change of scenery.	6	Limited wi-fi, not having Wi-Fi.	2
Know the routines, regular visits allow routine to be maintained, familiar place.	3	Being alone, bored.	2
Warm welcoming and person centred, safe place to stay.	3	None in the South Cheshire area.	1
Nice food.	2	Being alone, bored.	2
Enables families to get a break and stops breakdown.	1		
Bespoke and flexible.	1		
Like everything.	1		

## Future Respite Provision

Those who answered the full version of the survey were asked how long they would be able to travel to a learning disabilities respite service. 10 respondents stated up to 20 minutes, 8 stated 20-30 minutes and 5 stated 30 minutes or longer as can be seen in Figure 1.

**Figure 1: How long would you be able to travel to your learning disabilities respite service? (Count) Full version only**



All respondents were asked what is important to them when considering a learning disabilities respite service. Those who answered the full version of the survey were asked to rank certain service aspects in order of importance on a scale of 1 to 10 whereas those who answered the easy read version were asked to select which aspects were important to them and which aspects were not important to them. They could also select don't know / unsure. Safe and secure accommodation as well as friendly and trained staff were the most important aspects for respondents as shown in Table 2 below.

**Table 2: What is important to respondents in terms of respite services**

	Full Version	Easy Read Version
	Average importance score out of 10	Number of respondents stating this is important to them
Safe and secure accommodation	9.39	15
Friendly and trained staff	9.09	14
Provision of emergency respite to support carer	8.17	6
The flexibility of daytime support in addition to overnight support	8.13	12
A range of different learning activities, including life skills and other development opportunities	7.91	11
Opportunities to get involved in activities within the local and wider community (in the daytime and evening)	7.83	11
A variety of different support needs are met (inc. those with autism/challenging behaviour & physical disabilities)	7.52	-
<b>Base</b>	<b>23</b>	<b>15</b>

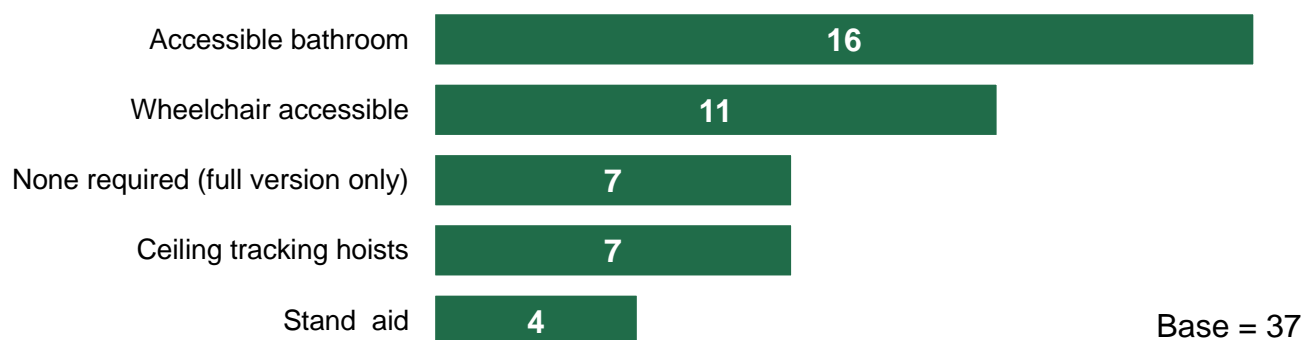
When asked a similar question in terms of facilities, outdoor space was considered the most important for those who answered the full version of the survey and the easy read version of the survey. See Table 3 for the full breakdown of results.

<b>Table 3: What is important to respondents in terms of the facilities at respite services</b>		
	<b>Full Version</b>	<b>Easy Read Version</b>
	<b>Average importance score out of 10</b>	<b>Number of respondents stating this is important to them</b>
Some outdoor space for relaxation, activities etc	8.04	13
Adaptations that can support a variety of different support needs and disabilities (wheelchair users)	7.91	7
Modern technology (including wi-fi, smart technology)	6.91	8
<b>Base</b>	<b>23</b>	<b>15</b>

In terms of room availability, the majority of respondents would be willing to share a living room / lounge area (29 out of 37 who answered) and a kitchen area (25 out of the 35 who answered) however would prefer to have their own bathroom (23 out of the 36 who answered).

In terms of support requirements, 16 out of the 37 respondents who answered would prefer respite support provision to have an accessible bathroom and 11 would prefer it to be wheelchair accessible. See Figure 2 for the full breakdown of results.

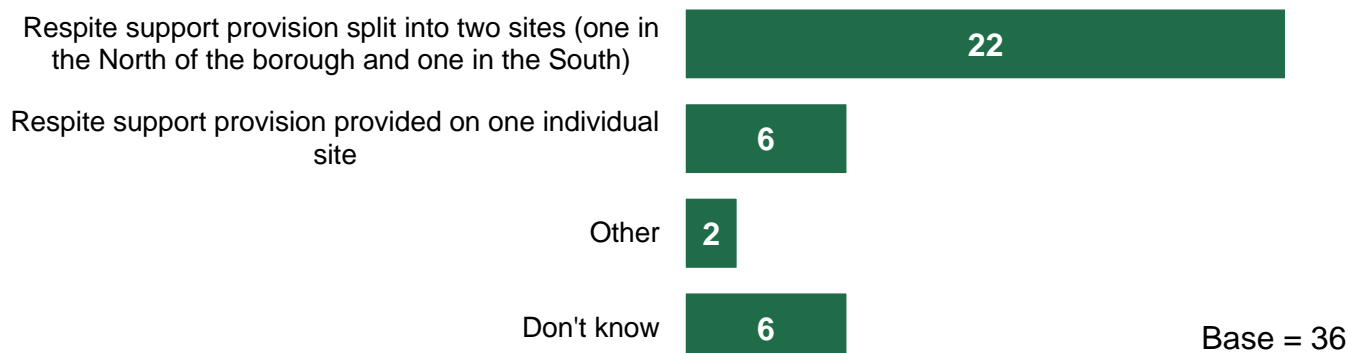
**Figure 2: Which of the following options would you prefer for respite support provision? (Count)**



Other support required included sensory area, wider corridors, help making meals, help brushing hair, minibus, full support at all times.

In terms of future respite provision, 22 out of the 36 respondents who answered would prefer respite support provision split into two sites (one in the North of the borough and one in the South). Of those who stated other, 1 would prefer it to stay as it is now and one stated that provision in the North is needed to avoid travelling long distances. See Figure 3.

### Figure 3: Which of the following options would you prefer for respite support provision? (Count)



Finally, respondents were asked If they would like to add anything else about current or future learning disabilities respite. 24 respondents left a comment. The comments received are summarised in Table 4 below:

**Table 4: Other comments on current or future learning disabilities respite**

Theme	Summary	
Respite should be located locally	Respite resource should be located locally - person should be able to mix with the local community and friends / should be close to the person's family so if there is an emergency they could get there quickly / need to keep a respite service in Crewe.	6
Happy with current provision	Current resource is excellent / Warwick Mews suits needs well - enjoyed staying at the Warwick Mews centre/ Support at Valleybrook court is really good / respite extends social group and contact with others which gives a wider friendship base.	5
Need to be inviting / offer more opportunities	Needs to offer more than being at home - an inviting environment both physical and support / offer wi-fi, like going on i-pad / more community opportunities rather than day centre / more creative options e.g. weekends away, city breaks, shared lives etc.	4
Respite is a vital service	Vital service giving adults a chance to experience and become familiar with out of care home / need a break from caring and will need it more so as we age / needs to continue to function with specific needs for adults with learning difficulties.	3
Friendships	Being happy and making friends.	2
Experienced staff	Employ care staff who and can take them to activities / good training and experience is essential / higher pay to get and retain good staff.	2
Consider needs of young people / future service users	Respite facilities for younger people are not adequate / take on board the views of young people who will use these services in the future.	2
Conder specialist needs	Need safe accommodation for severely autistic children / those with autism need a lot of sensory movement input / may need to be split into physical disabilities respite and learning disability respite.	2
Stability required	It is important to provide as much stability in the care arrangements as possible. Shuffling vulnerable people around and changing from the familiar could be catastrophic.	2
Consider impact of any change	Understand the vulnerability of the people impacted by any changes.	1

## 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 respite support provision in Cheshire East. Continued engagement with service users, their carers and staff would be beneficial especially if any change to the current service is recommended following this review.

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**OPEN**

## **Adults and Health Committee**

**24 June 2024**

**Final Outturn 2023/24**

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**Report of: Adele Taylor, Interim Director of Finance and Customer Services (s151 Officer)**

**Report Reference No: AH/10/2024-25**

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

### **Purpose of Report**

- 1 This report provides Members with the final outturn, for Adults and Health Committee services, for the financial year 2023/24. Members are being asked to consider the serious financial challenges being experienced by the Council (and other councils) and to recognise the important activities aimed at minimising the impact on services.
- 2 Members of the Committee are being asked to consider the financial performance of the services relevant to their terms of reference.

### **Executive Summary**

- 3 The Council operates a financial cycle of planning, monitoring and reporting. This review is part of the monitoring cycle and provides the final outturn position for the 2023/24 financial year. This report supports the Council priority of being an open and enabling organisation, ensuring that there is transparency in all aspects of Council decision making.
- 4 The full report will be received by Finance Sub Committee on 25 June 2024. Service Committees will receive the sections relevant to their committee (see Appendices).
- 5 The Outturn is reported as part of the Statutory Accounts and is therefore subject to audit. The audited Accounts will be presented to the Audit and Governance Committee on 30 September 2024.

## RECOMMENDATIONS

The Adults and Health Committee:

1. Consider the factors leading to an adverse Net Revenue financial outturn of £11.8m against a revised budget of £138.0m (8.6%), for Adults and Health Committee services.
2. Approve the Supplementary Revenue Estimate Requests for Allocation of Additional Grant Funding (Specific Purpose) over £500,000 up to £1,000,000 in **Annex 1, Section 2, Table 2**.
3. Scrutinise the contents of Annex 1 and note that any financial mitigation decisions requiring approval will be made in line with relevant delegations.

### Reasons for Recommendations

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

### Implications and Comments

*Monitoring Officer/Legal*

- 8 The Council should have robust processes so that it can meet statutory requirements and fulfil its fiduciary duty.
- 9 The legal implications surrounding the process of setting the 2024/25 to 2027/28 Medium-Term Financial Strategy were dealt with in the reports relating to that process. The purpose of this paper is to provide a progress report for 2024/25. Implications arising from individual proposals regarding service growth and savings have and will continue to be the subject of ongoing advice and support.

<b>Access to Information</b>	
Contact Officer:	<p>Adele Taylor, Interim Director of Finance and Customer Services (s151 Officer)  <a href="mailto:adele.taylor@cheshireeast.gov.uk">adele.taylor@cheshireeast.gov.uk</a></p> <p>Paul Goodwin, Head of Finance &amp; Deputy Chief Finance Officer  <a href="mailto:paul.goodwin@cheshireeast.gov.uk">paul.goodwin@cheshireeast.gov.uk</a></p>
Appendices:	Annex 1 – Final Outturn 2023/24 – Adults and Health Committee
Background Papers:	<p><a href="#">Medium Term Financial Strategy 2023-27</a></p> <p><a href="#">First Financial Review 2023/24</a></p> <p><a href="#">Second Financial Review 2023/24</a></p> <p><a href="#">Third Financial Review 2023/24</a></p>

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# Final Outturn 2023/24

## Adults and Health Committee

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**June 2024**

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

**Anyone wanting to comment is invited to contact the Council at:**  
[RandC@cheshireeast.gov.uk](mailto:RandC@cheshireeast.gov.uk)

# Adults and Growth Health

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# Adults and Health Committee

## 1. 2023/24 Final Outturn and Commentary

2023/24	Revised Budget (NET)	Outturn	Variance	Forecast Variance FR3	Movement from FR3 to Outturn
	£000	£000	£000	£000	£000
Adult Social Care - Operations	143,888	158,523	14,635	4,932	9,703
Commissioning	(6,484)	(9,327)	(2,843)	57	(2,900)
Public Health	642	642	-	-	-
<b>Adults, Health and Integration</b>	<b>138,046</b>	<b>149,838</b>	<b>11,793</b>	<b>4,989</b>	<b>6,804</b>

### Outturn Commentary

2023/24 has been an extraordinarily difficult year for adult social care, locally and nationally as it has sought to respond to increased complexity of need, particularly amongst younger adults, increased costs arising from ongoing inflation pressures affecting care providers and the need to support the NHS with hospital discharge pressures. These issues have driven an unexpected and unfunded level of expenditure in 2023/24. Adult services finances are complex to both monitor and forecast contributing to the variance between the third financial review and the final outturn. The movement is made up of several changes as opposed to one simple reason between these two reporting points. These include planned mitigations not being able to be delivered, unsuccessful negotiations with providers in respect of price, staffing levels only being able to be partially reduced to maintain a safe service, and reductions planned for 2024/25 not being able to be brought forward into 2023/24 as both demand and complexity of service users and levels of hospital discharge have all proved challenging.

Late unanticipated changes have also affected the final position, including recharges for agency staff, write-off of uncollected income and the inability to further capitalise some revenue costs. A lot of these changes are inter-linked and making a reduction in one area can increase expenditure in other areas. Further work is underway to understand the extent to which these late changes worsen the position regarding 2024/25, with the very early analysis to date indicating most of the adverse position is already within managers current plans to address. This includes the focus on reducing the financial pressure on staffing and, reducing costs in the two main areas of care, namely working age adults with complex needs and the older people's bed-based services. However, it should be noted that 2024/25 will be extremely challenging as the levels of demand and complexity as well as prices continue to put the adult social care budget under continued pressure.

**Note:** There will be a review focussing on the specific areas where there were major variances to see whether they are a one-off variance, or if there is an underlying budget variance that needs to be addressed in 2024/25. Findings will be reported at the next Adults and Health Committee meeting.

# Adults and Health Committee

## 2. Corporate Grants Register

- 2.1 Cheshire East Council receives two main types of Government grants; specific use grants and general purpose grants. Specific use grants are held within the relevant service with a corresponding expenditure budget. Whereas general purpose grants are held in central budgets with a corresponding expenditure budget within the allocated service area.
- 2.2 Spending in relation to specific use grants must be in line with the purpose for which it is provided.
- 2.3 The grant outturn position reflects the grant values that were used during the year. This may be different than the actual amount of grant received during the year. The remaining amounts from grants that are not used in full during 2023/24 are carried forward to meet expenditure in financial year

2024/25. The decrease in grants since the third review is due to the change in which year the grants will be used.

- 2.4 **Table 1** provides a detailed listing of all Adults & Health related grants, their movements between the reporting period and the treatment of the grant.
- 2.5 **Table 2** shows additional specific purpose grant allocations that have been received which are over £500,000 and up to £1m, and are for Committee approval.
- 2.6 **Table 3** shows additional specific purpose grant allocations that have been received which are £500,000 or less and are for noting only.
- 2.7 **Table 4** shows delegated decisions for additional general use grants previously named within the MTFS.

Table 1 – CORPORATE GRANTS REGISTER

Grants 2023/24	Original Budget	Revised Forecast FR3	Final Outturn	Change from Revised Forecast FR3	Treatment of Grant
	2023/24 £000	2023/24 £000	2023/24 £000	2023/24 £000	Notes 2 - 5
<b>ADULTS &amp; HEALTH</b>					
<b>Specific Purpose (Held within Services)</b>					
Additional Better Care (for Adult Social Care)	8,706	8,706	8,706	-0	
Local Authority Urgent and Emergency Care Support Fund	0	0	681	681 SRE	
Market Sustainability and Fair Cost of Care Fund	979	979	979	0	
Market Sustainability and Fair Cost of Care Fund - top-up	2,400	2,418	2,418	0	
Market Sustainability and Fair Cost of Care Fund - Workforce Element	0	2,206	2,206	0	
Trailblazer support funding - brought-forward	0	300	300	0	
Discharge Fund	1,200	1,221	1,221	0	
Multiply - Supported Employment	0	536	550	14 SRE	
Multiply - Supported Employment - carried-forward	0	0	-135	-135	
Supported Internship Grant	29	29	34	5 SRE	
Asylum Dispersal Scheme - brought-forward	0	0	60	60	
Asylum Dispersal Scheme	0	590	534	-56	
Asylum Dispersal Scheme - carried-forward	0	0	-344	-344	
Syrian Resettlement Programme - brought-forward	0	0	14	14	
Afghan - Wrap Around support - brought-forward	910	672	575	-97	
Afghan - Wrap Around support	0	0	546	546 SRE	
Afghan - Wrap Around support - carried-forward	0	0	-453	-453	
Afghan - Resettlement support - brought-forward	288	219	122	-96	
Afghan - Resettlement support	0	0	162	162 SRE	
Afghan - Resettlement support - carried-forward	0	0	-404	-404	
Afghan - Flexible Housing Funding	0	213	256	43	
Afghan - Integration Support	0	168	179	11	
Afghan - Integration Support - carried-forward	0	0	-89	-89	
Afghan - Homelessness Funding	0	27	27	0	
Afghan - Homeless Wrap Around Funding	0	18	25	7	
Afghan - Caseworker Tariff	0	36	36	0	
Homes for Ukraine Scheme - brought-forward	0	2,214	2,124	-90	
Homes for Ukraine Scheme	0	295	723	428 SRE	
Homes for Ukraine Scheme - carried-forward	0	0	-211	-211	
Private Finance Initiative (PFI) credits	4,125	4,125	2,836	-1,289	
Journey First and Parents First (originally provided by the European Social Fund but now DWP) - brought-forward	0	0	962	962	
Journey First and Parents First (originally provided by the European Social Fund but now DWP)	0	350	161	-189	
CQC review and assessment of LA functions for ASC 2023 to 2024	0	0	27	27 SRE	
International recruitment fund for the adult social care sector	0	0	52	52 SRE	
<b>Total Adults &amp; Health - Adult, Health &amp; Integration - Specific Purpose</b>	<b>18,637</b>	<b>25,321</b>	<b>24,878</b>	<b>-443</b>	

Grants 2023/24	Original Budget	Revised Forecast FR3	Final Outturn	Change from Revised Forecast FR3	Treatment of Grant
	2023/24 £000	2023/24 £000	2023/24 £000	2023/24 £000	Notes 2 - 5
<b>ADULTS &amp; HEALTH</b>					
<b>Specific Purpose (Held within Services)</b>					
Public Health Grant	17,405	17,972	17,972	0	
COVID-19 COMF & T&T - brought-forward	0	527	527	0	
CHAMPS Health Protection / COVID-19 Recovery Funding	0	27	27	0	
OHID SSMTR Supplementary Substance Misuse Treatment & Recovery Grant	353	354	354	0	
North West Probation Service funding for SMS rehabilitative and resettlement interventions	114	114	114	0	
CHAMPS Marmot Place Funding - encourage pregnant women to stop smoking - carried-forward in	0	22	0	-22	
CHAMPS SMS - inpatient detox	46	15	15	-0	
Reducing cardio-vascular disease in Cheshire East	0	0	6	6 SRE	
Reducing cardio-vascular disease in Cheshire East - carried-forward into 2024/25	0	0	-6	-6	
DHSC unclaimed funding - coded to PH until claimed	0	0	19	19	
<b>Total Adults &amp; Health - Public Health - Specific Purpose</b>	<b>17,918</b>	<b>19,030</b>	<b>19,027</b>	<b>-3</b>	
<b>General Use (Held Corporately)</b>					
Social Care Support Grant (Adults)	12,426	12,426	12,426	-0	
Local Reform & Community Voices	207	207	208	1	
Social Care in Prisons	73	73	63	-10	
War Pension Scheme Disregard	60	60	58	-2	
<b>Total Adults &amp; Health - Public Health - General Use</b>	<b>12,766</b>	<b>12,766</b>	<b>12,754</b>	<b>-12</b>	
<b>TOTAL ADULTS &amp; HEALTH</b>	<b>49,321</b>	<b>57,117</b>	<b>56,660</b>	<b>-457</b>	

#### Notes

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

## Table 2 - COMMITTEE DECISION

Supplementary Revenue Estimate Requests for Allocation of Additional Grant Funding (Specific Purpose) over £500,000 up to £1,000,000

Committee	Year	Type of Grant	£000	Details
Adults and Health	2023/24	Local Authority Urgent and Emergency Care Support Fund (Specific Purpose)	681	This is a new grant from the Department for Levelling-Up, Housing and Communities (DLUHC). Provided to fund additional services and interventions which support urgent and emergency care performance and resilience over the 2023 to 2024 winter period.
Adults and Health	2023/24	Afghan Wrap Around support (Specific Purpose)	546	This grant is from the Home Office. Funding allocated by the Home Office to support Cheshire East with providing Afghan Wrap Around support to families.
<b>Total Specific Purpose Allocations over £500,000 up to £1,000,000</b>			<b>1,227</b>	

**Table 3 – DECISION DELEGATED TO OFFICERS**

Supplementary Revenue Estimate Requests for Allocation of Additional Grant Funding (Specific Purpose) £500,000 or less

Committee	Year	Type of Grant	£000	Details
Adults and Health	2023/24	Multiply - Supported Employment  (Specific Purpose)	14	This grant is from the Department for Education (DfE) and is an increase on the Financial Review 3 forecast. Multiply is a government-funded programme to help adults improve their numeracy skills.
Adults and Health	2023/24	Supported Internship Grant  (Specific Purpose)	5	This grant is from the Department for Education (DfE) and is an increase on the Financial Review 3 forecast. Cheshire East was awarded additional funding in December 2023 following a successful grant bid. It is a contribution toward expenditure incurred on supporting young people holding Education Health and Care Plans. The interventions seek to develop skills in order that the young people can secure and sustain paid employment.
Adults and Health	2023/24	Afghan - Resettlement support  (Specific Purpose)	162	This grant is from the Home Office. It is a financial contribution towards expenditure incurred through resettling people under the Afghan Citizens Resettlement Scheme (ACRS) and the Afghan Relocation and Assistance Policy.

Committee	Year	Type of Grant	£000	Details
Adults and Health	2023/24	Homes for Ukraine Scheme (Specific Purpose)	428	Increase on the Financial Review 3 forecast. This grant is from the Department for Levelling Up, Housing and Communities (DLUHC). Funding at a rate of £5,950 per person, to provide support to families to rebuild their lives and fully integrate into communities.
Adults and Health	2023/24	CQC review and assessment of LA functions for ASC 2023 to 2024 (Specific Purpose)	27	This is a new grant from the Department for Health and Social Care. It is a non-repeating grant to provide support towards expenditure incurred by the new burden of LA's engaging with Care Quality Commission review and assessment for the first time.
Adults and Health	2023/24	International recruitment fund for the adult social care sector (Specific Purpose)	52	This is a new grant from the Department for Health and Social Care. The funding was provided to support recruitment within the adult social care sector.
Adults and Health – Public Health	2023/24	Reducing cardio-vascular disease in Cheshire East (Specific Purpose)	6	This is a new grant from the Cheshire and Merseyside Integrated Care Board. The grant has been made in order to allow work to take place that will contribute to reducing the level of cardio-vascular disease in Cheshire East.
Adults and Health – Public Health	2024/25	Local stop smoking services and support	432	This is a new grant from the Office for Health Improvement and Disparities. The purpose of this grant is to support to local authorities towards

Committee	Year	Type of Grant	£000	Details
		(Specific Purpose)		expenditure lawfully incurred or to be incurred by them in connection with the provision of local stop smoking services and support.
<b>Total Specific Purpose Allocations less than £500,000</b>			<b>1,126</b>	

## Table 4 – DECISION DELEGATED TO OFFICERS

Supplementary Revenue Estimate Requests for Allocation of Additional Grant Funding (General Use) previously named in the MTFS.

Committee	Year	Type of Grant	£000	Details
				On 22 <sup>nd</sup> February 2023 Council delegated authority to the Chief Finance Officer, to approve supplementary estimates if the value of any named grant changes from the figures contained within Appendix C, Annex 7 of the MTFS.
Adults and Health	2024/25	Social Care Support Grant (Adults)  (Specific Purpose)	14	Increase on the MTFS 2024-28 forecast. This grant is from the Department for Levelling-Up, Housing and Communities. The purpose of the grant is to provide support to local authorities in England towards expenditure lawfully incurred or to be incurred in respect of meeting adult and children's social care needs.
<b>Total Delegated Decision Specific Purpose Allocations previously named in the MTFS</b>			<b>14</b>	

### 3. Debt Management

	Outstanding Debt £000	Over 6 months old £000
<b>Adults and Health Committee</b>		
Adults, Public Health and Communities	13,691	8,556

As at 31<sup>st</sup> March, Total Outstanding Debt was £13,691k. This is an increase from £12,212k at Third Financial Review. Debts over 6 months old have increased from £7,709k to £8,556k.

# 4. Capital Strategy

Table 1 Capital Programme

Adults & Health												CAPITAL	
CAPITAL PROGRAMME 2023/24 - 2026/27													
Scheme Description	Forecast Expenditure							Forecast Funding					
	Total Approved Budget £000	Prior Years £000	Outturn 2023/24 £000	Forecast Budget 2024/25 £000	Forecast Budget 2025/26 £000	Forecast Budget 2026/27 £000	Total Forecast Budget 2023-27 £000	Grants £000	External Contributions £000	Revenue Contributions £000	Capital Receipts £000	Prudential Borrowing £000	Total Funding £000
Committed Schemes in progress													
Adults Services													
Community - Rural Shared Prosperity	413	0	81	332	0	0	413	413	0	0	0	0	413
Electronic Call Monitoring System	389	0	0	389	0	0	389	0	0	389	0	0	389
People Planner System	92	41	0	51	0	0	51	51	0	0	0	0	51
Replacement Care4CE Devices	95	65	2	28	0	0	30	30	0	0	0	0	30
Total Committed Schemes	989	106	83	800	0	0	883	494	0	389	0	0	883
Total Adults and Health Schemes	989	106	83	800	0	0	883	494	0	389	0	0	883

## 5. Reserves Strategy

### Adults and Health Committee

Name of Reserve	Opening Balance 1 April 2023	Forecast Movement in Reserves 2023/24	Forecast Closing Balance 31 March 2024	Notes
	£000	£000	£000	
<b><u>Adult Social Care Operations</u></b>				
Adults Directorate	1,020	(1,020)	0	To support a number of widespread projects within the Adults and Health Directorate. Reserve to be drawn down in-year as per plan within the MTFS. Reserve will be exhausted by September 2023, creating an underlying staff budget pressure within the revenue budget.
DOL's Assessments	125	(125)	0	
<b><u>Adults Social Care Commissioning</u></b>				
PFI Equalisation - Extra Care Housing	2,795	63	2,858	Surplus grant set aside to meet future payments on existing PFI contract which commenced in January 2009, and the anticipated gap at the end of the agreement. Initially to support administrative staffing costs in relation to Central Government's New Homes Bonus guidance for community projects. NHB grant scheme has since ended and the reserve no longer required for this use - potential to return to support Council's overall position.
NHB Community Grants Staffing	132	(132)	0	
<b><u>Public Health</u></b>				
Public Health Reserve	3,010	(642)	2,368	Ring-fenced underspend to be invested in areas to improve performance against key targets. Including the creation of an Innovation Fund to support partners to deliver initiatives that tackle key health issues. Anticipated that the carry forward ringfenced grant will be spent across 2023/24 to 2026/27.
ADULTS AND HEALTH TOTAL	7,082	(1,856)	5,226	

**OPEN**

## **Adults and Health Committee**

**24 June 2024**

### **Service Budgets 2024/25 (Adults and Health Committee)**

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**Report of: Adele Taylor, interim Director of Finance and Customer Services (s151 Officer)**

**Report Reference No: AH/01/2024-25**

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

### **Purpose of Report**

- 1 This report sets out the allocation of the approved budgets for 2024/25 to the Adults and Health Committee.
- 2 The report contributes to the Council's objective of being an open and enabling organisation.

### **Executive Summary**

- 3 The Medium-Term Financial Strategy (MTFS) for Cheshire East Council for the four years 2024/25 to 2027/28 was approved by full Council on 27 February 2024.
- 4 Due to the unprecedented financial circumstances that the council finds itself in it was not possible to present a fully balanced budget for the medium term this time. The focus has been wholly on 2024/25 to ensure that effective scrutiny could be achieved in every area to work towards presenting a balanced position in February.
- 5 Service committees are being allocated budgets for 2024/25 in line with the approved MTFS. The financial reporting cycle will provide regular updates on progress on delivery of the budget change items, the forecast outturn position, progress on capital schemes, movement on reserves and details of any supplementary estimates and virements.

The financial reporting timetable for 2024/25 was approved by Finance Sub-Committee on 22 March 2024 and is included at Appendix B.

- 6 In addition to the usual comprehensive reporting at First, Second and Third Financial Reviews (September, November and January cycles), in recognition of the Council's challenging financial position and the importance of achieving a balanced outturn, it has been agreed by the Finance Sub Committee that all service committee meetings during 2024/25 will receive an update report on the delivery of the approved MTFS budget policy change items. This will be based on the tables of budget policy items shown in Appendix A, for each respective committee, and will include RAG-rating and accompanying commentary as reviewed and approved by Corporate Leadership Team in respect of each item.
- 7 Appendix A contains the first update on progress against each revenue budget change item for 2024/25.

#### RECOMMENDATIONS

The Adults and Health Committee is recommended:

1. To note the decision of the Finance Sub-Committee to allocate the approved revenue and capital budgets, related budget policy changes and earmarked reserves to the Adults and Health Committee, as set out in Appendix A.
2. To note the financial reporting timetable for 2024/25 set out in Appendix B as approved at Finance Sub-Committee on 22 March 2024.
3. To review progress on the delivery of the MTFS budget policy change items, the RAG ratings and latest forecasts, and to understand the actions to be taken to address any adverse variances from the approved budget.

#### Background

- 8 All councils are legally required to set a balanced budget each year. The MTFS was approved by full Council on 27 February 2024.
- 9 The MTFS includes a Report from the Chief Finance Officer in line with the Section 25(1) of the Local Government Finance Act 2003. This report confirms that the MTFS is balanced for 2024/25. The report also highlights the factors taken into account in arriving at this judgement

including relevant financial issues and risks facing the Council during the medium term.

- 10 Finance Procedure Rules set limits and responsibilities for movement of funds, treating reserves as part of this overall balanced position. Any movement within this balanced position is treated as a virement. To increase the overall size of the MTFS requires a supplementary estimate, which must be backed with appropriate new funding and approved in line with the Procedure Rules.
- 11 To support accountability and financial control under the committee system the 2024/25 budget is being reported across the service committees based on their associated functions. This report sets out the allocation of the revenue and capital budgets and earmarked reserves to the relevant service committee in accordance with their functions.
- 12 Each committee function has been associated with a Director budget. Budget holders are responsible for budget management.
- 13 The financial alignment of budgets to each Committee is set out in Table 1 with further details in Appendix A.

Table 1: Revenue and capital budgets allocated to service committees as per the approved MTFS:

ALL COMMITTEES - Summary					
Service Area	Revenue Budget			Capital Budget	Total Revenue and Capital Budget
	2024/25			2024/25	2024/25
	Expenditure £000	Income £000	Net £000	£000	Net £000
Adults and Health	223,849	-86,407	137,442	799	138,241
Children and Families	99,583	-10,620	88,963	38,908	127,871
Corporate Policy	111,416	-69,760	41,656	10,379	52,035
Economy and Growth	36,169	-8,227	27,942	80,263	108,205
Environment and Communities	65,291	-16,642	48,649	18,978	67,627
Highways and Transport	28,669	-12,839	15,830	66,452	82,282
Finance Sub-Committee	18,727	-3,500	15,227	0	15,227
<b>Total Cost of Service</b>	<b>583,704</b>	<b>-207,995</b>	<b>375,709</b>	<b>215,779</b>	<b>591,488</b>

- 14 The 2024-28 MTFS includes a net revenue budget of £375.7m and an approved capital programme of £215.8m for the financial year 2024/25. Further details on the schemes within the capital programme are provided in Appendix A.
- 15 Appendix A sets out the list of budget change items that were approved as part of the MTFS. All budget changes must be successfully delivered during 2024/25 to avoid a further overspend in the coming financial

year. Detailed monitoring of these items will continue at every reporting opportunity and the Council's reporting 'masterplan' and committee work programmes will reflect reporting on the monitoring and delivery of all MTFS change items, including matters requiring consultation and/ or decisions. This will ensure regular reporting to Corporate Leadership Team and all service committees on implementation of the MTFS and achievement of savings, throughout the coming year. In addition to reporting at the formal 'financial review' points in the year, other progress reports will be scheduled for reporting to particular service committees, on their items as appropriate.

- 16 Appendix A sets out the capital programme tables by committee. The four-year capital programme includes investment plans of around £0.6bn. It is proposed that it will be funded through a mixture of Government grants, contributions from other external partners and Council resources. At present this programme is not affordable, with interest rates for borrowing at an average for the Council of 5.6% and a continuing need to borrow, the capital programme needs to be reduced significantly in order for the Council to be able to fund the schemes solely or partly funded by Council resources. The capital programme is currently being reviewed.
- 17 The 2024/25 budget was approved at full Council in February 2024 including the use of a further £11.7m of earmarked reserves in 2024/25 to balance the overall budget, as expenditure outweighed the income forecast. The low level of reserves and forecast further use of reserves to support the 2024/25 budget must be addressed as soon as possible. The headline reserves table, as included in the MTFS, is shown below:

	Opening Balance 2023/24 £m	Forecast Closing Balance 2023/24 as at MTFS Feb 2024 £m	Forecast Closing Balance 2024/25 as at MTFS Feb 2024 £m
<b>General Reserves</b>	14.1	1.1*	2.1*
<b>Earmarked Reserves**</b>	61.6	24.3	1.7
<b>Total Revenue Reserves</b>	<b>75.7</b>	<b>25.4</b>	<b>3.8</b>

\* Closing balances are dependent on outturn at 31 March 2024 (see *Outturn Report 2023/24* for further updated final position for 2023/24).

\*\* As at the MTFS, all remaining Earmarked reserves excluding those held for ring-fenced purposes are being transferred into the General Fund reserve during 2024/25 to support the forecast deficit position (*this will be reviewed during 2024/25 following Outturn for 2023/24*).

The detail behind the earmarked reserve balances included in the table above, for the Adults and Health Committee, is set out in Appendix A and is shown in the table below:

Name of Reserve	Opening Balance 2023/24 £000	Forecast Closing Balance 2023/24 as at MTFS Feb 24 £000	Forecast Closing Balance 2024/25 as at MTFS Feb 24 £000
<b>Adult Social Care Operations</b>			
Adults Directorate	1,020	0	0
DOL's Assessments	125	0	0
<b>Adult Social Care Commissioning</b>			
PFI Equalisation - Extra Care Housing	2,795	2,795	0
NHB Community Grants Staffing	132	0	0
<b>Public Health</b>			
Public Health Reserve	3,010	2,183	1,655
<b>ADULTS AND HEALTH TOTAL</b>	<b>7,082</b>	<b>4,978</b>	<b>1,655</b>

- 18 The Council must transform to create sustainable services and support infrastructure projects that reflect 'whole life' costs. This must cover the medium to long term and be backed by reserves that can manage any emerging risks. This is crucial if the Council is to maintain the value that local decision making can bring to local services.
- 19 The Chief Executive has taken the initiative to engage senior officers in a self-assessment of the Council against the Local Government Association (LGA) – Transformation Capability Framework. As requested by Members, the Council has also commissioned an LGA Corporate Peer Review which took place during March 2024. The outcome of these reviews will inform a programme of transformation activity across the Council during the 2024/25 year.
- 20 The transformation programme, needed to help address the financial deficit, as set out in the MTFS report, will focus on:
  - (a) Reprioritisation, to create an opportunity to invest in critical areas but also disinvest from areas.
  - (b) Customer engagement and experience, through using technology to streamline service delivery enabling self-service available 24/7, whilst ensuring specialised support and guidance is given to those that need it.

- (c) Achieving value for money in and across all services, by reducing manual, repetitive tasks through automation of systems and processes.
  - (d) Reviewing organisational structures and operating models to maximise performance and outcomes.
  - (e) Developing the right skills and behaviours across the entire workforce to achieve high productivity levels.
  - (f) Achieving financial targets through the effective implementation of well informed and clear decisions informed by data and insight.
  - (g) Developing the Asset Management Plan to align it to service requirements and dispose of surplus assets.
- 21 Further background information on the reserves balances is available in the Reserves Strategy and the S.25 statement which was approved as part of the MTFS for 2024/25 at the Council meeting on 27 February (Appendix C: MTFS – Annex 13 (Reserves Strategy) and Page 16 (S.25 statement)).
- 22 The council has been in discussion with government for a number of months about particular specific financial issues, including increased demand and unfunded costs for special educational needs, and the continued financial uncertainty following the government's announcement, in October 2023, of the cancellation of HS2 north of Birmingham and spending already incurred by the council in preparation for HS2 phase 2.
- 23 On 29 February 2024, the government announced some Exceptional Financial Support for Cheshire East Council. The support will be in the form of a capitalisation direction. It provides the council with the facility to spread the cost of any additional emerging pressures, up to £17.6m, to future years, effectively providing an alternative to use of reserves should the need arise. This reduces the risk of a Section 114 notice. The support is not in the form of cash. The council would need to pay back expenditure capitalised under this arrangement, in the longer term.
- 24 Reducing these financial risks will enable investment in providing the required organisational capacity and resources in 2024/25 for a council-wide transformational change programme, to create sustainability in the medium-term.
- 25 The table below summarises the estimated four-year position, as included in the MTFS. Early work on business planning for 2025/26 and future years is underway, as part of the Transformation Programme.

	Estimated Net Budget 2024/25 £m	Estimated Net Budget 2025/26 £m	Estimated Net Budget 2026/27 £m	Estimated Net Budget 2027/28 £m
<b>Total Service Expenditure</b>	<b>360.5</b>	<b>380.2</b>	<b>399.1</b>	<b>417.1</b>
<b>Central Budgets:</b>				
Capital Financing	28.5	43.0	57.1	69.8
Income from Capital Receipts	-1.0	-1.0	-1.0	-1.0
Use of Reserves	-12.2	-	-	-
<b>Total Central Budgets</b>	<b>15.2</b>	<b>42.0</b>	<b>56.0</b>	<b>68.7</b>
<b>TOTAL: SERVICE + CENTRAL BUDGETS</b>	<b>375.7</b>	<b>422.2</b>	<b>455.2</b>	<b>485.9</b>
<b>Funded by:</b>				
Council Tax	-287.1	-298.8	-310.6	-322.9
Business Rates Retention	-56.6	-56.6	-56.6	-56.6
Revenue Support Grant	-0.4	-0.4	-0.4	-0.4
Specific Unringfenced Grants	-31.6	-24.5	-24.5	-24.5
<b>TOTAL: FUNDED BY</b>	<b>375.7</b>	<b>380.3</b>	<b>392.2</b>	<b>404.4</b>
<b>FUNDING POSITION</b>	<b>0.0</b>	<b>41.9</b>	<b>63.0</b>	<b>81.5</b>

## Consultation and Engagement

- 26 The annual business planning process involves engagement with local people and organisations. Local authorities have a statutory duty to consult on their budget with certain stakeholder groups including the Schools Forum and businesses. In addition, the Council chooses to consult with other stakeholder groups. The Council continues to carry out stakeholder analysis to identify the different groups involved in the budget setting process, what information they need from us, the information we currently provide these groups with, and where we can improve our engagement process.
- 27 Cheshire East Council conducted an engagement process on its Medium-Term Financial Plans through a number of stages running from January 2024 to Council in February 2024.
- 28 The budget consultation launched on-line on 9 January 2024, included details of the proposals against each Corporate Plan aim. This consultation was made available to various stakeholder groups and through a number of forums.

## Reasons for Recommendations

- 29 In accordance with the Corporate Plan and the Policy Framework the Finance Sub-Committee has the responsibility to co-ordinate the

management and oversight of the Council's finances, performance and risk management arrangements.

- 30 The Sub-Committee is responsible for allocating budgets across the service committees. This responsibility includes the allocation of revenue and capital budgets as well as relevant earmarked reserves.
- 31 The Sub-Committee has responsibilities within the Constitution to approve, or recommend for approval, virement and supplementary estimates that will amend the MTFS. Such requests are brought to the Committee as they arise.

### **Other Options Considered**

- 32 Not applicable.

### **Implications and Comments**

#### *Monitoring Officer/Legal*

- 33 The legal implications surrounding the process of setting the 2024 to 2028 Medium-Term Financial Strategy were dealt with in the reports relating to that process.

#### *Section 151 Officer/Finance*

- 34 Contained within the main body of the report.

#### *Policy*

- 35 The Corporate Plan sets the policy context for the MTFS and the two documents are aligned. Any policy implications that arise from activities funded by the budgets that this report deals with will be dealt within the individual reports to Members or Officer Decision Records to which they relate.

<b>An open and enabling organisation</b>
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#### *Equality, Diversity and Inclusion*

- 36 Under the Equality Act 2010, decision makers must have 'due regard' to the need to:
- Eliminate unlawful discrimination, harassment victimisation and any other unlawful conduct prohibited by the Act
  - Advance equality of opportunity between those who share a protected characteristic and those who do not share it; and

- Foster good relations between those groups.
- 37 The protected characteristics are age, disability, sex, race, religion and belief, sexual orientation, gender re-assignment, pregnancy and maternity, and marriage and civil partnership.
- 38 Having “due regard” requires the Council to consider how they are promoting equality in every aspect of its day to day business including but not limited to its decision -making, internal and external policies, procuring goods and services and the provision of services.
- 39 The Council needs to ensure that in taking decisions on the Medium-Term Financial Strategy and the Budget that the impacts on those with protected characteristics are considered. The Council undertakes equality impact assessments where necessary and continues to do so as proposals and projects develop across the lifetime of the Corporate Plan. The process assists us to consider what actions could mitigate any adverse impacts identified. Completed equality impact assessments form part of any detailed Business Cases.
- 40 Positive impacts include significant investment in services for children and adults (protected characteristics primarily age and disability).
- 41 The Corporate Plan’s vision reinforces the Council’s commitment to meeting its equalities duties, promoting fairness and working openly for everyone. Cheshire East is a diverse place and we want to make sure that people are able to live, work and enjoy Cheshire East regardless of their background, needs or characteristics.
- 42 The proposals within the MTFS approved in February 2024 include positive and negative impacts. A separate Equality Impact Assessment has been produced and is included in the MTFS 2024-28 Appendix C, Annex 3. Any service changes will be subject to a specific EqIA process as part of their development.

#### *Human Resources*

- 43 Any HR implications that arise from activities funded by the budgets that this report deals with will be dealt within the individual reports to Members or Officer Decision Records to which they relate.

#### *Risk Management*

- 44 Financial risks are assessed and reported on a regular basis, and remedial action taken if and when required. Risks associated with the achievement of the 2024/25 budget and the level of general reserves were factored into the 2024/25 financial scenario, budget and reserves strategy.

*Rural Communities*

45 The report provides details of service provision across the borough.

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

46 The report provides details of service provision across the borough.

*Public Health*

47 Public Health implications of any service budget or policy changes which may be brought forward under the remit of this committee will be considered on a case by case basis.

*Climate Change*

48 Any climate change implications that arise from activities funded by the budgets that this report deals with will be dealt within the individual reports to Members or Officer Decision Records to which they relate.

<b>Access to Information</b>	
Contact Officer:	<p>Adele Taylor</p> <p>Interim Director of Finance and Customer Services (Section 151 Officer)</p> <p><a href="mailto:adele.taylor@cheshireeast.gov.uk">adele.taylor@cheshireeast.gov.uk</a></p>
Appendices:	<p><b>A</b> - Allocation of revenue and capital budgets, budget change items and earmarked reserves for the Adults and Health Committee</p> <p><b>B</b> – Financial Reporting Timetable 2024/25</p>
Background Papers:	<p>The following are links to key background documents:</p> <p><a href="#">Medium-Term Financial Strategy 2024-2028</a></p>

# Service Budgets Appendix A

# Adults and Health Committee

## Contents

### Adults and Health Committee Extracts

1. Allocation of Revenue and Capital Budgets
2. Approved Budget Policy Change items
3. Capital Programme
4. Earmarked Reserves

# Adults and Health Committee

## 1. Allocation of Revenue and Capital Budgets

ADULTS and HEALTH COMMITTEE - Summary					
Service Area	Revenue Budget			Capital Budget	Total Revenue and Capital Budget
	2024/25			2024/25	2024/25
	Expenditure £000	Income £000	Net £000	£000	Net £000
Adult Social Care Operations	185,786	-49,497	136,289	799	137,088
Commissioning	19,800	-18,647	1,153	0	1,153
Public Health	18,263	-18,263	0	0	0
Total Cost of Service	223,849	-86,407	137,442	799	138,241

## 2. Approved Budget Policy Change items

MTFS Section 1 Ref No	Detailed List of Approved Budget Changes – Service Budgets	Budget Consultation Reference	2024/25 MTFS £m	2024/25 Forecast Outturn £m	Progress 2024/25 (RAG rating and commentary)	2025/26 £m	2026/27 £m	2027/28 £m
	<b>Adults and Health Committee</b>		<b>+1.136</b>	<b>+1.136</b>		<b>+9.868</b>	<b>+5.116</b>	<b>+5.116</b>
1	Fees and Charges	AH1	-1.800	-1.800	Green	-	-	-
2	Client Contributions Increase	AH2	-0.800	-0.800	Green	-0.800	-	-
3	Working Age Adults - Prevent, Reduce, Delay	AH3	-1.467	-1.467	Green - Multiple activities contributing to these savings. Validation of delivery and measures being developed by SROs and Finance.	-1.053	-	-
4	Older People – Prevent, Reduce, Delay	AH4	-1.566	-1.566	Green - Multiple activities contributing to these savings. Validation of delivery and measures being developed by SROs and Finance.	-2.010	-	-
5	Market Sustainability and Workforce grant		-1.100	-1.100	Completed	+1.100	-	-
6	Revenue grants for Adult Social Care		-2.480	-2.480	Completed	+7.080	-	-
7	Pension Costs Adjustment		-0.493	-0.493	Completed	-0.517	-	-
8	Investment in Adult Social Care		+7.600	+7.600	Red - Line by line analysis to be undertaken to establish recurrent budget pressure to be recovered in 2024/25 to deliver a balanced position.	+4.000	+4.000	+4.000

MTFS Section 1 Ref No	Detailed List of Approved Budget Changes – Service Budgets	Budget Consultation Reference	2024/25 MTFS £m	2024/25 Forecast Outturn £m	Progress 2024/25 (RAG rating and commentary)	2025/26 £m	2026/27 £m	2027/28 £m
					This reflects the risks associated with price and demand growth as set out in the budget report. The actions being taken are to maintain the Community Care Board to manage and monitor numbers of packages, size of packages and price of packages on a weekly basis, and adopt and to undertake a strategic cost of care review using Care Cubed, which will also be used to enable reviews of provider costings, where price requests fall outside of the approved range.			
9	Pay Inflation		+1.892	+1.892	Red - NJC Pay Claim process has started (pay claim is £3,000 or 10% vs MTFS 3%).	+1.089	+1.116	+1.116
10	Resettlement Revenue Grants – reversal of 2023/24 use		+0.850*	+0.850*	Completed	-	-	-
11	Adult Social Care Transformation Earmarked Reserve Release – reversal of 2023/24 use		+0.500*	+0.500*	Green	-	-	-
12	Market Sustainability and Fair Cost of Care – Removal of Grant Income		-	-	Green	+0.979	-	-
13	Asset Management	NEW	TBC	TBC	Green - It is expected that the NHS will confirm their intentions for usage of one of the key CEC sites in question			

MTFS Section 1 Ref No	Detailed List of Approved Budget Changes – Service Budgets	Budget Consultation Reference	2024/25 MTFS £m	2024/25 Forecast Outturn £m	Progress 2024/25 (RAG rating and commentary)	2025/26 £m	2026/27 £m	2027/28 £m
					by September 2024. Once this is received, the business case for future usage of the site will be revisited and taken through the appropriate CEC governance procedures. The model of care in relation to high-cost adult social care and health provisions will be part of this work.			
14	Investigate potential agency creation	NEW	TBC	TBC	Green - This proposal has been consistently delivered in relation to the usage of a Care Workers agency in all but name. Care4CE, the Council's in house care provider, has been utilising workers, both casual and agency, as a bank of workers for several years to successfully deliver operational requirements. The establishment of a CEC Agency for Social Workers is currently not possible due to significant shortage of suitable workers.			

\* Item represented a one-off spend in 2023/24. As it is not a permanent part of the budget, the value of the proposal is reversed in 2024/25.

### 3. Capital Programme

Adults and Health												CAPITAL	
CAPITAL PROGRAMME 2024/25 - 2027/28													
Scheme Description		Forecast Expenditure						Forecast Funding					Total Funding
	Total Approved Budget	Prior Years	Forecast Budget 2024/25	Forecast Budget 2025/26	Forecast Budget 2026/27	Forecast Budget 2027/28	Total Forecast Budget 2024-28	Government Grants	External Contributions	Revenue Contributions	Capital Receipts	Prudential Borrowing	
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	
Committed Schemes													
Adult Social Care													
Community - Rural Shared Prosperity Fund	413	80	333	0	0	0	333	333	0	0	0	0	333
Electronic Call Monitoring System	389	0	389	0	0	0	389	0	0	389	0	0	389
People Planner System	94	44	50	0	0	0	50	50	0	0	0	0	50
Replacement Care4CE Devices	93	66	27	0	0	0	27	27	0	0	0	0	27
Total Adults Social Care Schemes	989	190	799	0	0	0	799	410	0	389	0	0	799

## 4. Earmarked Reserves

### Adults and Health Committee

Name of Reserve	Opening Balance 1 April 2023 £000	Forecast Movement in Reserves 2023/24 £000	Opening Balance 1 April 2024 £000	Forecast Movement in Reserves 2024/25 £000	Transfer to General Fund Reserve £000	Final Balance 31 March 2025 £000	Notes
<b>Adult Social Care Operations</b>							
Adults Directorate	1,020	(1,020)	0	0	0	0	To support a number of widespread projects within the Adults and Health Directorate. Reserve to be drawn down in-year as per plan within the MTFS.
DOL's Assessments	125	(125)	0	0	0	0	Reserve will be during 2023/24, creating an underlying staff budget pressure within the revenue budget.
<b>Adults Social Care Commissioning</b>							
PFI Equalisation - Extra Care Housing	2,795	0	2,795	0	(2,795)	0	Surplus grant set aside to meet future payments on existing PFI contract which commenced in January 2009, and the anticipated gap at the end of the agreement.
NHB Community Grants Staffing	132	(132)	0	0	0	0	Initially to support administrative staffing costs in relation to Central Government's New Homes Bonus guidance for community projects. NHB grant scheme has since ended and the reserve no longer required for this use - potential to return to support Council's overall position.
<b>Public Health</b>							
Public Health Reserve ( <i>*ring-fenced reserve</i> )	3,010	(827)	2,183	(528)	0	1,655	Ring-fenced underspend to be invested in areas to improve performance against key targets. Including the creation of an Innovation Fund to support partners to deliver initiatives that tackle key health issues. Anticipated that the carry forward ringfenced grant will be spent across 2023/24 to 2026/27.
<b>ADULTS AND HEALTH TOTAL</b>	<b>7,082</b>	<b>(2,104)</b>	<b>4,978</b>	<b>(528)</b>	<b>(2,795)</b>	<b>1,655</b>	

**Appendix B - Financial Reporting Timetable**

<b>Report</b>	<b>Financial Cycle</b>	<b>Committee</b>	<b>When</b>
Companies Financial Statements 2022/23	Reporting	<a href="#">Audit and Governance</a> (completed)	May 2024
Service Budgets 2024/25	Planning	All Service Committees	June 2024
Local Government Pension Scheme and Cheshire Pension Fund update June 2024	Reporting	Finance Sub Committee / Pension Committee	June 2024 / TBC
Medium Term Financial Strategy Assumptions and Reporting Cycle for 2025-29	Planning	Finance Sub Committee	June 2024
Financial Management Code - compliance with the Code	Reporting	Finance Sub Committee	June 2024
Financial Outturn 2023/24	Reporting	All Committees / Council	June 2024 July 2024 (Council)
Draft Statement of Accounts 2023/24	Reporting	Audit and Governance	July 2024
Companies Draft Statements of Accounts 2023/24	Reporting	Audit and Governance	July 2024
First Financial Review 2024/25	Monitoring	All Committees / Council	September / October 2024  October 2024 (Council)
Companies First Financial Review 2024/25	Monitoring	Finance Sub Shareholder Working Group	TBC
Medium Term Financial Planning Assumptions	Planning	Finance Sub Committee	September 2024

**Appendix B - Financial Reporting Timetable**

<b>Report</b>	<b>Financial Cycle</b>	<b>Committee</b>	<b>When</b>
Final Statement of Accounts 2023/24	Reporting	Audit and Governance / Council	September 2024 October 2024 (Council)
Audit of Accounts 2023/24 - report from A&G Committee to Council on main items from the external auditors report	Reporting	Audit and Governance / Council	September 2024 October 2024 (Council)
Companies Audited Financial Statements 2023/24	Reporting	Audit and Governance / Council	September 2024 October 2024 (Council)
Local Government Pension Scheme and Cheshire Pension Fund update September 2024	Monitoring	Finance Sub Committee / Pension Committee	September 2024 / TBC
Medium Term Financial Strategy Consultation for 2025/26-2028/29 - launch	Planning	Corporate Policy Committee	October 2024
Financial Management Code - interim update	Monitoring	Finance Sub Committee	November 2024
Second Financial Review 2024/25	Monitoring	All Committees / Council	November 2024 December 2024 (Council)
Companies Second Financial Review 2024/25	Monitoring	Finance Sub Shareholder Working Group	TBC
Medium Term Financial Strategy Consultation 2025/26-2028/29 - committees to review their respective Service proposals	Planning	All Committees	November 2024

**Appendix B - Financial Reporting Timetable**

<b>Report</b>	<b>Financial Cycle</b>	<b>Committee</b>	<b>When</b>
Council Tax Base 2025/26	Reporting	Corporate Policy Committee / Council	November 2024 December 2024 (Council)
Third Financial Review 2023/24	Monitoring	All Committees / Council	January / February 2025 February 2025 (Council)
Medium Term Financial Strategy Consultation 2024/25 to 2027/28 plus Provisional Settlement	Planning	All Committees	January / February 2025
MTFS Strategies - Treasury Mgt, Investment, Capital and Reserves	Planning	Finance Sub Committee / Council	January 2025 February 2025 (Council)
Local Government Pension Scheme and Cheshire Pension Fund update December 2024	Monitoring	Finance Sub Committee / Pension Committee	January 2025 / TBC
Companies Third Financial Review 2024/25	Monitoring	Finance Sub Shareholder Working Group	TBC
Medium Term Financial Strategy 2024/25-2027/28 - including any supplementary updates	Reporting	Corporate Policy Committee / Council	February 2025
Local Government Pension Scheme and Cheshire Pension Fund update March 2025	Monitoring	Finance Sub Committee / Pension Committee	March 2025 / TBC
Service Budgets 2025/26	Planning	Finance Sub Committee	March 2025

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OPEN

## **Adults and Health Committee**

**24 June 2024**

### **Cheshire and Merseyside Joint Health Scrutiny Arrangements Protocol**

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

**Report Reference No: AH/08/24-25**

**Ward(s) Affected: All**

#### **Purpose of Report**

- 1 This report seeks approval from the Adults and Health Committee to recommend to Full Council approval of a revised Protocol for Joint Health Scrutiny Arrangements for Cheshire and Merseyside.

#### **Executive Summary**

- 2 In July 2022, Full Council agreed the establishment of the Cheshire and Merseyside Integrated Care System Joint Health Scrutiny and approved the Joint Health Scrutiny Protocol.
- 3 Following legislative changes, the Health Scrutiny Committee no longer has the power to refer substantial variations in health service directly to the Secretary of State for Health. These changes came into effect at the end of January 2024. This has necessitated the requirement for the protocol to be revised and for it to be approved by all nine local authority areas across Cheshire and Merseyside. Some text has also been added to the protocol on the ability to request a “call-in” by the Health Secretary.
- 4 In order for Cheshire East to continue to play a role in joint health scrutiny arrangements, it is recommended that the Council approve the attached revised Protocol for the Joint Health Scrutiny Arrangements in Cheshire and Merseyside **(Appendix 1)**.

## RECOMMENDATIONS

The Adults and Health Committee is recommended to:

1. Agree that the revised Protocol for Joint Health Scrutiny Arrangements for Cheshire and Merseyside, as attached to the report, be recommended to Full Council for approval.

### Background

- 5 Where health providers, such as NHS Hospital Trusts, propose changes in the provision of service(s), health providers are obliged to consult with local health overview and scrutiny committees as to whether the changes are deemed to be “substantial”.
- 6 The term “substantial” is not defined in legislation. However, it is generally considered that a substantial change or variation to a health service is one that has a major impact on services experienced by patients and/or future patients. In considering whether a proposal is substantial, local authorities are encouraged to consider the following criteria:-
  - Changes in accessibility of services – any proposal which involves the withdrawal or change of patient or diagnostic facilities for one or more speciality from the same location.
  - Impact on the wider community and other services – this could include economic impact, transport, regeneration issues.
  - Patients affected – changes may affect the whole population, or a small group. If changes affect a small group, the proposal may still be regarded as substantial, particularly if patients need to continue accessing that service for many years.
  - Methods of service delivery – altering the way a service is delivered may be a substantial change, e.g. Moving a particular service into community settings rather than being entirely hospital based;
  - Potential level of public interest – proposals that are likely to generate a significant level of public interest in view of their likely impact.
- 7 Where a proposal impacts on more than one local authority area, there is a requirement for local authorities to form a joint health scrutiny committee, to consider the proposals in detail and, where appropriate, to make recommendations.
- 8 There are nine local authority areas across Cheshire and Merseyside, as follows:-

- Cheshire East Council
  - Cheshire West and Chester Council
  - Halton Borough Council
  - Knowsley Council
  - Liverpool City Council
  - St. Helens Metropolitan Borough Council
  - Sefton Council
  - Warrington Borough Council
  - Wirral Borough Council
- 9 The Joint Health Scrutiny Arrangements protocol has been developed as a framework for the operation of joint health scrutiny arrangements across the local authorities of Cheshire and Merseyside.
- 10 The Cheshire and Merseyside Joint Health Scrutiny Protocol was first adopted by all nine local authorities in 2014. It covers both mandatory and discretionary joint health scrutiny. It was last reviewed in 2022 to reflect the introduction of the new Joint Health Scrutiny Committee. Since that time, legislative change to the powers of Health Scrutiny Committees to refer health service reconfigurations directly to the Secretary of State for Health came into effect at the end of January 2024. This coincided with the issue of updated guidance on such matters to both local authorities and the NHS.

### **Agenda Item Consultation and Engagement**

- 11 The Monitoring Officer and Executive Director of Adults, Health and Integration has been consulted on the revised Protocol.
- 12 Discussions have taken place between officers responsible for health scrutiny arrangements across Cheshire and Merseyside.
- 13 The Cheshire East Scrutiny Committee will receive the revised Protocol for noting at its meeting on Thursday 27 June 2024.

### **Reasons for Recommendations**

- 14 The Protocol has been revised to take into account recent statutory changes and requires approval by all nine local authorities across Cheshire and Merseyside.

- 15 Health scrutiny regulations require the establishment of joint health scrutiny committees where more than one local authority's health scrutiny arrangements consider a proposed change or development in NHS services to be "substantial" in terms of the impact on its area.
- 16 Agreeing the protocol will ensure that any future considerations of substantial health variations that impact on Cheshire East residents will be taken into account.

### Other Options Considered

17

Option	Impact	Risk
Do nothing	Future considerations of substantial health variations that impact on Cheshire East residents may not be taken into account.	Refusal to approve the revised protocol could result in difficulties for Cheshire East representatives to be part of joint health arrangements, particularly if other Cheshire and Merseyside local authorities agree the protocol.

### Implications and Comments

#### *Monitoring Officer/Legal*

- 18 The Joint Health Scrutiny Protocol was last reviewed in 2022 to reflect the introduction of the new Joint Health Scrutiny Committee. Since that time, legislative change to the ability of Health Scrutiny Committees to refer health service reconfigurations directly to the Secretary of State for Health came into effect at the end of January 2024. This coincided with the issue of updated guidance on such matters to both local authorities and the NHS.
- 19 It is therefore recognised that a further review of the Protocol is needed to ensure that the Joint Committee complies with changes to legislation. The proposed amendments are in line with the changes to the referrals and call-in powers of the Secretary of State.

*Section 151 Officer/Finance*

- 20 There are no financial implications, or changes required to the MTFS as a result of the adoption of the revised Protocol.
- 21 Each of the nine Local Authorities affected currently support the Joint Health Scrutiny Committee by contributing a total of £10,000 to the Host Authority.

*Policy*

- 22 This report and its recommendations are within the Council's existing policy framework, and it supports the priorities set out in the Corporate Plan.

<b>An open and enabling organisation</b>	<b>A council which empowers and cares about people</b>	<b>A thriving and sustainable place</b>

*Equality, Diversity and Inclusion*

- 23 There are no direct equality implications arising from the recommendations of this report, but the work of the joint committee will undoubtedly have such implications.

*Human Resources*

- 24 There are no human resources implications of this report.

*Risk Management*

- 25 Failure to adopt the revised Protocol of the Cheshire and Merseyside Integrated Care System Joint Health Scrutiny Committee would deprive the Council of having a voice in respect of joint health scrutiny matters at a regional level.

*Rural Communities*

- 26 There are no direct implications for rural communities as a result of this report.

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

- 27 There are no direct implications for children and young people/cared for children which arise from the recommendations of this report.

*Public Health*

- 28 Whilst the work of the joint health scrutiny committee is directly focussed upon public health matters, there are no direct public health implications arising from the recommendations of this report. *Climate Change*

Climate Change

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

<b>Access to Information</b>	
Contact Officer:	Brian Reed  Head of Governance and Democratic Services
Appendices:	Appendix 1 – Revised Joint Health Scrutiny Protocol
Background Papers:	N/A

## **PROTOCOL FOR THE ESTABLISHMENT OF JOINT HEALTH SCRUTINY ARRANGEMENTS IN CHESHIRE AND MERSEYSIDE**

### **1. INTRODUCTION**

- 1.1 This protocol has been developed as a framework for the operation of joint health scrutiny arrangements across the local authorities of Cheshire and Merseyside. It allows for:
- scrutiny of substantial developments and variations of the health service; and,
  - discretionary scrutiny of local health services.
- 1.2 The protocol provides a framework for health scrutiny arrangements which operate on a joint basis only. Each constituent local authority should have its own local arrangements in place for carrying out health scrutiny activity individually.

### **2. BACKGROUND**

- 2.1 The relevant legislation regarding health scrutiny is:
- Health and Social Care Act 2012,
  - The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013; and
  - The Health and Care Act 2022.

This is supplemented by relevant guidance:

- Local Authority Health Scrutiny (DHSC, updated 2024)
  - Statutory guidance: “Reconfiguring NHS services – ministerial intervention powers” (DHSC, 2024).
- 2.2 In summary, the statutory framework authorises local authorities individually and collectively to:
- review and scrutinise any matter relating to the planning, provision and operation of the health service; and,
  - consider consultations by a relevant NHS commissioning body or provider of NHS-funded services on any proposal for a substantial development or variation to the health service in the local authority’s area.
- 2.3 Ultimately the regulations place a requirement on relevant scrutiny arrangements to reach a view on whether they are satisfied that any proposal that is deemed to be a substantial development or variation is in the interests of the health service in that area. In instances where a proposal impacts on the residents of one local authority area exclusively,

this responsibility lays with that authority's health scrutiny arrangements alone.

- 2.4 Where such proposals impact on more than one local authority area, each authority's health scrutiny arrangements must consider whether the proposals constitute a substantial development or variation or not. The regulations place a requirement on those local authorities that agree that a proposal is substantial to establish, in each instance, a joint overview and scrutiny committee for the purposes of considering it. This protocol deals with the proposed operation of such arrangements for the local authorities of Cheshire and Merseyside.
- 2.5 Whilst it is recognised that the previous power of a health scrutiny committee or joint health scrutiny committee to refer a service change proposal to the Secretary of State for Health and Social Care has been removed, such committees will now possess the ability to request formally that the Secretary of State "call-in" a service change proposal. The ability to "call-in" a proposal should only be used in exceptional circumstances where all efforts to resolve issues locally have been exhausted.

### **3. PURPOSE OF THE PROTOCOL**

- 3.1 This protocol sets out the framework for the operation of joint scrutiny arrangements where:
- a) an NHS commissioning body or health service provider consults with more than one local authority on any proposal it has under consideration, for a substantial development/variation of the health service;
  - b) joint scrutiny activity is being carried out on a discretionary basis into the planning, provision and operation of the health service.
- 3.2 The protocol covers the local authorities of Cheshire and Merseyside including:
- Cheshire East Council
  - Cheshire West and Chester Council
  - Halton Borough Council
  - Knowsley Council
  - Liverpool City Council
  - St. Helens Metropolitan Borough Council
  - Sefton Council
  - Warrington Borough Council
  - Wirral Borough Council
- 3.3 Whilst this protocol deals with arrangements within the boundaries of Cheshire and Merseyside, it is recognised that there may be occasions

when consultations/discretionary activity may affect adjoining regions/ areas. Arrangements to deal with such circumstances would have to be determined and agreed separately, as and when appropriate.

#### **4. PRINCIPLES FOR JOINT HEALTH SCRUTINY**

4.1 The fundamental principle underpinning joint health scrutiny will be co-operation and partnership with a mutual understanding of the following aims:

- To improve the health of local people and to tackle health inequalities (outcome-focussed);
- To ensure that scrutiny activity adopts an appropriate balance between a focus on future service delivery and a focus on responding to immediate concerns/ issues (balanced)
- To represent the views of local people and ensure that these views are identified and integrated into local health service plans, services and commissioning (inclusive);
- To scrutinise whether all parts of the community are able to access health services and whether the outcomes of health services are equally good for all sections of the community (evidence-informed); and,
- To work with NHS bodies and local health providers to ensure that their health services are planned and provided in the best interests of the communities they serve, taking into account any potential impact on health service staff (collaborative).

#### **5. SUBSTANTIAL DEVELOPMENT OF /VARIATION TO SERVICES**

##### **5.1 Requirements to consult**

5.1.1 All relevant NHS bodies and providers of NHS-funded services<sup>1</sup> are required to consult local authorities when they have a proposal for a substantial development or substantial variation to the health service.

5.1.2 A substantial development or variation is not defined in legislation. Guidance has suggested that the key feature is that it should involve a major impact on the services experienced by patients and/or future patients.

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<sup>1</sup> This includes NHS England and any body commissioning services to the residents of Cheshire and Merseyside, plus providers such as NHS Trusts, NHS Foundation Trust and any other relevant provider of NHS funded services which provides health services to those residents, including public health.

- 5.1.3 Where a substantial development or variation impacts on the residents within one local authority area boundary, only the relevant local authority health scrutiny function shall be consulted on the proposal.
- 5.1.4 Where a proposal impacts on residents across more than one local authority boundary, the NHS body/health service provider is obliged to consult all those authorities whose residents are affected by the proposals in order to determine whether the proposal represents a substantial development or variation.
- 5.1.5 Those authorities that agree that any such proposal does constitute a substantial development or variation are obliged to form a joint health overview and scrutiny committee for the purpose of formal consultation by the proposer of the development or variation.
- 5.1.6 Whilst each local authority must decide individually whether a proposal represents a substantial development/variation, it is only the statutory joint health scrutiny committee which can formally comment on the proposals if more than one authority agrees that the proposed change is “substantial”.
- 5.1.7 Determining that a proposal is not a substantial development/variation removes the ability of an individual local authority to comment formally on the proposal.. Once such decisions are made, the ongoing obligation on the proposer to consult formally on a proposal relates only to those authorities that have deemed the proposed change to be “substantial” and this must be done through the vehicle of the joint committee. Furthermore the proposer will not be obliged to provide updates or report back on proposals to individual authorities that have not deemed them to be “substantial”.
- 5.1.8 For the avoidance of doubt, if only one authority amongst a number being consulted on a proposal deem it to be a substantial change, the ongoing process of consultation on the proposal between the proposer and the remaining authority falls outside the provisions of this protocol.

## **5.2 Process for considering proposals for a substantial development/variation**

- 5.2.1 In consulting with the local authority in the first instance to determine whether the change is considered substantial, the relevant NHS commissioning body / provider of NHS-funded services is required to:
- Provide the proposed date by which it requires comments on the proposals
  - Provide the proposed date by which it intends to make a final decision as to whether to implement the proposal
  - Publish the dates specified above

- Inform the local authority if the dates change<sup>2</sup>

5.2.2 NHS commissioning bodies and local health service providers are not required to consult with local authorities where certain 'emergency' decisions have been taken. All exemptions to consult are set out within regulations.<sup>3</sup>

5.2.3 In considering whether a proposal is substantial, all local authorities are encouraged to consider the following criteria:

- *Changes in accessibility of services:* any proposal which involves the withdrawal or change of patient or diagnostic facilities for one or more speciality from the same location.
- *Impact on the wider community and other services:* This could include economic impact, transport, regeneration issues.
- *Patients affected:* changes may affect the whole population, or a small group. If changes affect a small group, the proposal may still be regarded as substantial, particularly if patients need to continue accessing that service for many years.
- *Methods of service delivery:* altering the way a service is delivered may be a substantial change, for example moving a particular service into community settings rather than being entirely hospital based.
- *Potential level of public interest:* proposals that are likely to generate a significant level of public interest in view of their likely impact.

5.2.4 These criteria will assist in ensuring that there is a consistent approach applied by each authority in making their respective decisions on whether a proposal is "substantial" or not. In making the decision, each authority will focus on how the proposals impacts on its own area/residents.

## **6. OPERATION OF A STATUTORY JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE**

### **6.1 General**

6.1.1 A joint health overview and scrutiny committee will be made up of each of the constituent local authorities that deem a proposal to be a substantial development or variation. This joint committee will be

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<sup>2</sup> Section 23 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013

<sup>3</sup> Section 24 *ibid*

formally consulted on the proposal and, in exceptional circumstances, formally request that the Secretary of State to “call-in” a proposal, where local consultation has failed to resolve significant outstanding issues.

- 6.1.2 A decision as to whether the proposal is deemed substantial shall be taken within a reasonable timeframe and in accordance with any deadline set by the lead local authority (see section 6.6), following consultation with the other participating authorities.

## **6.2 Powers**

- 6.2.1 In dealing with substantial development/variations, any statutory joint health overview and scrutiny committee that is established can:

- require relevant NHS bodies and health service providers to provide information to and attend before meetings of the committee to answer questions
- make comments on the subject proposal by a date provided by the NHS body/local health service provider
- make reports and recommendations to relevant NHS bodies/local health providers
- require relevant NHS bodies/local health service providers to respond within a fixed timescale to reports or recommendations
- carry out further negotiations with the relevant NHS body where it is proposing not to agree to a substantial variation proposal.

- 6.2.2 A joint health overview and scrutiny committee has the ability to request the Secretary of State to “call-in” a service change proposal where it has not been possible to resolve significant outstanding issues during the course of local consultation. The ability to request the “call-in” of a proposal should only be exercised in exceptional circumstances where all possible efforts to resolve the matter locally have been exhausted, as outlined in 6.2.3 and 6.2.4 below.

- 6.2.3 Where a committee has made a recommendation to a NHS commissioning body/local health service provider regarding a proposal and the NHS body/provider disagrees with the recommendation, the local health service provider/NHS body is required to inform the joint committee and attempt to enter into negotiation to try and reach an agreement.

- 6.2.4 In any circumstance where a committee disagrees with a proposal for a substantial variation, there will be an expectation that negotiations will be entered into with the NHS commissioning body/local health service provider in order to attempt to reach agreement.

- 6.2.5 Where local authorities have agreed that the proposals represent substantial developments or variations to services and agreed to enter into joint arrangements, it is only the joint health overview and scrutiny committee which may exercise these powers.

- 6.2.5 An ad-hoc statutory joint health overview and scrutiny committee established under the terms of this protocol may only exercise the powers set out in 6.2.1 to 6.2.4 above in relation to the statutory consultation for which it was originally established. Its existence is time-limited to the course of the specified consultation and it may not otherwise carry out any other activity.

### 6.3 Membership

- 6.3.1 The participating local authorities must ensure that those Councillors nominated to a joint health overview and scrutiny committee produce a membership that reflects the overall political balance across the participating local authorities. However, political balance requirements for each joint committee established may be waived with the agreement of all participating local authorities, should time and respective approval processes permit.

- 6.3.2 A joint committee will be composed of Councillors from each of the participating authorities within Cheshire and Merseyside in the following ways:

- where 4 or more local authorities deem the proposed change to be substantial, each authority will nominate 2 elected members
- where 3 or less local authorities deem the proposed change to be substantial, then each participating authority will nominate 3 elected members.

(Note: In making their nominations, each participating authority will be asked to ensure that their representatives have the experience and expertise to contribute effectively to a health scrutiny process)

Local authorities who consider change to be 'substantial'	No' of elected members to be nominated from each authority
4 or more	2 members
3 or less	3 members

- 6.3.3 Each local authority will be obliged to nominate elected members through their own relevant internal processes and provide notification of those members to the lead local authority at the earliest opportunity.
- 6.3.4 To avoid inordinate delays in the establishment of a relevant joint committee, it is suggested that constituent authorities either arrange for delegated decision-making arrangements to be put in place to deal with such nominations at the earliest opportunity, or to nominate potential

representatives annually as part of annual meeting processes to cover all potential seat allocations.

## **6.5 Quorum**

- 6.5.1 The quorum of the meetings of a joint committee shall be one third of the full membership of any Joint Committee, subject to the quorum being, in each instance, no less than 3.
- 6.5.2 There will be an expectation for there to be representation from each authority at a meeting of any joint committee established. The lead local authority will attempt to ensure that this representation is achieved.

## **6.6 Identifying a lead local authority**

- 6.6.1 A lead local authority should be identified from one of the participating authorities to take the lead in terms of administering and organising a joint committee in relation to a specific proposal.
- 6.6.2 Selection of a lead authority should, where possible, be chosen by mutual agreement by the participating authorities and take into account both capacity to service a joint health scrutiny committee and available resources. The application of the following criteria should also guide determination of the lead authority:
- The local authority within whose area the service being changed is based; or
  - The local authority within whose area the lead commissioner or provider leading the consultation is based.
- 6.6.3 Lead local authority support should include a specific contact point for communication regarding the administration of the joint committee. There will be an obligation on the key lead authority officer to liaise appropriately with officers from each participating authority to ensure the smooth running of the joint committee.
- 6.6.4 Each participating local authority will have the discretion to provide whatever support it may deem appropriate to their own representative(s) to allow them to make a full contribution to the work of a joint committee.

## **6.7 Nomination of Chair/ Vice-Chair**

The chair/ vice-chair of the joint health overview and scrutiny committee will be nominated and agreed at the committee's first meeting.

## **6.8 Meetings of a Joint Committee**

6.8.1 At the first meeting of any joint committee established to consider a proposal for a substantial development or variation, the committee will also consider and agree:

- The joint committee's terms of reference;
- The procedural rules for the operation of the joint committee;
- The process/ timeline for dealing formally with the consultation, including:
  - the number of sessions required to consider the proposal; and,
  - the date by which the joint committee aims to reach its final conclusion on the proposal – which should be in advance of the proposed date by which the NHS commissioning body/service provider intends to make its final decision on it.

6.8.2 All other meetings of the joint committee will be determined in line with the proposed approach for dealing with the consultation. Different approaches may be taken for each consultation and could include gathering evidence from:

- NHS commissioning bodies and local service providers;
- patients and the public;
- voluntary sector and community organisations; and
- NHS regulatory bodies.

## **6.9 Reports of a Joint Committee**

6.9.1 A joint committee is entitled to produce a written report which may include recommendations. As a minimum, the report will include:

- An explanation of why the matter was reviewed or scrutinised.
- A summary of the evidence considered.
- A list of the participants involved in the review.
- An explanation of any recommendations on the matter reviewed or scrutinised.

The lead authority will be responsible for the drafting of a report for consideration by the joint committee.

6.9.2 Reports shall be agreed by the majority of members of a joint committee and submitted to the relevant NHS commissioning body/health service provider.

6.9.3 Where a member of a joint health scrutiny committee does not agree with the content of the committee's report, they may produce a report

setting out their findings and recommendations which will be attached as an appendix to the joint health scrutiny committee's main report.

## **7. DISCRETIONARY HEALTH SCRUTINY**

- 7.1 More generally, the Health and Social Care Act 2012 and the 2013 Health Scrutiny Regulations provide for local authority health scrutiny arrangements to scrutinise the planning, provision and operation of health services.
- 7.2 In this respect, two or more local authorities may appoint a joint committee for the purposes of scrutinising the planning, provision and operation of health services which impact on a wider footprint than that of an individual authority's area.
- 7.3 Any such committee will have the power to:
- require relevant NHS commissioning bodies and health service providers to provide information to and attend before meetings of the committee to answer questions.
  - make reports and recommendations to relevant NHS commissioning bodies/local health providers.
  - require relevant NHS commissioning bodies/local health service providers to respond within a fixed timescale to reports or recommendations.
- 7.4 Ordinarily, a discretionary joint committee would not have the ability to request the Secretary of State for Health and Social Care "call-in" a service change proposal. However, please note section 8.3 below.
- 7.5 In establishing a joint committee for the purposes of discretionary joint scrutiny activity, the constituent local authorities should determine the committee's role and remit. This should include consideration as to whether the committee operates as a standing arrangement for the purposes of considering all of the planning, provision and operation of health services within a particular area or whether it is being established for the purposes of considering the operation of one particular health service with a view to making recommendations for its improvement. In the case of the latter, the committee must disband once its specific scrutiny activity is complete.
- 7.6 In administering any such committee, the proposed approach identified in sections 6.3 – 6.9 of this protocol should be followed, as appropriate.

## **8. SCRUTINY OF CHESHIRE AND MERSEYSIDE INTEGRATED CARE SYSTEM**

- 8.1 Further to this protocol and in particular section 7 above, the nine local authorities have agreed to establish a discretionary standing joint health scrutiny committee in response to the establishment of the Cheshire and Merseyside Integrated Care System.
- 8.2 A separate Joint Scrutiny Committee Arrangements document has been produced in line with the provisions of this protocol to outline how the standing joint committee will operate.
- 8.3 In summary, the “Cheshire and Merseyside Integrated Care System Joint Health Scrutiny Committee” has the following responsibilities:
- To scrutinise the work of the Integrated Care System in relation to any matter regarding the planning, provision and operation of the health service at footprint level only; and
  - To consider the merits of any service change proposals that have been deemed to be a substantial variation in services by all nine authorities.

## **9. CONCLUSION**

- 9.1 The local authorities of Cheshire and Merseyside have adopted this protocol as a means of governing the operation of joint health scrutiny arrangements both mandatory and discretionary. The protocol is intended to support effective consultation with NHS commissioning bodies or local health service providers on any proposal for a substantial development of or variation in health services. The protocol also supports the establishment of a joint health overview and scrutiny committee where discretionary health scrutiny activity is deemed appropriate.
- 9.2 The protocol will be reviewed regularly, and at least on an annual basis to ensure that it complies with all current legislation and any guidance published by the Department of Health and Social Care.

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**OPEN**

## **Adults and Health Committee**

**24 June 2024**

**Appointments to Sub-Committees,  
Working Groups, Panels, Boards and  
Joint Committees**

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**Report of: David Brown, Director of Governance and Compliance**

**Report Reference No: AH/09/2024-25**

**Ward(s) Affected: No specific wards**

### **Purpose of Report**

- 1 This report seeks approval from the Adults and Health Committee to nominate members to the bodies referred to in the report.
- 2 This report contributes to the Council's objective of being an open and enabling organisation - Ensuring that there is transparency in all aspects of council decision making.

### **Executive Summary**

- 3 The Council, at its annual meeting on 15 May 2024 approved its main committees. The appointment of certain sub-committees, working groups, panels and boards is a matter for the relevant service committees. This report concerns those bodies which fall to be appointed by the Adults and Health Committee or by the committee in conjunction with other service committees.
- 4 Appointments to Outside Organisations (such as the Learning Disabilities Partnership Board, Safeguarding Adults Board and Mental Health Partnership Board) are made by the Corporate Policy Committee and will next be reviewed in May 2027.

## RECOMMENDATIONS

The Adults and Health Committee is recommended to:

1. Nominate 1 elected member to each of the following;
  - a. Cheshire East Health and Wellbeing Board
  - b. Joint Extra Care Housing Management Board
2. Nominate 3 elected members to the following;
  - a. Safer Cheshire East Partnership
3. Nominate 2 elected members to the following;
  - a. Cheshire East Combating Drugs Partnership

## Background

### Bodies which report to the Adults and Health Committee

- 5 Cheshire East Health and Wellbeing Board
- 6 Cheshire East Health and Wellbeing Board is a joint board to which this Council appoints three councillors as voting members. The lead service committee in respect of this board is the Adults and Health Committee; and the three Council nominees to the board will usually be formally nominated by the Adults and Health Committee, the Corporate Policy Committee, and the Children and Families Committee. There are no specific criteria which apply to the appointments.
- 7 The Terms of Reference are set out in Appendix 1 to this report for information.
- 8 *It is proposed that the Adults and Health Committee agree to the nomination of 1 elected Member to the Cheshire East Health and Wellbeing Board and that the nominee be notified to the Head of Democratic Services and Governance.*
- 9 Previous Appointment

10 Councillor J Rhodes

11 Joint Extra Care Housing Management Board

12 The Joint Extra Care Housing Management Board is a joint board of Cheshire East and Cheshire West and Chester Councils, the governance arrangements for which were established in 2009.

13 It is responsible for providing strategic guidance, making strategic decisions, and reviewing performance in relation to extra care housing provision, except where matters are reserved to the respective authorities.

14 The Joint Extra Care Housing Management Board comprises three elected members from each authority. The Corporate Policy Committee, Adults and Health Committee and Finance Sub-Committee are each required to appoint one member to the Board. There are no specific criteria which apply to the appointments.

15 The Terms of Reference are set out in Appendix 2 to this report for information.

16 *It is proposed that the Adults and Health Committee agree to the nomination of 1 elected Member to the Joint Extra Care Housing Management Board.*

17 Previous Appointment

18 Councillor A Moran

19 Safer Cheshire East Partnership (SCEP)

20 The Safer Cheshire East Partnership (SCEP) is a statutory partnership under The Crime & Disorder Act 1998. It brings together the following responsible authorities who must work together to understand and address community safety issues in their area:

- Cheshire East Council
- Cheshire Police
- Clinical Commissioning Group / BIC
- Cheshire Fire & Rescue Service
- National Probation Service

21 There are no specific criteria which apply to the appointments.

- 22 The Terms of Reference are set out in Appendix 3 to this report for information.
- 23 *It is proposed that the Adults and Health Committee agree to the nomination of 3 elected Members to the Safer Cheshire East Partnership (SCEP).*
- 24 Previous Appointments
- 25 Councillor M Edwards, Councillor A Moran and Councillor J Pratt.
- 26 Cheshire East Combating Drugs Partnership
- 27 The Government's drugs strategy, *From harm to hope: A 10-year drugs plan to cut crime and save lives*, relies on co-ordinated action across a range of local partners including enforcement, treatment, recovery and prevention. The ten-year drug strategy requires a partnership approach to delivering the following strategic priorities:
- Break drug supply chains.
  - Deliver a world-class treatment and recovery system.
  - Achieve a shift in demand for drugs.
- 28 Cheshire East Combating Drugs Partnerships provide a single setting for understanding and addressing shared challenges related to drug-related harm, based on the local context and need. These partnerships have a named Senior Responsible Officer (SRO) who reports to central government and hold delivery partners to account.
- 29 There are no specific criteria which apply to the appointments.
- 30 The current appointments are Councillor S Corcoran as Chair of the Cheshire East Health and Wellbeing Board and Councillor J Rhodes as Chair of the Adults and Health Committee.
- 31 The Terms of Reference are set out in Appendix 4 to this report for information.
- 32 *It is proposed that the Adults and Health Committee agree to the nomination of 2 elected Members to the Cheshire East Combating Drugs Partnership.*

## **Consultation and Engagement**

- 33 There has been consultation with Group Leaders and Administrators in relation to the political representation of committees.

## Reasons for Recommendations

- 34 In accordance with the Constitution, the Adults and Health Committee is responsible for the appointment of those bodies referred to in this report.

## Other Options Considered

Option	Impact	Risk
Do nothing	The Council's Constitution requires these committees to be appointed in line with the legislation referenced in this report. Not appointing to these bodies would negatively affect the Council's ability to make decisions in an open and transparent manner.	Failure to comply with the Council's Constitution and the legislation referenced in this report could leave the Council open to legal challenge.

## Implications and Comments

### *Monitoring Officer/Legal*

- 35 The Committee also has historically been asked to nominate members to each of the bodies within the report, particularly where they fall within the remit of the Committee.
- 36 The terms of reference for each body state the membership requirements.

### *Section 151 Officer/Finance*

- 37 There are no financial implications that require an amendment to the Medium-Term Financial Strategy.

### *Policy*

- 38 There are no direct policy implications.

**An open and enabling organisation**

Ensure that there is transparency in all aspects of council decision making

*Equality, Diversity and Inclusion*

39 There are no direct equality, diversity and inclusion implications.

*Human Resources*

40 There are no direct human resources implications.

*Risk Management*

41 Failure to comply with the Act and Regulations when appointing its committee memberships would leave the Council open to legal challenge.

*Rural Communities*

42 There are no direct implications for rural communities.

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

43 There are no direct implications for children and young people.

*Public Health*

44 There are no direct implications for public health.

*Climate Change*

45 There are no direct implications for climate change.

<b>Access to Information</b>	
Contact Officer:	Brian Reed Head of Democratic Services and Governance <a href="mailto:Brian.reed@cheshireeast.gov.uk">Brian.reed@cheshireeast.gov.uk</a>
Appendices:	Appendix 1 – Terms of Reference Cheshire East

	<p>Health and Wellbeing Board</p> <p>Appendix 2 – Terms of Reference Joint Extra Care Housing Management Board</p> <p>Appendix 3 – Terms of Reference Safer Cheshire East Partnership (SCEP)</p> <p>Appendix 4 - Terms of Reference Cheshire East Combating Drugs Partnerships</p>
Background Papers:	None.

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## Appendix 1

### Cheshire East Statutory Health and Wellbeing Board

#### Terms of Reference June 2023

##### 1. Context

- 1.1 The full name of the Board shall be the Cheshire East Health and Wellbeing Board. (CEHWB)
- 1.2 The CEHWB was established in April 2013.
- 1.3 The Health and Social Care Act 2012 and subsequent regulations provide the statutory framework for Health and Wellbeing Boards (HWB).
- 1.4 For the avoidance of doubt, except where specifically disapplied by these Terms of Reference, the Council Procedure Rules (as set out in its Constitution) will apply.

##### 2. Purpose

- To work in partnership to make a positive difference to the health and wellbeing of the residents of Cheshire East through an evidence-based focus on improved outcomes and reducing health inequalities.
- To prepare and keep up to date the Joint Strategic Needs Assessments (JSNAs) and Joint Local Health and Wellbeing Strategy (JHWS), which is a duty of local authorities and integrated care boards.
- To lead integrated working between health and social care commissioners, including providing advice, assistance or other support to encourage arrangements under section 75 of the National Health Service Act 2006 (ie lead commissioning, pooled budgets and/or integrated provision) in connection with the provision of health and social care services.
- To be a forum that enables member organisations of the Board to hold each other to account for their responsibilities for improving the health of the population
- To assist in fostering good working relationships between commissioners of health-related services and the CEHWB itself.
- To assist in fostering good working relationships between commissioners and providers of health-related services (such as housing and many other local government services) and commissioners of health and social care services
- To undertake any other functions that may be delegated to it by the Council under section 196(2) of the Health and Social Care Act 2012.

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Such delegated functions need not be confined to public health and social care.

- To provide advice assistance and support for the purpose of encouraging the making of arrangements under section 75 of the National Health Service Act 2006 in connection with the provision of such services.

### **3. Roles and Responsibilities**

- 3.1 To work with the Council and NHS Cheshire and Merseyside Integrated Care Board (ICB) effectively to ensure the delivery of the Joint Strategic Needs Assessment and Joint Local Health and Wellbeing Strategy.
- 3.2 To work within the CEHWB to build a collaborative partnership to key decision making that embeds health and wellbeing challenge, issue resolution and provides strategic system leadership.
- 3.3 To participate in CEHWB discussions to reflect the views of their partner organisations, being sufficiently briefed to be able to make recommendations about future policy developments and service delivery.
- 3.4 To champion the work of the CEHWB in their wider work and networks and in all individual community engagement activities.
- 3.5 To ensure that there are communication mechanisms in place within partner organisations to enable information about the CEHWB's priorities and recommendations to be effectively disseminated.
- 3.6 To share any changes to strategy, policy, and the system consequences of such on budgets and service delivery within their own partner organisations with the CEHWB to consider the wider system implications.

### **4. Accountability**

- 4.1 The CEHWB carries no formal delegated authority from any of the individual statutory bodies.
- 4.2 Members of the CEHWB have responsibility and accountability for their individual duties and their role on the CEHWB.
- 4.3 The CEHWB will discharge its responsibilities by means of recommendations to the relevant partner organisations, which will act in accordance with their respective powers and duties.
- 4.4 The Council's Statutory Members will ensure that they keep Committee Chairs and the wider Council advised of the work of the CEHWB.

- 4.5 The CEHWB may report and be accountable to Full Council and to the Cheshire and Merseyside Integrated Care Partnership by ensuring access to meeting minutes and presenting papers as required.
- 4.6 The CEHWB will not exercise scrutiny duties around health or adult social care services directly. This will remain the role of the Cheshire East Scrutiny Committee. Decisions taken and work progressed by the CEHWB will be subject to scrutiny by that Scrutiny Committee.
- 4.7 The CEHWB will provide information to the public through publications, local media, and wider public activities by publishing the minutes of its meetings on the Council's website. The CEHWB is supported by an Engagement and Communications Network across HWB organisations to ensure this function can operate successfully.

## 5. Membership

- 5.1 The membership of the CEHWB will comprise the following:

### Members:

- **Three** councillors from Cheshire East Council\* <sup>1</sup> (representing the Administration)
- The Director of Adult Social Services\*
- The Director of Children's and Families\*
- The Director of Public Health\*
- A local Healthwatch representative\*
- Two representatives from NHS Cheshire and Merseyside Integrated Care Board\*
- The Chair of the Cheshire East Place Health and Care Partnership
- The Executive Director of Place
- A Police and Crime Commissioner representative
- A Fire and Rescue Service representative
- A representative of CVS Cheshire East
- An additional representative of Children and Families
- A councillor from Cheshire East Council representing the main opposition group
- A representative of housing providers
- A representative of local businesses

The councillor membership of the CEHWB will be determined by Cheshire East Council.

- 5.2 The Statutory Members will keep under review the Membership of the CEHWB and may appoint such additional persons to be members of the Board as it thinks appropriate (as set out in the Health and Social Care Act 2012 194 (8)). All Members of the Board will be voting members.

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<sup>1</sup> \* Statutory Members of the Board

5.3 The length of the appointment of additional members will be determined by the Health and Wellbeing Board. They will assist the CEHWB in achieving the priorities agreed within the Joint Health and Wellbeing Strategy.

5.4 Each Member has the power to nominate a single named substitute. If a Substitute Member be required, advance notice of not less than 2 working days should be given to the Council whenever practicable. The Substitute Members shall have the same powers and responsibilities as the Members.

## **6. Frequency of Meetings**

6.1 There will be no fewer than four meetings per year, usually once every three months.

6.2 Additional meetings of the CEHWB may be convened with the agreement of the Chairman.

## **7. Agenda and Notice of Meetings**

7.1 Any agenda items or reports to be tabled at the meeting should be submitted to the Council's Democratic Services no later than seven working days in advance of the next meeting. Generally, no business will be conducted that is not on the agenda.

7.2 Any member of the Board may request the Chairman to deal with an item of business which the member believes is urgent and requires a decision of the Board. The Chairman's ruling of whether the requested item is considered / tabled or not at the meeting will be recorded in the minutes of the meeting.

7.3 Meetings of the Board shall be open to the press and public and the agenda, reports and minutes will be available for inspection at the Council's offices and on its website at least five working days in advance of each meeting. This excludes items of business containing confidential information or information that is exempt from publication in accordance with Part 5A and schedule 12A Local Government Act 1972 (as amended).

## **8. Election of Chairman**

8.1 The CEHWB shall elect the Chairman and Vice Chairman at its first meeting in the Municipal year. The appointment will be a simple majority of those present and voting.

8.2 For the avoidance of doubt, in the event of a tie when a vote is taken, the Chairman will have a casting vote.

## **9. Quorum**

9.1 Any full meeting of the CEHWB shall be quorate if there is representation of any three of the following members: – NHS Cheshire and Merseyside ICB , the Cheshire East Health and Care Partnership, Local Health Watch, a Councillor and a Statutory Officer of Cheshire East Council.

- 9.2 Failure to achieve a quorum within fifteen minutes of the scheduled start of the meeting, or should the meeting become inquorate after it has started, shall mean that the meeting will proceed as an informal meeting but that any decisions shall require appropriate ratification at the next quorate meeting.

## **10. Procedure at Meetings**

- 10.1 In accordance with the Council's Committee Procedure Rules, meetings will include a Public Question Time Session.
- 10.2 The Council's Committee Procedure Rules will apply in respect of formal meetings.
- 10.3 The CEHWB will also hold development/informal sessions throughout the year where all members are expected to attend and partake as the agenda suggests.
- 10.4 With the agreement of the CEHWB, working groups (non-decision-making) and/or sub-committees (decision-making) can be set up to consider distinct areas of work. These will be responsible for arranging the frequency and venue of their meetings. The CEHWB will approve the membership.
- 10.5 Any working group or sub-committee recommendations will be made to the CEHWB who will consider them in accordance with these terms of reference and their relevance to the priorities within the Joint Local Health and Wellbeing Strategy and its delivery plan.
- 10.6 Whenever possible decisions will be reached by consensus or failing that a simple majority vote by those members entitled to vote.

## **11. Expenses**

- 11.1 The partnership organisations are responsible for meeting the expenses of their own representatives.

## **12. Conflict of Interest**

- 12.1 All members of the Board are required to uphold the Nolan Principles and all other relevant NHS or Council Code of Conduct requirements which are applicable to them. This includes the requirement to register and disclose pecuniary, registerable and other non-registerable interests at meetings where appropriate.

## **13. Conduct of Members at Meetings**

- 13.1 CEHWB members will agree to adhere to principles and behaviours set out in Appendix One when carrying out their duties as a CEHWB member.

## **14. Review**

- 14.1 The above terms of reference will be reviewed every two years at the first meeting of the CEHWB in the Municipal year.

- 14.2 Any amendments to these terms of reference shall only be made by the Council, on the recommendation of the Corporate Policy Committee and the CEHWB.

*January 2017*

*Revised July 2019*

*Revised August 2020*

*Revised April 2021*

*Revised June 2023*

### **Definition**

#### **Exempt Information**

*Which is information falling within any of the descriptions set out in Part I of Schedule 12A to the Local Government Act 1972 subject to the qualifications set out in Part II and the interpretation provisions set out in Part III of the said Schedule in each case read as if references therein to “the authority” were references to “CEHWB” or any of the partner organisations.*

#### **Confidential Information**

*Information furnished to, partner organisations or the CEHWB by a government department upon terms (however expressed) which forbid the disclosure of the information to the public; and information the disclosure of which to the public is prohibited by or under any enactment or by the order of a court are to be discussed.*

#### **Conflict of Interest**

*You have a Conflict of interest if the issue being discussed in the meeting affects you, your family or your close associates in the following ways;*

- *The issue affects their well being more than most other people who live in the area.*
- *The issue affect their finances or any regulatory functions and*
- *A reasonable member of the public with knowledge of the facts would believe it likely to harm or impair your ability to judge the public interest.*

#### **Associate Members**

*Associate Member status is appropriate for those who are requested to chair sub groups of the CEHWB.*

#### **Health Services**

*Means services that are provided as part of the health service.*

**Health-Related Services** *means services that may have an effect on the health of individuals but are not health services or social care services.*

#### **Social Care Services**

*Means services that are provided in pursuance of the social services functions of local authorities (within the meaning of the Local Authority Social Services Act 1970*

**Appendix 1****Health and Wellbeing Board Principles and Behaviours**

The Cheshire East Health and Wellbeing Board Partners shall work together to achieve the objectives of the Cheshire East Health and Wellbeing Strategy and The Cheshire East Place Partnership Five Year Plan. The Board shall:

- (a) Collaborate and work together on an inclusive and supportive basis, with optimal use of their individual and collective strengths and capabilities;
- (b) Engage in discussion, direction setting and, where appropriate, collective agreement, on the basis that all the Partners will participate where agreed proposals affect the strategic direction of the Health and Wellbeing Board and/or of Services, and in establishing the direction, culture and tone of the work and meetings of the Board;
- (c) Act in the spirit of partnership in discussion, direction setting and, where appropriate, collective agreement making;
- (d) Always focus upon improvement to provide excellent Services and outcomes for the Cheshire east population;
- (e) Be accountable to each other through the Board by, where appropriate, taking on, managing and accounting to each other in respect of their financial and operational performance;
- (f) Communicate openly about major concerns, issues or opportunities relating to the Board;
- (g) Act in a way that is best for the delivery of activity to drive forward the Five Year Plan, and shall do so in a timely manner and respond accordingly to requests for support promptly;
- (h) Work with stakeholders effectively, following the principles of co- design and co-production;

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## **Terms of Reference**

### **Joint Extra Care Housing Management Board (JECHMB)**

The Joint Extra Care Housing Management Board was established by Cheshire East Council and Cheshire West and Chester Council with the following terms of reference:

The Joint Extra Care Housing Management Board shall be responsible for providing strategic guidance, making strategic decisions, and reviewing performance in relation to extra care housing provision (except where matters are reserved to the respective authorities).

The Joint Extra Care Housing Management Board will function as a joint committee and be subject to all of the usual rules relating to public meetings.

The Constitution of the Joint Extra Care Housing Management Board states that each Council shall appoint three Members and that nominated substitutes shall be allowed to attend any meeting in the place of an appointed member, subject to prior notification being given to the Lawyer and Secretary to the Joint Extra Care Housing Management Board. This nomination should be made to Democratic Services at Cheshire East Council

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## Appendix 2

## Safer Cheshire East Partnership (SCEP) Terms of Reference

**Aim**

To work in partnership to reduce crime and disorder and increase public reassurance in Community Safety across Cheshire East

**Membership****Statutory attendees**

- Police
- Fire
- Integrated Care Boards (ICBs)
- National Probation Service
- Local Authority

**Non Statutory attendees, key strategic partners**

- Youth Justice Service
- Office of the Police Crime Commissioner
- Public Health
- Third Sector
- Housing Strategy
- Domestic Abuse Providers
- DWP

**Members**

<b>Agency</b>	<b>Representative</b>
<b>Cheshire Police</b>	Superintendent Claire Jesson (Vice Chair)
	Dana Reilly, Research and Analysis
<b>Cheshire East Council</b>	3 Elected Members - TBC
	Jill Broomhall - Director Adults Social Care (Chair)
	Sandra Murphy - Adult Safeguarding
	Richard Christopherson - Locality Manager - Community Safety
	Emma Storey – CE Lead for Domestic Abuse
	Louise Hurst - Children's Services
	Rick Hughes - Trading Standards and Community Protection Manager
	Laura Woodrow-Hirst – ASB Team Leader
	Paul Davies – Cheshire East Road Safety Group
<b>Cheshire Fire and Rescue Service</b>	Matt Barlow - Service Delivery Manager
<b>National Probation Service</b>	Gillian Staniforth – Head of PDU
<b>Integrated Care Boards (ICBs)</b>	Amanda Williams
<b>Youth Justice Service</b>	Gareth Jones, Head of Youth Justice Service

<b>Police Crime Commissioners Office</b>	Andy Southcott Sarah Tilling
--	---------------------------------

Other agencies / members may be co-opted when required or invited as observers.

### **Chair**

SCEP Management Board will annually review the position of Chair and Vice Chair.

### **Functions**

The functions of SCEP are:

1. Prepare a 3 year Strategic Intelligence Assessment (SIA) of Crime & Disorder and review at least once a year.
2. Publish an Executive Summary of the SIA on the SCEP Website
3. Provide a SCEP Annual Report.
4. Approve the SCEP Annual Report through CE Committee process.
5. Provide a Partnership Plan that will be updated each year.
6. Refresh the Terms of Reference and Membership of SCEP each year.
7. Develop and review information sharing protocols across the partnerships.
8. Manage performance set out in the Partnership Plan, and PCC Performance framework.
9. Co-ordinate the work of partner agencies in meeting SCEP Priorities.
10. Engage with other relevant strategies, for example PCC plan.
11. Use evidence based practice to reduce crime and disorder and increase public reassurance in relation to community safety.
12. Report the progress of SCEP business to the Health and Well-Being Board and partner governing bodies.
13. To work in partnership to deliver interventions to target Child and Adult Exploitation.
14. To fulfil statutory obligations in relation to Domestic Homicide Reviews.
15. Engage with the Local Authority statutory scrutiny process.
16. Engage with Elected Members as required

### **Supporting Groups**

In order to manage its work, SCEP will convene and provide strategic leadership to supporting groups as required, including but not limited to:

1. Domestic Homicide Reviews
2. SCEP Task and Finish, sub groups; Report quarterly on priorities as identified in the Strategic Intelligence Assessment (SIA)
3. Sub Regional Meetings
4. IOM Strategic Group
5. Other Strategic Groups i.e. Adults and Children's Board, Domestic Abuse Board

### **Frequency of Meetings**

Meetings will be held quarterly or more frequently where required.

### **Meeting format**

Standard agenda items will include:

- Performance update including Police Performance Data and Police Exceptions Reports / Fire data.
- Domestic Homicide Reviews (if applicable)
- Quarterly Sub-Group Reports
- PCC Funding
- IOM Strategic Group
- Home Office initiatives ie Combating Drugs Partnership, Serious Violence Duty

### **Support to the CSP**

A SCEP Business Management Group meeting of the Chair and SCEP Statutory representatives will be held prior to each SCEP where required. Cheshire East Council will be the accountable body for any funding allocated to SCEP.

Items for the agenda and updates regarding the plan must be with the Chair and meeting coordinator 7 working days prior to the meeting.

Meeting agenda and papers will be circulated 5 days prior to the meeting.

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## Appendix 4

## Cheshire East Combating Drugs Partnership

## Terms of Reference

## 1. Introduction

- 1.1. Illegal drugs cause far-reaching and devastating harm. Drug misuse currently costs society over £19 billion a year. Drug use drives crime, damages people's health, puts children and families at risk and reduces productivity. It impacts the whole country, with the most deprived areas facing the greatest burden.
- 1.2. Combating illegal drugs and the harm they cause is an issue which needs action from a range of local partners. At a local level, success is reliant on these partners working together to understand their population and how drugs are causing harm in their area, any challenges in their local system and the changes that are needed to address them
- 1.3. The Government's drugs strategy, [\*From harm to hope: A 10-year drugs plan to cut crime and save lives\*](#), relies on co-ordinated action across a range of local partners including enforcement, treatment, recovery and prevention. The ten-year drug strategy requires a partnership approach to delivering the following strategic priorities:
  - Break drug supply chains
  - Deliver a world-class treatment and recovery system
  - Achieve a shift in demand for drugs
- 1.4. A further local priority will be to understand and explicitly address the co-occurrence of substance misuse with mental illness and other complex issues.
- 1.5. Combating Drugs Partnerships provide a single setting for understanding and addressing shared challenges related to drug-related harm, based on the local context and need. These partnerships have a named Senior Responsible Officer (SRO) who reports to central government and hold delivery partners to account.
- 1.6. Alcohol is a factor in many drug-related deaths, alongside drugs including heroin and methadone. In the night-time economy, drugs such as cocaine and MDMA are frequently used alongside alcohol. Moreover, specialist treatment and recovery services tend to be integrated for alcohol and other drugs.



- 1.7. Local partnerships should therefore ensure they sufficiently address alcohol-dependence and wider alcohol-related harms alongside their focus on the use, supply and harms of illegal drugs.

## 2. Functions of the Partnership

- 2.1. To bring together the NHS and Local Authority leaders across Cheshire East area, including representatives of both commissioners and providers of services.
- 2.2. To bring together and co-ordinate other major agencies, organisations, sectors and interests that can contribute towards improving the strategic priorities of the Combating Drugs Partnership.
- 2.3. To provide oversight of the development, implementation, performance and review of the associated action plan of the Combating Drugs Partnership and additional actions associated with the developing Cheshire East Substance Misuse Strategy.
- 2.4. To provide oversight of the development, implementation, performance and review of the Alcohol and Drugs Joint Strategic Needs Assessments (JSNA).
- 2.5. To ensure that the action plan and JSNA are used as the basis for strategic decisions and the identification of priorities for the commissioning and delivery of services relating to substance misuse.
- 2.6. To ensure a common approach to effective communication and the provision of information about drugs is developed across the partnership

## 3. Membership

- 3.1. Those individuals or representative of organisations who are represented through the Partnership or associated sub-groups must have the ability and responsibility as part of their role to shape provision and make decisions about work across all three strategic priorities to improve local residents' lives. Members are responsible for:
  - providing such information as may be necessary for the Partnership to carry out its functions
  - informing and consulting their organisation on issues being discussed by the Combating Drugs Partnership
  - committing resources to work that will assist with the development and delivery of priorities and actions agreed by the Partnership.

3.2. The Cheshire East Combating Drugs Partnership (CDP) Board comprises the following members:

Representative/Role	Name
Executive Director of Adults and Integration; Cheshire East Council (SRO and Chair)	Helen Charlesworth-May
Director of Public Health; Cheshire East Council (Deputy Chair)	Dr Matt Tyrer
Consultant in Public Health; Cheshire East Council (Partnerships lead)	Dr Andrew Turner
Commissioning Manager; Cheshire East Council (Public involvement lead)	Katy Ellison
Public Health Information Analyst; Cheshire East Council (Data and digital lead)	Sara Deakin
Commissioning Officer; Cheshire East Council (Project management support)	Hannah Gayle
Public Health Development Officer (Suicide Prevention), Cheshire East Council	Lori Hawthorn
Leader of Cheshire East Council and Chair of the Cheshire East Health & Wellbeing Board	Cllr Sam Corcoran
Chair of Cheshire East Adults and Health Committee	Cllr Jill Rhodes
Housing Options Manager	Nic Abbot
Locality Manager, Community Safety; Cheshire East Council	Richard Christopherson
Director of Strong Start, Family Help and Integration; Cheshire East Council	Claire Williamson
Interim Head of Pupil Participation and Support; Cheshire East Council	Sally Ashworth
Area Development Manager, Youth Support Services; Cheshire East Council	Kay McIntyre
Head of Adult Safeguarding; Cheshire East Council	Sandra Murphy
Service Manager for Child Protection; Cheshire East Council	Katherine Oldacre
Domestic and Sexual Abuse Development Lead Advisor, Cheshire East Council	Emma Storey
Family Help Front Door Lead, Cheshire East Council	Karen Shepherd
Practice Manager Community Mental Health Team Adults, Cheshire East Council	Julie Cotton
Senior Project Manager for Mental Health and Neurodiversity, Cheshire East Place (C&M ICB)	Cheryl Cooper

Primary Care Development Facilitator; NHS Cheshire and Merseyside	Chris Rees
Services Manager; Cheshire East Substance Misuse Service (CGL)	Gary Marshall
Chief Superintendent, Local Policing, Eastern Area Commander; Cheshire Police	Claire Jesson
Chief Inspector, Cheshire Police	Duncan Gouck
IOM Inspector, Cheshire Police	Iain Paterson
Research and Business Intelligence Analyst, Cheshire Police	Ashleigh Clarke
Chief Executive, Office of Police and Crime Commissioner for Cheshire	Damon Taylor
Head of Commissioning, Office of Police and Crime Commissioner for Cheshire	Andy Southcott
Early Intervention Clinical Lead, Intervention in Psychosis Service, Cheshire and Wirral Partnership	Jon Waters
Early Intervention Team Manager, Intervention in Psychosis Service, Cheshire and Wirral Partnership	Alison Heywood
Health and Justice Partnership Coordinator (North West Women's Estate) - North West Probation Service	Sarah Stocks
Chief Executive; Healthwatch	Louise Barry
Head of Service; Probation Service	Gillian Staniforth
Health & Justice Partnership Coordinator – Cheshire; Probation Service	David Teese
Intelligence and Surveillance Manager, Cheshire East/West Drug Related Deaths Panel	Mark Whitfield
Service User Forum representative	Craig Bailey

3.3. Three key roles have been identified and will be in place to support the Senior Responsible Officer (SRO) and the Partnership. These are:

- Partnerships lead – named lead for overseeing delivery of local programme and coordinating partnership (Dr Andrew Turner)
- Public involvement lead – named lead to ensure the voices of a range of members of the public are heard, whether they are people who have lived or living experience of using drugs and/or support services, are family members of those who do, or are affected by drug-related harm in other ways (Katy Ellison)
- Data and digital lead – named lead on data, data protection, information governance and outcomes measurement (Sara Deakin)



#### **4. Meeting frequency and attendance**

- 4.1. The Combating Drugs Partnership will meet quarterly via Microsoft Teams.
- 4.2. The Chair will be present at all meetings and in circumstances where the Chair cannot attend the Deputy Chair will provide representation.
- 4.3. A quorum will require the Chair (or Deputy Chair) plus a minimum of at least one attendee from each of the following five partners:
  - Cheshire East Council service commissioners
  - Cheshire East Council public health
  - Cheshire East commissioned substance misuse services (CGL)
  - Cheshire Police
- 4.4. If the Combating Drugs Partnership is not quorate the meeting will be postponed at the discretion of the Chair, and in the absence of quorum no decisions will be made.
- 4.5. Apologies must be given in cases of non-attendance.
- 4.6. Additional requests for attendance may be made where indicated, for example e.g. to provide expert input of relevance.

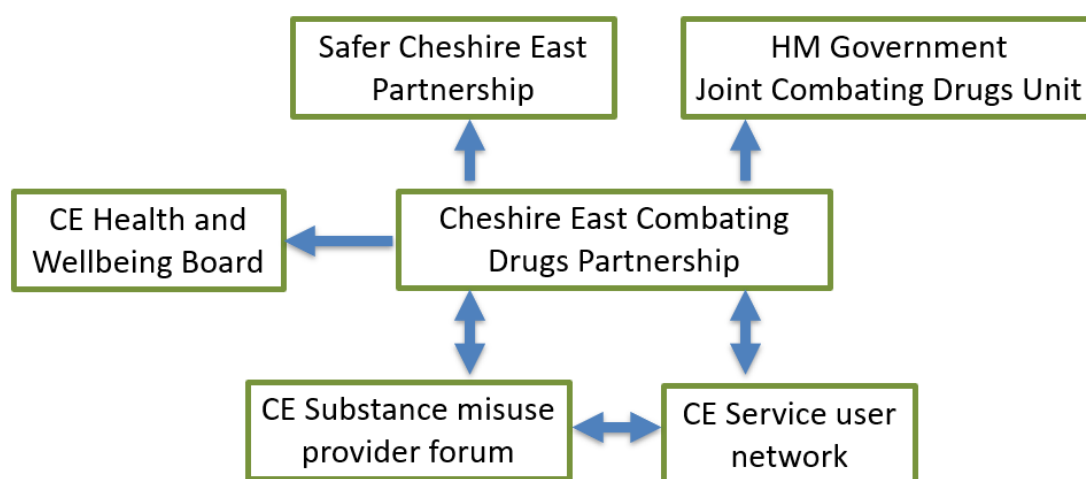
#### **5. Meeting administration**

- 5.1. Administrative support for the Combating Drugs Partnership will be provided by Cheshire East Council.
- 5.2. Requests for agenda items will be made a minimum of 14 days before each meeting.
- 5.3. The agenda and papers will be prepared and circulated a minimum of five days before the meeting.
- 5.4. An accurate record of discussions, decisions, actions and learning will be made at each meeting.
- 5.5. An action log will be updated following review at each meeting.
- 5.6. Minutes of the meeting and the updated action log will be produced and approved within 14 days of the meeting being held.

## 6. Structure and governance

- 6.1. The Partnership constitutes a formal subgroup of – and shall report on a quarterly basis to – the Safer Cheshire East Partnership (SCEP), where the Combating Drugs Partnership will be a standing agenda item.
- 6.2. The Partnership is one of the specialist bodies linked to the Cheshire East Health and Wellbeing Board and may report as necessary to the Board, or as requested by the Board.
- 6.3. The Partnership will report annually to the national Joint Combating Drugs Unit (JCDU).
- 6.4. The Partnership will work collaboratively with the Cheshire East substance misuse provider forum and service user network.
- 6.5. Representatives of member organisations will be responsible for taking relevant actions and decisions through their organisational governance.
- 6.6. Local partners and organisations will contribute to key pieces of work as part of working groups as required.

Outline of reporting structure of the Cheshire East Combating Drugs Partnership



## 7. Declarations of interests

- 7.1. It is the responsibility for all Board Members to declare any conflicts of interest at the relevant point at the in the meeting. Declarations for conflict of interest will be a standing item on the agenda and will be recorded in the minutes.



## 8. Appendix: Government resources

- 8.1. [\*From harm to hope: A 10-year drugs plan to cut crime and save lives\*](#). A 10-year plan to cut crime and save lives by reducing the supply and demand for drugs and delivering a high-quality treatment and recovery system
- 8.2. [\*Drugs strategy guidance for local delivery partners\*](#). Guidance outlining the structures and processes through which local partners in England should work together to reduce drug-related harm.

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**CHESHIRE EAST COUNCIL**

Minutes of a meeting of the **Cheshire East Health and Wellbeing Board**  
held on Tuesday, 19th March, 2024 in the Committee Suite 1,2 & 3,  
Westfields, Middlewich Road, Sandbach CW11 1HZ

**PRESENT****Board Members**

Helen Charlesworth-May, Executive Director Adults, Health, and Integration  
(attended virtually via Microsoft Teams)  
Councillor Janet Clowes, Cheshire East Council  
Councillor Sam Corcoran (Chair), Cheshire East Council  
Councillor Carol Bulman, Cheshire East Council  
Councillor Jill Rhodes, Cheshire East Council  
Louise Barry, Healthwatch Cheshire  
Mark Wilkinson, Cheshire East Place Director  
Charlotte Wright, Cheshire Fire and Rescue Service

**Cheshire East Officers and Others**

Helen Duckworth, Director of BI Transformation at NHS Arden & Greater East  
Midlands Commissioning Support Unit  
Guy Kilminster, Corporate Manager Health Improvement  
Katie Jones, Business Manager, Cheshire East Safeguarding Adults Board  
Sandra Murphy, Head of Adults Safeguarding  
Georgia Carsberg, JSNA Support Officer  
Dr Susie Roberts, Public Health Consultant  
Karen Shuker, Democratic Services Officer  
Emma Williams, Carbon Manager

**17 APOLOGIES FOR ABSENCE**

Apologies were received from Michelle Davis, Peter Skates, Kathryn Sullivan, Dr Matt Tyrer, Dr Paul Bishop, Claire Williamson, Isla Wilson, Deborah Woodcock, and Superintendent Claire Jesson.

**18 DECLARATIONS OF INTEREST**

There were no declarations of interest.

**19 MINUTES OF PREVIOUS MEETING****RESOLVED:**

That the minutes of the meeting held on 23 January 2024 be confirmed as a correct record.

**20 PUBLIC SPEAKING TIME/OPEN SESSION**

There were no members of the public present.

## **21 CHESHIRE & MERSEYSIDE SECURE DATA ENVIRONMENT PROPOSALS**

The Board received a presentation on the Cheshire & Merseyside Secure Data Environment Proposals following the Government's announcement that it would invest up to £200 million to boost NHS healthcare data research.

The Cheshire and Merseyside SDE was the new name for the data store that had been in place since 2020 as part of the Combined Intelligence for Population Health Action (CIPHA) programme.

It securely stored data from GP practices and other providers to be used for insight-driven local service management.

A new data-sharing agreement with data controllers to support use of the data for research through the Cheshire and Merseyside SDE would need to be established.

The next steps included further dialogue with the public before any data sharing agreements would be launched. It was confirmed that data would not be shared with commercial organisations at this stage.

Board members asked questions and made the following comments:

- Wanted assurance that data would be secure and how would data leaks and breaches be prevented.
- Would there be an international aspect included around sharing data?
- Would people have to opt out or opt into the sharing of their data.
- It was felt that a wider conversation in respect of adult social care data and understanding further about the difference between patient data and people's data was required.

### **RESOLVED:**

That the presentation be noted.

## **22 JOINT STRATEGIC NEEDS ASSESSMENT UPDATE**

The Board received a report which provided an update of progress on the JSNA work programme.

The update included the following:

- The Tartan Rug dashboard and video user guide, and the Emotional and Mental Wellbeing in Children and Young People JSNA had been published.
- There had been considerable progress in relation to the lifestyle survey and the Special Educational Needs and Disability (SEND) JSNA, with

provisional completion dates in the spring/summer 2024. The SEND JSNA would help inform the re-write the SEND strategy.

- Social isolation, Macclesfield, and Care of Older People JSNAs were in their early stages.
- The JSNA conference took place on the 28 February 2024 and had received considerable positive feedback.
- Evaluation of the JSNA work programme had commenced
- A councillor briefing session was planned to familiarise councillors with the range of products, and the ways they could be utilised and should be interpreted

Board members who had attended the JSNA conference all echoed the positive comments that had been received.

**RESOLVED:** That the Health and Wellbeing Board

1. Noted the progress on the JSNA work programme and adopted the recommendations that have resulted from this work.
2. Provided feedback on the JSNA conference.
3. Utilise the JSNA to inform continue challenging decision making in relation to public sector budgets.

## **23 ALL TOGETHER ACTIVE AND HEALTHY WEIGHT IMPLEMENTATION PLANS**

The Board considered a report which outlined the All Together Active Plan and the Healthy Weight Plan. Following the publication of the 'All Together Active Strategy' in October 2022, the nine places within Cheshire and Merseyside were required to prepare place-based implementation plans to demonstrate how they would achieve increased levels of physical activity.

The two plans had been developed in tandem through a series of multi-agency workshops. Work was ongoing to identify the leads for each activity set out within the plans and timescales would be populated in due course.

In response to comments made in respect of to what extent factors affecting the public rights of way had been considered in rural areas, officers reported that there were no additional resources for the two pieces of work. However, the Public Rights of Way Manager and the Head of Service had been part of the workshops and more participation and making best use of the services that were already being provided or commissioned was to be encouraged. Consideration would be given when planning for 2024/25 to factors such as reissuing the circular walk leaflets and prioritising the routes within the leaflet, ensuring these were maintained within existing budgets.

It was agreed that update reports would be brought back to the Board on the implementation plans.

**RESOLVED:** That the Health and Wellbeing Board

1. Approve the All Together Active Plan and the Healthy Weight Plan.
2. Agree to Officers from across partner organisations to work together to implement the actions set out in the Plans.

## **24 THE CHESHIRE EAST CARBON PLAN**

The Board received a presentation in respect of the Carbon Programme, and this informed the Board of the revised target date set for the organisation to be carbon neutral which was now 2027. The presentation outlined the Councils targets and what it was doing to try and achieve these targets which included purchasing green technology, planting trees, reducing the volume of waste, building a solar farm, and implementing solar panels where possible.

The board acknowledged the link between climate change and the wider determinants of health and agreed that there was more to be done around the messaging.

**RESOLVED:**

That the presentation be noted.

## **25 CHESHIRE EAST SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2022-2023**

The Board received the annual report of the Local safeguarding Adults Board 2022/2023 which described the role, structure, and governance of the Safeguarding Board. During the last 12 months Kevin Bennett had been appointed as the Independent Chair and the 3-year strategy had been updated which reflected the vision, aims and objectives for the Board going forward from 2022 to 2025.

In response to a question in respect of the reasons behind the steep increase in the number of safeguarding concerns received in the last few years, officers reported that this was reflective of the national picture. The highest number of concerns raised came from providers, police and then health.

**RESOLVED:**

That the Cheshire East Safeguarding Adults Board Annual Report 2022-2023 be noted.

The meeting commenced at 2.00 pm and concluded at 3.25 pm

Councillor S Corcoran (Chair)

Report Reference	Adults & Health Committee	Title	Purpose of Report	Lead Officer	Consultation	Equality Impact Assessment	Corporate Plan Priority	Part of Budget and Policy Framework	Exempt Item
<b>September 2024</b>									
AH/07/2024-25	23/09/24	Update on Falls Prevention Strategy	To provide an update in terms of the delivery against the action plan	Executive Director of Adults, Health & Integration	No	No	Open	Yes	No
AH/33/2023-24	23/09/24	Care4CE report	Report for scrutiny by Committee	Director of Adult Social Care	Yes	Yes	Open	No	Yes
AH/11/2024-25	23/09/24	First Financial Review of 2024/25 (Adults & Health Committee)	To note and comment on the First Financial Review and Performance position of 2024/25, including progress on policy proposals and material variances from the MTFS and (if necessary) approve Supplementary Estimates and Virements.	Director of Finance and Customer Services	No	No	Open	Yes	No
AH/22/2023-24 & CF/18/23-24	23/09/24	Substance Misuse Service	To provide information about the proposed substance misuse service model and for a decision to re-commission the	Executive Director of Adults, Health & Integration	Yes	Yes	Fair	No	No

			substance misuse service						
AH/16/2024-25	23/09/24	Better Care Fund Section 75 agreement 2024-25 & 2025-26	This report requests approval to enter into a new Section 75 Agreement for one year, between Cheshire East Council and Cheshire and Merseyside ICB from 1 April 2024 until 31 March 2025. With the possibility of an extension for the period of an additional year from 1 April 2025 until 31 March 2026.	Executive Director of Adults, Health & Integration	No	TBC	Green	No	No
AH/17/2024-25	23/09/2024	Smoking Cessation and Tobacco Control Update	To provide an update on Smoking Cessation and Tobacco Control Activity including; Cheshire East involvement in sub-regional work with the other 8 local authorities across Cheshire & Merseyside Recommission of Smoking Cessation Support as part of the One You Service	Director of Public Health	No	No	Fair	TBC	TBC

			Evaluation of Smoking in Pregnancy Incentive Pilot Scheme						
<b>November 2024</b>									
AH/28/2023-24	18/11/24	Care Provider Consortium	This report seeks approval to commission services for individuals with Complex Needs through a Cheshire East Care Provider Collaborative (CPC).	Executive Director of Adults, Health & Integration	Yes	TBC	Open	TBC	TBC
AH/03/2024-25	18/11/24	LD Partnership Board (including LD Plan)	Update for Committee (Scrutiny)	Executive Director of Adults, Health & Integration	Yes	Yes	Open	TBC	Yes
AH/12/2024-25	18/11/24	Second Financial Review of 2024/25 (Adults & Health Committee)	To note and comment on the Second Financial Review and Performance position of 2024/25, including progress on policy proposals and material variances from the MTFS and (if necessary) approve Supplementary Estimates and Virements.	Director of Finance and Customer Services	No	No	Open	Yes	No

AH/14/2024-25	18/11/24	Medium Term Financial Strategy Consultation 2025/26 - 2028/29 (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 2024. 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 and Customer Services	No	No	Open	Yes	No
AH/05/2024-25	18/11/24	Supported Employment	Report for scrutiny by Committee	Executive Director of Adults, Health & Integration	TBC	TBC	Open	TBC	Yes
<b>January 2025</b>									
AH/13/2024-25	20/01/25	Third Financial Review of 2024/25 (Adults & Health Committee)	To note and comment on the Third Financial Review and Performance	Director of Finance and Customer Services	No	No	Open	Yes	No

			position of 2024/25, including progress on policy proposals and material variances from the MTFS and (if necessary) approve Supplementary Estimates and Virements.						
AH/15/2024-25	20/01/25	Medium Term Financial Strategy Consultation 2025/26 - 2028/29 Provisional Settlement Update (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 2024. 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 and Customer Services	No	No	Open	Yes	No
March 2025									
	24/03/25	Service Budgets 2025/26 (Adults & Health Committee)	The purpose of this report is to set out the allocation of approved budgets for 2025/26 for	Director of Finance and Customer Services	No	No	Open	Yes	No

			services under the Committee's remit, as determined by Finance Sub Committee						
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